

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

OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND Provider CCN:14-0089 Period: From 07/01/2018 To 06/30/2019 Worksheet S Parts I-III Date/Time Prepared: 10/9/2019 2:36 pm
SETTLEMENT SUMMARY

PART I - COST REPORT STATUS

Provider use only 1. ☒ Electronically filed cost report Date: 10/9/2019 Time: 2:36 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 6. Date Received: 10. NPR Date:
(1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
(2) Settled without Audit 8. ☐ Initial Report for this Provider CCN 12. ☐ If line 5, column 1 is 4: Enter
(3) Settled with Audit 9. ☐ Final Report for this Provider CCN number of times reopened = 0-9.
(4) Reopened
(5) Amended

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 THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE 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 MCDONOUGH DISTRICT HOSPITAL (14-0089) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 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) WILLIAM MURDOCK

Officer or Administrator of Provider(s)

CFO

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	-321,201	-25,688	0	0	1.00
2.00	Subprovider - IPF	0	9	0		0	2.00
3.00	Subprovider - IRF	0	0	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
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		19,472		0	10.00
200.00	Total	0	-321,192	-6,216	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 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 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.

Worksheet S-2
Part I
Date/Time Prepared:
10/9/2019 2:36 pm

MCRIF32 - 15.8.166.2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN:14-0089		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 10/9/2019 2:36 pm					
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days							
	1.00	2.00	3.00	4.00	5.00	6.00							
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.						0	0	0	0	0	0	25.00
				Urban/Rural Status		Date of Geographic Reclassification							
				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.						1			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.						07/01/2018	06/30/2019		36.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0			37.00			
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)									37.01			
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.									38.00			
				Y/N		Y/N							
				1.00		2.00							
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						Y	Y		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)						with	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.						with	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.						or "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			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
10/9/2019 2:36 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 N 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
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
63.00	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" N for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
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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
<u>Inpatient Psychiatric Facility PPS</u>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Y Enter "Y" for yes or "N" for no.					70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N 0	71.00	
<u>Inpatient Rehabilitation Facility PPS</u>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Y Enter "Y" for yes and "N" for no.					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	

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 10/9/2019 2:36 pm	
			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.			N	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.			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	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	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	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			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	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			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.			N	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	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	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	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	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	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	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)			N	106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			N	107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N	108.00
			Physical	Occupational	
			1.00	2.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	109.00
			Speech	Respiratory	
			3.00	4.00	

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			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00		
			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N	111.00		
			1.00	2.00	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.	1 Ns	115.00		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N	116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	noN	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.		118.00		
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	201,421	0	0	
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N	118.02		
119.00	DO NOT USE THIS LINE		119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	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.	N	122.00		
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N	125.00		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		132.00		
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)	N	140.00		

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0089		Period: From 07/01/2018 To 06/30/2019	
				Worksheet S-2 Part I Date/Time Prepared: 10/9/2019 2:36 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:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00 Are provider based physicians' costs included in Worksheet A?				Y	
				1.00	
				2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				146.00
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
				1.00	
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.				Enter N
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
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)				
				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
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
168.01	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
		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)				01/01/2018
				12/31/2018	
		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

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0089		Period: From 07/01/2018 To 06/30/2019	
		Worksheet S-2 Part II		Date/Time Prepared: 10/9/2019 2:36 pm	
		Y/N		Date	
		1.00		2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the 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 reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	09/11/2019	Y	09/11/2019
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0089		Period: From 07/01/2018 To 06/30/2019	
		Worksheet S-2 Part II Date/Time Prepared: 10/9/2019 2:36 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	N			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N			27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N			31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	N			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	N			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.	JILL	NELSON		41.00
42.00	Enter the employer/company name of the cost report preparer	RSM US LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6124559706	JILL.NELSON@RSMUS.COM		43.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 10/9/2019 2:36 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			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:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
10/9/2019 2:36 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	38	13,870	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)		38	13,870	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,555	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)		45	16,425	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	12	4,380		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						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	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		57				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)		3	1,095			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:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
10/9/2019 2:36 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)	1,893	692	3,841			1.00
2.00 HMO and other (see instructions)	471	186				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	301	14	315			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	214			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	2,194	706	4,370			7.00
8.00 INTENSIVE CARE UNIT	365	57	731			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		249	519			13.00
14.00 Total (see instructions)	2,559	1,012	5,620	0.00	467.09	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	959	152	1,758	0.00	16.46	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	4,524	0	8,863	0.00	17.49	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	8.21	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	1,418	184	5,096	0.00	6.78	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	516.03	27.00
28.00 Observation Bed Days		7	420			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	21	189			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:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
10/9/2019 2:36 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	643	209	1,313	1.00
2.00 HMO and other (see instructions)			134	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		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	643	209	1,313	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	99	11	176	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						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	0.00					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:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
10/9/2019 2:36 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	37,369,587	0	37,369,587	1,076,110.00	34.73
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		1,086,267	0	1,086,267	8,515.00	127.57
4.00	Physician-Part A - Administrative		290,159	0	290,159	2,473.00	117.33
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		2,172,619	0	2,172,619	32,768.00	66.30
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		257,564	0	257,564	10,433.00	24.69
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		12,333,262	-218,991	12,114,271	307,657.00	39.38
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,253,281	0	1,253,281	15,522.00	80.74
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
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		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,741,399	0	7,741,399		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,602,150	0	3,602,150		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		141,258	0	141,258		
22.00	Physician Part A - Administrative		40,254	0	40,254		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		482,470	0	482,470		
24.00	Wage-related costs (RHC/FQHC)		107,310	0	107,310		
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	263,624	0	263,624	7,453.00	35.37
27.00	Administrative & General	5.00	4,512,151	0	4,512,151	168,830.00	26.73

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
10/9/2019 2:36 pm

		Wkst. A Line	Amount Reported	Reclassification	Adjusted	Paid Hours	Average Hourly	
		Number		on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
				(from Wkst.	(col.2 ± col.	Salaries in	col. 5)	
		1.00	2.00	A-6)	3)	col. 4		
28.00	Administrative & General under contract (see inst.)		292,815	0	292,815	1,946.00	150.47	28.00
29.00	Maintenance & Repairs	6.00	485,676	0	485,676	17,805.00	27.28	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		659,300	0	659,300	48,813.00	13.51	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		868,209	0	868,209	33,559.00	25.87	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	367,587	0	367,587	8,447.00	43.52	38.00
39.00	Central Services and Supply	14.00	287,439	7,843	295,282	18,285.00	16.15	39.00
40.00	Pharmacy	15.00	654,832	0	654,832	15,795.00	41.46	40.00
41.00	Medical Records & Medical Records Library	16.00	460,638	0	460,638	24,221.00	19.02	41.00
42.00	Social Service	17.00	240,999	0	240,999	7,473.00	32.25	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
10/9/2019 2:36 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	35,673,461	0	35,673,461	1,108,712.00	32.18	1.00
2.00	Excluded area salaries (see instructions)	12,333,262	-218,991	12,114,271	307,657.00	39.38	2.00
3.00	Subtotal salaries (line 1 minus line 2)	23,340,199	218,991	23,559,190	801,055.00	29.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,253,281	0	1,253,281	15,522.00	80.74	4.00
5.00	Subtotal wage-related costs (see inst.)	7,781,653	0	7,781,653	0.00	33.03	5.00
6.00	Total (sum of lines 3 thru 5)	32,375,133	218,991	32,594,124	816,577.00	39.92	6.00
7.00	Total overhead cost (see instructions)	9,093,270	7,843	9,101,113	352,627.00	25.81	7.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL WAGE RELATED COSTS		Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 10/9/2019 2:36 pm	
				Amount Reported	
				1.00	
PART IV - WAGE RELATED COSTS					
Part A - Core List					
RETIREMENT COST					
1.00	401K Employer Contributions		849,960	1.00	
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00	
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00	
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00	
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)					
5.00	401K/TSA Plan Administration fees		0	5.00	
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00	
7.00	Employee Managed Care Program Administration Fees		0	7.00	
HEALTH AND INSURANCE COST					
8.00	Health Insurance (Purchased or Self Funded)		0	8.00	
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01	
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02	
8.03	Health Insurance (Purchased)		8,145,524	8.03	
9.00	Prescription Drug Plan		0	9.00	
10.00	Dental, Hearing and Vision Plan		298,264	10.00	
11.00	Life Insurance (If employee is owner or beneficiary)		22,144	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)		75,174	13.00	
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00	
15.00	'Workers' Compensation Insurance		143,753	15.00	
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00	
TAXES					
17.00	FICA-Employers Portion Only		2,481,765	17.00	
18.00	Medicare Taxes - Employers Portion Only		0	18.00	
19.00	Unemployment Insurance		46,792	19.00	
20.00	State or Federal Unemployment Taxes		0	20.00	
OTHER					
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00	
22.00	Day Care Cost and Allowances		0	22.00	
23.00	Tuition Reimbursement		51,465	23.00	
24.00	Total Wage Related cost (Sum of lines 1 -23)		12,114,841	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:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
10/9/2019 2:36 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	1,253,281	12,114,841	1.00
2.00	Hospital	1,253,281	7,741,399	2.00
3.00	Subprovider - IPF	0	269,855	3.00
4.00	Subprovider - IRF			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			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	0	107,310	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	3,996,277	18.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL			In Lieu of Form CMS-2552-10		
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN:14-0089 Component CCN:14-7293		Period: From 07/01/2018 To 06/30/2019	
				Home Health Agency I		Worksheet S-4 Date/Time Prepared: 10/9/2019 2:36 pm	
						PPS	
				1.00			
0.00 County				MCDONOUGH		0.00	
				Title V	Title XVIII	Title XIX	Other
				1.00	2.00	3.00	4.00
						Total	5.00
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	0.00	8.00	351.00	359.00	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	0.00	3.00
4.00	Director(s) and Assistant Director(s)		0.50	0.00	0.50	0.50	4.00
5.00	Other Administrative Personnel		3.08	0.00	3.08	3.08	5.00
6.00	Direct Nursing Service		9.05	0.00	9.05	9.05	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		2.27	0.00	2.27	2.27	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		1.52	0.00	1.52	1.52	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.16	0.00	0.16	0.16	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	0.00	13.00
14.00	Medical Social Service		0.12	0.00	0.12	0.12	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	0.00	15.00
16.00	Home Health Aide		0.79	0.00	0.79	0.79	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	0.00	17.00
18.00	Other (specify)		0.00	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).		99914				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	2,656	0	0	0	2,656	21.00
22.00	Skilled Nursing Visit Charges	0	0	0	0	0	22.00
23.00	Physical Therapy Visits	1,021	0	0	0	1,021	23.00
24.00	Physical Therapy Visit Charges	0	0	0	0	0	24.00
25.00	Occupational Therapy Visits	554	0	0	0	554	25.00
26.00	Occupational Therapy Visit Charges	0	0	0	0	0	26.00
27.00	Speech Pathology Visits	55	0	0	0	55	27.00
28.00	Speech Pathology Visit Charges	0	0	0	0	0	28.00
29.00	Medical Social Service Visits	12	0	0	0	12	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	226	0	0	0	226	31.00
32.00	Home Health Aide Visit Charges	0	0	0	0	0	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,524	0	0	0	4,524	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)	0	0	0	0	0	35.00
36.00	Total Number of Episodes (standard/non outlier)	0		0	0	0	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-7

Date/Time Prepared:
10/9/2019 2:36 pm

				1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	or wasN				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.	Y			04/29/2015	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	5	5	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	10	10	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	6	6	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	0	0	0	15.00
16.00		RVB	0	0	0	16.00
17.00		RVA	0	95	95	17.00
18.00		RHC	0	7	7	18.00
19.00		RHB	0	0	0	19.00
20.00		RHA	0	56	56	20.00
21.00		RMC	0	0	0	21.00
22.00		RMB	0	5	5	22.00
23.00		RMA	0	26	26	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	6	6	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	0	0	0	34.00
35.00		HB2	0	8	8	35.00
36.00		HB1	0	6	6	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	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	0	0	0	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	11	11	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	0	0	0	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	0	0	0	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	0	22	22	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	0	27	27	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:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-7

Date/Time Prepared:
10/9/2019 2:36 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	0	4	4	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	7	7	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	301	301	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	
201.00	SNF SERVICES			99914	99914	201.00
Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility 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).						
			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)		0			207.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:14-0089 Component CCN:14-8522		Period: From 07/01/2018 To 06/30/2019 Worksheet S-8 Date/Time Prepared: 10/9/2019 2:36 pm	
		RHC I		Cost	
		1.00			
1.00	Clinic Address and Identification				
	Street	1150 N COLE ST			
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County	BUSHNELL		IL	61422
					2.00
				1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0	3.00
		Grant Award		Date	
		1.00		2.00	
Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)				
5.00	Migrant Health Center (Section 329(d), PHS Act)				
6.00	Health Services for the Homeless (Section 340(d), PHS Act)				
7.00	Appalachian Regional Commission				
8.00	Look-Alikes				
9.00	OTHER (SPECIFY)				
		1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	yes or N		0	10.00
		Sunday		Monday	Tuesday
		from	to	from	to
		1.00	2.00	3.00	4.00
Facility hours of operations (1)					
11.00	CLINIC	08:00		17:00	08:00
		1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N			12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	30.8? N		0	13.00
		Provider name		CCN number	
		1.00		2.00	
14.00	RHC/FQHC name, CCN number				
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)				
		County			
		4.00			
2.00	City, State, ZIP Code, County	MCDONOUGH			
				2.00	
		Tuesday		Wednesday	
		to	from	to	from
		6.00	7.00	8.00	9.00
Facility hours of operations (1)					
11.00	CLINIC	17:00	08:00	17:00	08:00
		17:00		08:00	17:00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL				In Lieu of Form CMS-2552-10			
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN:14-0089		Period: From 07/01/2018		Worksheet S-8	
				Component CCN:14-8522		To 06/30/2019		Date/Time Prepared: 10/9/2019 2:36 pm	
						RHC I		Cost	
				Friday		Saturday			
				from	to	from	to		
				11.00	12.00	13.00	14.00		
				Facility hours of operations (1)					
11.00	CLINIC			08:00	17:00				11.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN:14-0089

Period:

Worksheet S-9

Hospice CCN: 14-1524

From 07/01/2018
To 06/30/2019PARTS I THROUGH IV
Date/Time Prepared:
10/9/2019 2:36 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	5,261	1,944	732	7,937	11.00
12.00	Hospice Inpatient Respite Care	0	0	1	1	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	5,261	1,944	733	7,938	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

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 10/9/2019 2:36 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)	0.319276		1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	1,021,255		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N		4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	3,057,979		5.00	
6.00	Medicaid charges	20,721,986		6.00	
7.00	Medicaid cost (line 1 times line 6)	6,616,033		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	2,536,799		8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP	55,022		9.00	
10.00	Stand-alone CHIP charges	203,376		10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)	64,933		11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	9,911		12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care	77,133		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations	62,176		18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12, 16 and 17)	246,710		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)	949,701	1,616,641	2,566,342	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	303,217	1,616,641	1,919,858	21.00
22.00	Payments received from patients for amounts previously written off as charity care	4,558	75,026	79,584	22.00
23.00	Cost of charity care (line 21 minus line 22)	298,659	1,541,615	1,840,274	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)	2,742,000		26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	211,371		27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	325,186		27.01	
28.00	Non-Medicare bad debt expense (see instructions)	2,416,814		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	885,446		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,725,720		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,272,430		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
10/9/2019 2:36 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	0	0	0	0	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	5,711,781	5,711,781	77,171	5,788,952	1.01
1.02	00102	CAP REL COSTS-HSB I	95,816	95,816	0	95,816	1.02
1.03	00103	CAP REL COSTS-HSB II	416,465	416,465	0	416,465	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	53,730	53,730	0	53,730	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	4,682	4,682	0	4,682	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	10,687	10,687	0	10,687	1.06
1.07	00107	CAP REL COSTS-MAB	61,377	61,377	0	61,377	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	33,545	33,545	0	33,545	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	153,326	153,326	0	153,326	1.10
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	263,624	12,728,707	12,992,331	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,512,151	7,368,201	11,880,352	-67,694	5.00
6.00	00600	MAINTENANCE & REPAIRS	441,696	1,344,861	1,786,557	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	21,170	200,530	221,700	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	17,087	123,841	140,928	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	913	8,897	9,810	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	1,787	14,987	16,774	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	1,361	9,175	10,536	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	1,662	15,166	16,828	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	159,364	159,364	0	8.00
9.00	00900	HOUSEKEEPING	0	1,031,468	1,031,468	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	159,189	159,189	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	91,625	91,625	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	12,152	12,152	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	8,506	8,506	0	9.04
10.00	01000	DIETARY	0	987,670	987,670	-785,482	10.00
11.00	01100	CAFETERIA	0	0	0	785,482	11.00
13.00	01300	NURSING ADMINISTRATION	367,587	711	368,298	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	287,439	176,874	464,313	7,843	14.00
15.00	01500	PHARMACY	654,832	2,113,632	2,768,464	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	460,638	130,629	591,267	-9,477	16.00
17.00	01700	SOCIAL SERVICE	240,999	3,675	244,674	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	1,290,839	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,469,483	402,617	4,872,100	-773,124	30.00
31.00	03100	INTENSIVE CARE UNIT	700,867	125,729	826,596	0	31.00
40.00	04000	SUBPROVIDER - IPF	907,541	700,747	1,608,288	0	40.00
43.00	04300	NURSERY	0	0	0	412,706	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,263,494	675,637	1,939,131	-332	50.00
51.00	05100	RECOVERY ROOM	583,459	30,417	613,876	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	352,575	52.00
53.00	05300	ANESTHESIOLOGY	1,565,892	302,517	1,868,409	-1,290,839	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,277,860	759,164	2,037,024	-80,814	54.00
57.00	05700	CT SCAN	0	78,278	78,278	80,814	57.00
58.00	05800	MRI	0	445,743	445,743	0	58.00
60.00	06000	LABORATORY	2,538,440	1,740,987	4,279,427	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	293,235	293,235	0	63.00
65.00	06500	RESPIRATORY THERAPY	857,809	180,272	1,038,081	-23,868	65.00
66.00	06600	PHYSICAL THERAPY	1,630,827	125,816	1,756,643	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	213,051	2,732	215,783	0	67.00
68.00	06800	SPEECH PATHOLOGY	140,621	2,012	142,633	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	834,993	834,993	24,200	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	625,126	625,126	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	290,519	290,519	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	695,998	17,551	713,549	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	319,388	75,858	395,246	0	76.01
76.02	03951	PAIN MANAGEMENT	44,048	624	44,672	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	493,492	75,282	568,774	0	88.00
90.00	09000	CLINIC	0	0	0	249,000	90.00
91.00	09100	EMERGENCY	968,650	3,971,741	4,940,391	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	49,797	156,553	206,350	0	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
10/9/2019 2:36 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	
101.00	10100	HOME HEALTH AGENCY	1,299,524	242,238	1,541,762	0	1,541,762	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	637,131	500,879	1,138,010	0	1,138,010	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,930,318	45,888,536	73,818,854	249,000	74,067,854	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	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	112,238	13,905	126,143	0	126,143	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	176,580	148,060	324,640	0	324,640	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	130,121	560,143	690,264	0	690,264	194.05
194.06	07955	HOSPITALITY HOUSE	615	21,132	21,747	0	21,747	194.06
194.07	07956	HSK DIALYSIS	0	12,152	12,152	0	12,152	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	46,540	590	47,130	0	47,130	194.09
194.10	07959	FARM LAND	0	3,391	3,391	0	3,391	194.10
194.11	07963	CONVENIENCE CARE CLINIC	435,363	74,155	509,518	0	509,518	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	8,388,687	2,904,079	11,292,766	-249,000	11,043,766	194.12
194.13	07961	VALET PARKING SERVICE	72,026	2,462	74,488	0	74,488	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	77,099	15,652	92,751	0	92,751	194.15
200.00		TOTAL (SUM OF LINES 118 through 199)	37,369,587	49,644,257	87,013,844	0	87,013,844	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	-1,276,572	4,512,380	1.01
1.02	00102	CAP REL COSTS-HSB I	-51,256	44,560	1.02
1.03	00103	CAP REL COSTS-HSB II	0	416,465	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	0	53,730	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	4,682	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	10,687	1.06
1.07	00107	CAP REL COSTS-MAB	-3,302	58,075	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	33,545	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	-1,643	151,683	1.10
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,702,850	8,289,481	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-585,724	11,226,934	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,786,557	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	221,700	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	140,928	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	9,810	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	16,774	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	10,536	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	16,828	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	159,364	8.00
9.00	00900	HOUSEKEEPING	0	1,031,468	9.00
9.01	00901	HOUSEKEEPING-HSB	0	159,189	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	91,625	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	12,152	9.03
9.04	00904	HOUSEKEEPING-MAB	0	8,506	9.04
10.00	01000	DIETARY	0	202,188	10.00
11.00	01100	CAFETERIA	0	785,482	11.00
13.00	01300	NURSING ADMINISTRATION	0	368,298	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	472,156	14.00
15.00	01500	PHARMACY	0	2,768,464	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-16,347	565,443	16.00
17.00	01700	SOCIAL SERVICE	0	244,674	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-1,290,839	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,040,732	3,058,244	30.00
31.00	03100	INTENSIVE CARE UNIT	0	826,596	31.00
40.00	04000	SUBPROVIDER - IPF	-193,600	1,414,688	40.00
43.00	04300	NURSERY	0	412,706	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,938,799	50.00
51.00	05100	RECOVERY ROOM	0	613,876	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	352,575	52.00
53.00	05300	ANESTHESIOLOGY	-468,689	108,881	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,956,210	54.00
57.00	05700	CT SCAN	0	159,092	57.00
58.00	05800	MRI	0	445,743	58.00
60.00	06000	LABORATORY	-649,540	3,629,887	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	293,235	63.00
65.00	06500	RESPIRATORY THERAPY	-40,994	973,219	65.00
66.00	06600	PHYSICAL THERAPY	-8,095	1,748,548	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	215,783	67.00
68.00	06800	SPEECH PATHOLOGY	0	142,633	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-12	859,181	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	625,126	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	290,519	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-200	713,349	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	395,246	76.01
76.02	03951	PAIN MANAGEMENT	0	44,672	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	568,774	88.00
90.00	09000	CLINIC	-138,313	110,687	90.00
91.00	09100	EMERGENCY	-3,101,080	1,839,311	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-195	206,155	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,541,762	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,138,010	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,569,983	60,497,871	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	DAY HEALTH	0	0	194.00
194.01	07962	OUTREACH	0	126,143	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	324,640	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	690,264	194.05
194.06	07955	HOSPITALITY HOUSE	0	21,747	194.06
194.07	07956	HSK DIALYSIS	0	12,152	194.07
194.08	07957	LEASED SALARIES	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	47,130	194.09
194.10	07959	FARM LAND	0	3,391	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	509,518	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	11,043,766	194.12
194.13	07961	VALET PARKING SERVICE	0	74,488	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	194.14
194.15	07965	ASSISTED LIVING	0	92,751	194.15
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,569,983	73,443,861	200.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS OB SALARY					
1.00	NURSERY	43.00	412,706	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	352,575	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	7,843	0		3.00
	TOTALS		773,124	0		
	B - RECLASS FOOD SERVICE					
1.00	CAFETERIA	11.00	0	785,482		1.00
	TOTALS		0	785,482		
	C - RECLASS CT EXPENSE					
1.00	CT SCAN	57.00	80,814	0		1.00
	TOTALS		80,814	0		
	D - RECLASS CRNA SALARIES					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	1,086,267	204,572		1.00
	TOTALS		1,086,267	204,572		
	E - RECLASS COPY MACHINE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,477		1.00
	TOTALS		0	9,477		
	F - RECLASS 02 EXPENSE					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	24,200		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	24,200		
	G - RECLASS AUTO & AMBULANCE COLLISION I					
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	14,782		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	14,782		
	H - RECLASS MITEL LEASE OF PHONE SERVICE					
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	62,389		1.00
	TOTALS		0	62,389		
	J - RECLASS EXPENSES TO NEW COST CENTER					
1.00	CLINIC	90.00	218,991	30,009		1.00
	TOTALS		218,991	30,009		
500.00	Grand Total: Increases		2,159,196	1,130,911		500.00

RECLASSIFICATIONS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
10/9/2019 2:36 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - RECLASS OB SALARY						
1.00	ADULTS & PEDIATRICS	30.00	773,124	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		773,124	0		
B - RECLASS FOOD SERVICE						
1.00	DIETARY	10.00	0	785,482	0	1.00
	TOTALS		0	785,482		
C - RECLASS CT EXPENSE						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	80,814		0	1.00
	TOTALS		80,814	0		
D - RECLASS CRNA SALARIES						
1.00	ANESTHESIOLOGY	53.00	1,086,267	204,572	0	1.00
	TOTALS		1,086,267	204,572		
E - RECLASS COPY MACHINE EXPENSE						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,477	0	1.00
	TOTALS		0	9,477		
F - RECLASS O2 EXPENSE						
1.00	RESPIRATORY THERAPY	65.00	0	23,868	0	1.00
2.00	OPERATING ROOM	50.00	0	332	0	2.00
	TOTALS		0	24,200		
G - RECLASS AUTO & AMBULANCE COLLISION I						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,782	12	1.00
2.00		0.00	0	0	12	2.00
	TOTALS		0	14,782		
H - RECLASS MITEL LEASE OF PHONE SERVICE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	62,389	10	1.00
	TOTALS		0	62,389		
J - RECLASS EXPENSES TO NEW COST CENTER						
1.00	MMG-PHYSICIAN OFFICES	194.12	218,991	30,009	0	1.00
	TOTALS		218,991	30,009		
500.00	Grand Total: Decreases		2,159,196	1,130,911		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
10/9/2019 2:36 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	111,602	0	0	0	0	1.00
2.00	Land Improvements	3,450,730	0	0	0	0	2.00
3.00	Buildings and Fixtures	44,393,716	5,536,866	0	5,536,866	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	74,073,861	0	0	0	2,706,662	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	122,029,909	5,536,866	0	5,536,866	2,706,662	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	122,029,909	5,536,866	0	5,536,866	2,706,662	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	111,602	0				1.00
2.00	Land Improvements	3,450,730	0				2.00
3.00	Buildings and Fixtures	49,930,582	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	71,367,199	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	124,860,113	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	124,860,113	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	5,711,781	0	0	0	0	1.01
1.02	CAP REL COSTS-HSB I	95,816	0	0	0	0	1.02
1.03	CAP REL COSTS-HSB II	416,465	0	0	0	0	1.03
1.04	CAP REL COSTS-REHAB CNT	53,730	0	0	0	0	1.04
1.05	CAP REL COSTS-DIAYSIS	4,682	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	10,687	0	0	0	0	1.06
1.07	CAP REL COSTS-MAB	61,377	0	0	0	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	33,545	0	0	0	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	153,326	0	0	0	0	1.10
3.00	Total (sum of lines 1-2)	6,541,409	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	0				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	5,711,781				1.01
1.02	CAP REL COSTS-HSB I	0	95,816				1.02
1.03	CAP REL COSTS-HSB II	0	416,465				1.03
1.04	CAP REL COSTS-REHAB CNT	0	53,730				1.04
1.05	CAP REL COSTS-DIAYSIS	0	4,682				1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	10,687				1.06
1.07	CAP REL COSTS-MAB	0	61,377				1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	33,545				1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0				1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	153,326				1.10
3.00	Total (sum of lines 1-2)	0	6,541,409				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	119,943,149	0	119,943,149	0.960619	0	1.01
1.02	CAP REL COSTS-HSB I	2,455,192	0	2,455,192	0.019664	0	1.02
1.03	CAP REL COSTS-HSB II	2,016,146	0	2,016,146	0.016147	0	1.03
1.04	CAP REL COSTS-REHAB CNT	168,641	0	168,641	0.001351	0	1.04
1.05	CAP REL COSTS-DIAYSIS	1,518	0	1,518	0.000012	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	31,617	0	31,617	0.000253	0	1.06
1.07	CAP REL COSTS-MAB	228,466	0	228,466	0.001830	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	8,950	0	8,950	0.000072	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	4,484	0	4,484	0.000036	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	1,950	0	1,950	0.000016	0	1.10
3.00	Total (sum of lines 1-2)	124,860,113	0	124,860,113	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	4,436,406	61,192	1.01
1.02	CAP REL COSTS-HSB I	0	0	0	95,816	0	1.02
1.03	CAP REL COSTS-HSB II	0	0	0	416,465	0	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	53,730	0	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	4,682	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	10,687	0	1.06
1.07	CAP REL COSTS-MAB	0	0	0	61,377	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	33,545	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	153,326	0	1.10
3.00	Total (sum of lines 1-2)	0	0	0	5,266,034	61,192	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)	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	14,782	0	0	4,512,380	1.01
1.02	CAP REL COSTS-HSB I	0	0	-51,256	0	44,560	1.02
1.03	CAP REL COSTS-HSB II	0	0	0	0	416,465	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0	53,730	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	4,682	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	10,687	1.06
1.07	CAP REL COSTS-MAB	0	0	-3,302	0	58,075	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	0	33,545	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	-1,643	0	151,683	1.10
3.00	Total (sum of lines 1-2)	0	14,782	-56,201	0	5,285,807	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,268,044	0	CAP REL COSTS-BLDG & FIXT	1.01	9 1.01
1.02	Investment income - CAP REL COSTS-HSB I (chapter 2)			0	CAP REL COSTS-HSB I	1.02	0 1.02
1.03	Investment income - CAP REL COSTS-HSB II (chapter 2)			0	CAP REL COSTS-HSB II	1.03	0 1.03
1.04	Investment income - CAP REL COSTS-REHAB CNT (chapter 2)			0	CAP REL COSTS-REHAB CNT	1.04	0 1.04
1.05	Investment income - CAP REL COSTS-DIAYSIS (chapter 2)			0	CAP REL COSTS-DIAYSIS	1.05	0 1.05
1.06	Investment income - CAP REL COSTS-HOSPITALITY HOUSE (chapter 2)			0	CAP REL COSTS-HOSPITALITY HOUSE	1.06	0 1.06
1.07	Investment income - CAP REL COSTS-MAB (chapter 2)			0	CAP REL COSTS-MAB	1.07	0 1.07
1.08	Investment income - CAP REL COSTS-ORTHO BLDG (chapter 2)			0	CAP REL COSTS-ORTHO BLDG	1.08	0 1.08
1.09	Investment income - CAP REL COSTS-CONVENIENCE CARE CLIN (chapter 2)			0	CAP REL COSTS-CONVENIENCE CARE CLIN	1.09	0 1.09
1.10	Investment income - CAP REL COSTS-BUSHNELL OFFICE BLDG (chapter 2)			0	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0 1.10
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	*** Cost Center Deleted ***	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	-62,788		ADMINISTRATIVE & GENERAL	5.00	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)	A	-2,478	0	CAP REL COSTS-BLDG & FIXT	1.01	9 8.00
9.00	Parking lot (chapter 21)			0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-5,488,761				0 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	A	-4,853	0	CAP REL COSTS-BLDG & FIXT	1.01	9 11.00
12.00	Related organization transactions (chapter 10)	A-8-1		0			0 12.00
13.00	Laundry and linen service			0		0.00	0 13.00
14.00	Cafeteria-employees and guests			0		0.00	0 14.00
15.00	Rental of quarters to employees and others			0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients	B	-12	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 16.00
17.00	Sale of drugs to other than patients			0		0.00	0 17.00
18.00	Sale of medical records and abstracts	B	-16,347		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)	B	-71,704		ADMINISTRATIVE & GENERAL	5.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00	23.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				3.00	4.00		
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			0 CAP REL COSTS-BLDG & FIXT	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-HSB I			0 CAP REL COSTS-HSB I	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-HSB II			0 CAP REL COSTS-HSB II	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-REHAB CNT			0 CAP REL COSTS-REHAB CNT	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-DIAYSIS			0 CAP REL COSTS-DIAYSIS	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-HOSPITALITY HOUSE			0 CAP REL COSTS-HOSPITALITY HOUSE	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-MAB			0 CAP REL COSTS-MAB	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-ORTHO BLDG			0 CAP REL COSTS-ORTHO BLDG	1.08	0	26.08
26.09	Depreciation - CAP REL COSTS-CONVENIENCE CARE CLIN			0 CAP REL COSTS-CONVENIENCE CARE CLIN	1.09	0	26.09
26.10	Depreciation - CAP REL COSTS-BUSHNELL OFFICE BLDG			0 CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	26.10
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0 *** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-1,290,839	0 NONPHYSICIAN ANESTHETISTS	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	TELEPHONE LEASE	A	-1,197	0 CAP REL COSTS-BLDG & FIXT	1.01	10	33.00
33.01	PATHOLOGIST CONSULTING REV	B	-143,876	0 LABORATORY	60.00	0	33.01
33.02	MISCELLANEOUS REV	B	-12,659	0 ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	IHA/AHA DUES	A	-21,184	0 ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	DAY HEALTH MEALS	B		0 DIETARY	10.00	0	33.04
33.05	RADIOLOGY BILLING	B	-114,876	0 ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	NUTRITION COUNSELING	B		0 DIETARY	10.00	0	33.06
33.07	KARE-A-LOT	B	-291	0 ADULTS & PEDIATRICS	30.00	0	33.07
33.08	CONSULTING-PT/OT	B	-8,095	0 PHYSICAL THERAPY	66.00	0	33.08
33.09	TELEPHONE SERVICES-SALARIES	A	-3,284	0 ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	SELF INSUR EMPLOYEE HEALTH INSUR EXP	A	-4,079,122	0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11	CRNA EMPLOYEE BENEFITS	A	-141,258	0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	PHYSICIAN PART B EMPLOYEE BENEFITS	A	-482,470	0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	ADVERTISING	A	-299,229	0 ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	NON-ALLOWABLE PROPERTY TAX	A		0 CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	13	33.14
34.00	NON-ALLOWABLE PROPERTY TAX	A		0 CAP REL COSTS-HSB II	1.03	13	34.00
34.50	NON-ALLOWABLE PROPERTY TAX	A		0 CAP REL COSTS-REHAB CNT	1.04	13	34.50
35.00	NON-ALLOWABLE PROPERTY TAX	A	-3,302	0 CAP REL COSTS-MAB	1.07	13	35.00
35.50	NON-ALLOWABLE PROPERTY TAX	A	-51,256	0 CAP REL COSTS-HSB I	1.02	13	35.50
36.00	NON-ALLOWABLE PROPERTY TAX	A	-1,643	0 CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	13	36.00
36.50	OUTREACH SERVICES	B	-20	0 ADULTS & PEDIATRICS	30.00	0	36.50
37.00	ADVERTISING	A	-195	0 AMBULANCE SERVICES	95.00	0	37.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
10/9/2019 2:36 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.
38.00	CONSULTING	B	-200	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0 38.00
38.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 38.50
39.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 39.00
39.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 39.50
40.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 40.00
40.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 40.50
41.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 41.00
41.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 41.50
42.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 42.50
43.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 43.50
44.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.00
44.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.01
44.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.03
44.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,569,983			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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:
10/9/2019 2:36 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	60.00	LABORATORY	732,157	441,998	290,159	260,300	2,473	1.00
2.00	53.00	ANESTHESIOLOGY	468,689	468,689	0	0	0	2.00
3.00	91.00	EMERGENCY	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	878,007	878,007	0	0	0	4.00
5.00	65.00	RESPIRATORY THERAPY	9,684	9,684	0	0	0	5.00
6.00	90.00	CLINIC	138,313	138,313	0	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	162,414	162,414	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	3,101,080	3,101,080	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	31,310	31,310	0	0	0	10.00
11.00	60.00	LABORATORY	63,666	63,666	0	0	0	11.00
12.00	40.00	SUBPROVIDER - IPF	193,600	193,600	0	0	0	12.00
200.00			5,778,920	5,488,761	290,159		2,473	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	60.00	LABORATORY	309,482	15,474	16,660	6,602	9,925	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	2,387	0	5,616	2.00
3.00	91.00	EMERGENCY	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	21,812	0	3,341	4.00
5.00	65.00	RESPIRATORY THERAPY	0	0	1,665	0	0	5.00
6.00	90.00	CLINIC	0	0	3,368	0	4,306	6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	0	0	0	0	0	11.00
12.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	12.00
200.00			309,482	15,474	45,892	6,602	23,188	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	60.00	LABORATORY	3,933	320,017	0	441,998		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	468,689		2.00
3.00	91.00	EMERGENCY	0	0	0	0		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	878,007		4.00
5.00	65.00	RESPIRATORY THERAPY	0	0	0	9,684		5.00
6.00	90.00	CLINIC	0	0	0	138,313		6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	162,414		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0		8.00
9.00	91.00	EMERGENCY	0	0	0	3,101,080		9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	31,310		10.00
11.00	60.00	LABORATORY	0	0	0	63,666		11.00
12.00	40.00	SUBPROVIDER - IPF	0	0	0	193,600		12.00
200.00			3,933	320,017	0	5,488,761		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	4,512,380	0	4,512,380			1.01
1.02	00102	CAP REL COSTS-HSB I	44,560	0	0	44,560		1.02
1.03	00103	CAP REL COSTS-HSB II	416,465	0	0	0	416,465	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	53,730	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	4,682	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	10,687	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-MAB	58,075	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	33,545	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	151,683	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,289,481	0	46,177	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,226,934	0	347,620	8,044	90,431	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,786,557	0	217,995	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	221,700	0	0	10,401	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	140,928	0	0	0	46,223	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	9,810	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	16,774	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	10,536	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	16,828	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	159,364	0	86,729	0	0	8.00
9.00	00900	HOUSEKEEPING	1,031,468	0	33,988	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	159,189	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	91,625	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	12,152	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	8,506	0	0	0	0	9.04
10.00	01000	DIETARY	202,188	0	65,867	0	0	10.00
11.00	01100	CAFETERIA	785,482	0	93,761	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	368,298	0	17,346	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	472,156	0	171,583	0	0	14.00
15.00	01500	PHARMACY	2,768,464	0	29,300	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	565,443	0	36,333	0	0	16.00
17.00	01700	SOCIAL SERVICE	244,674	0	21,096	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,058,244	0	560,224	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	826,596	0	73,134	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	1,414,688	0	234,403	0	0	40.00
43.00	04300	NURSERY	412,706	0	23,206	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,938,799	0	891,674	0	0	50.00
51.00	05100	RECOVERY ROOM	613,876	0	60,945	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	352,575	0	39,849	0	0	52.00
53.00	05300	ANESTHESIOLOGY	108,881	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,956,210	0	254,468	0	0	54.00
57.00	05700	CT SCAN	159,092	0	15,705	0	0	57.00
58.00	05800	MRI	445,743	0	11,720	0	0	58.00
60.00	06000	LABORATORY	3,629,887	0	185,061	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	293,235	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	973,219	0	115,420	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,748,548	0	116,334	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	215,783	0	7,806	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	142,633	0	24,003	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	859,181	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	625,126	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	290,519	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	713,349	0	0	2,498	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	395,246	0	72,946	0	0	76.01
76.02	03951	PAIN MANAGEMENT	44,672	0	0	1,265	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	568,774	0	0	0	0	88.00
90.00	09000	CLINIC	110,687	0	0	0	13,477	90.00
91.00	09100	EMERGENCY	1,839,311	0	376,545	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
		0	1.00	1.01	1.02	1.03	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	206,155	0	79,556	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,541,762	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,138,010	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,497,871	0	4,310,794	22,208	150,131
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	14,897	192.00
194.00	07950	DAY HEALTH	0	0	0	2,299	194.00
194.01	07962	OUTREACH	126,143	0	0	234	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	324,640	0	60,945	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	690,264	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	21,747	0	0	0	194.06
194.07	07956	HSK DIALYSIS	12,152	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	47,130	0	0	0	194.09
194.10	07959	FARM LAND	3,391	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	509,518	0	17,580	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	11,043,766	0	105,481	4,922	266,334
194.13	07961	VALET PARKING SERVICE	74,488	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	92,751	0	17,580	0	194.15
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	73,443,861	0	4,512,380	44,560	416,465

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITAL ITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			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						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT	53,730					1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	4,682				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	10,687			1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	58,075		1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	33,545	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	16,772	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
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-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & 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
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	53,730	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITAL ITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
101.00	10100	HOME HEALTH AGENCY	0	0	0	8,469	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	8,469	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,730	0	0	16,938	16,772	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	24,199	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	10,687	0	0	194.06
194.07	07956	HSK DIALYSIS	0	4,682	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	7,259	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	9,679	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	16,773	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	53,730	4,682	10,687	58,075	33,545	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	151,683				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	8,335,658			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	1,069,447	12,759,248	12,759,248	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	104,689	2,109,241	443,478	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	5,018	237,119	49,855	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	4,050	191,201	40,201	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	216	10,026	2,108	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	424	17,198	3,616	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	323	10,859	2,283	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	394	17,222	3,621	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	246,093	51,742	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,065,456	224,017	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	159,189	33,470	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	91,625	19,265	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	12,152	2,555	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	8,506	1,788	9.04
10.00	01000	DIETARY	0	0	0	268,055	56,360	10.00
11.00	01100	CAFETERIA	0	0	0	879,243	184,865	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	87,124	472,768	99,402	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	69,986	713,725	150,064	14.00
15.00	01500	PHARMACY	0	0	155,205	2,952,969	620,876	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	109,178	710,954	149,482	16.00
17.00	01700	SOCIAL SERVICE	0	0	57,120	322,890	67,889	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	257,462	257,462	54,133	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	667,992	4,286,460	901,250	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	166,116	1,065,846	224,099	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	215,101	1,864,192	391,956	40.00
43.00	04300	NURSERY	0	0	97,818	533,730	112,219	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	299,467	3,129,940	658,086	50.00
51.00	05100	RECOVERY ROOM	0	0	138,289	813,110	170,960	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	83,566	475,990	100,079	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,592	111,473	23,438	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	283,718	2,494,396	524,459	54.00
57.00	05700	CT SCAN	0	0	19,154	193,951	40,779	57.00
58.00	05800	MRI	0	0	0	457,463	96,184	58.00
60.00	06000	LABORATORY	0	0	496,888	4,311,836	906,585	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	293,235	61,654	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	201,018	1,289,657	271,157	65.00
66.00	06600	PHYSICAL THERAPY	0	34,120	386,530	2,339,262	491,842	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	50,496	274,085	57,628	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	33,329	199,965	42,044	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	859,181	180,647	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	625,126	131,436	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	290,519	61,083	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	164,962	880,809	185,194	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	75,700	543,892	114,356	76.01
76.02	03951	PAIN MANAGEMENT	0	0	10,440	56,377	11,854	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	117,563	116,965	803,302	168,898	88.00
90.00	09000	CLINIC	0	0	19,122	143,286	30,127	90.00
91.00	09100	EMERGENCY	0	0	229,585	2,445,441	514,166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	11,803	297,514	62,554	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10		4A	5.00	
101.00	10100	HOME HEALTH AGENCY	0	0	308,007	1,858,238	390,704	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	151,010	1,297,489	272,804	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	151,683	6,150,304	57,748,966	9,459,312	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	39,096	8,220	192.00
194.00	07950	DAY HEALTH	0	0	0	2,299	483	194.00
194.01	07962	OUTREACH	0	0	26,602	152,979	32,165	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	41,852	427,437	89,871	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	30,841	721,105	151,616	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	146	32,580	6,850	194.06
194.07	07956	HSK DIALYSIS	0	0	0	16,834	3,539	194.07
194.08	07957	LEASED SALARIES	0	0	0	7,259	1,526	194.08
194.09	07958	VISITING PHYSICIANS	0	0	11,031	67,840	14,264	194.09
194.10	07959	FARM LAND	0	0	0	3,391	713	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	103,188	630,286	132,521	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	1,936,349	13,373,625	2,811,877	194.12
194.13	07961	VALET PARKING SERVICE	0	0	17,071	91,559	19,251	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	18,274	128,605	27,040	194.15
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)	0	151,683	8,335,658	73,443,861	12,759,248	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	2,552,719					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	286,974				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	231,402			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	12,134		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	20,814	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	56,759	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	22,244	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	43,107	0	0	0	0	10.00
11.00	01100	CAFETERIA	61,362	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	11,352	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	112,292	0	0	0	0	14.00
15.00	01500	PHARMACY	19,175	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,778	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	13,806	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	366,636	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	47,862	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	153,404	0	0	0	0	40.00
43.00	04300	NURSERY	15,187	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	583,550	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	39,885	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,079	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	166,535	0	0	0	0	54.00
57.00	05700	CT SCAN	10,278	0	0	0	0	57.00
58.00	05800	MRI	7,670	0	0	0	0	58.00
60.00	06000	LABORATORY	121,112	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	75,536	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	76,134	0	0	12,134	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,108	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	15,709	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	27,454	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	47,739	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	13,903	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	11,145	0	0	90.00
91.00	09100	EMERGENCY	246,428	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	52,065	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	3,035	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
		6.00	6.01	6.02	6.03	6.04	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	3,035	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,420,792	41,357	11,145	12,134	6,070	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	163,698	0	0	8,673	192.00
194.00	07950 DAY HEALTH	0	25,261	0	0	0	194.00
194.01	07962 OUTREACH	0	2,575	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	39,885	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	2,602	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	0	3,469	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	11,505	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	69,032	54,083	220,257	0	0	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965 ASSISTED LIVING	11,505	0	0	0	0	194.15
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)	2,552,719	286,974	231,402	12,134	20,814	202.00

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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNELL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB	
			6.05	6.06	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						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	13,142					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	20,843				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	354,594			8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,311,717		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	192,659	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	131,026	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	18,492	47,315	0	14.00
15.00	01500	PHARMACY	0	0	0	7,279	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,823	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,184	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	93,077	307,912	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	21,482	52,410	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	5,517	75,704	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	68,944	91,718	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	44,403	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	27,522	50,955	0	54.00
57.00	05700	CT SCAN	0	0	0	8,007	0	57.00
58.00	05800	MRI	0	0	3,497	0	0	58.00
60.00	06000	LABORATORY	0	0	2,990	72,792	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,775	37,124	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,688	17,433	57,506	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,141	5,823	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,640	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	18,431	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	19,654	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	9,334	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	16,155	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	84,331	287,530	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	2,146	2,912	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNE LL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-H SB	
		6.05	6.06	8.00	9.00	9.01	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	1,247	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	20,843	354,594	1,311,717	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	109,898	192.00
194.00	07950	DAY HEALTH	0	0	0	16,959	194.00
194.01	07962	OUTREACH	0	0	0	1,729	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	13,142	0	0	36,308	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	194.15
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)	13,142	20,843	354,594	1,311,717	192,659

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Cost Center Description		HOUSEKEEPING-HSB	HOUSEKEEPING-ORTH	HOUSEKEEPING-MAB	DIETARY	CAFETERIA	
		B II	RTHO	AB			
		9.02	9.03	9.04	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II	110,890				9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	14,707			9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	10,294		9.04
10.00	01000	DIETARY	0	0	0	498,548	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & 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
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	227,819	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	90,893	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	179,836	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00	09000	CLINIC	5,341	0	0	0	90.00
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
101.00	10100	HOME HEALTH AGENCY	0	0	1,501	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00

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Cost Center Description			HOUSEKEEPING-HS	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA	
			B II	RTHO	AB			
			9.02	9.03	9.04	10.00	11.00	
116.00	11600	HOSPICE	0	0	1,501	0	21,790	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,341	0	3,002	498,548	847,267	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	4,289	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	7,060	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	7,936	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	2,654	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	1,287	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	1,716	0	2,097	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	18,074	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	105,549	14,707	0	0	229,474	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	7,378	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	3,530	194.15
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)	110,890	14,707	10,294	498,548	1,125,470	202.00

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	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						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	594,298					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,068	1,069,286				14.00
15.00	01500	PHARMACY	0	4,169	3,624,613			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,009	0	922,940		16.00
17.00	01700	SOCIAL SERVICE	0	407	0	0	416,704	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	590,230	34,493	0	514,280	315,222	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,193	0	118,452	50,891	31.00
40.00	04000	SUBPROVIDER - IPF	0	4,743	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	123,997	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	6,220	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	8,689	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,842	0	0	0	54.00
57.00	05700	CT SCAN	0	3,871	0	0	0	57.00
58.00	05800	MRI	0	5	0	0	0	58.00
60.00	06000	LABORATORY	0	259,660	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,140	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	9,654	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,186	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	603	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	166	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	222,161	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	166,312	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	77,296	3,624,613	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	998	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	3,221	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	134	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	2,506	0	0	0	88.00
90.00	09000	CLINIC	0	833	0	0	0	90.00
91.00	09100	EMERGENCY	0	30,418	0	290,208	7,484	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	63	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	8,099	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,391	0	0	0116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	594,298	1,013,479	3,624,613	922,940	373,597118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0192.00
194.00	07950	DAY HEALTH	0	0	0	0	0194.00
194.01	07962	OUTREACH	0	2,718	0	0	0194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0194.02
194.03	07952	FUND DEVELOPMENT	0	1,825	0	0	0194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0194.04
194.05	07954	PHYSICIAN SUPPORT	0	76	0	0	0194.05
194.06	07955	HOSPITALITY HOUSE	0	34	0	0	0194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0194.08
194.09	07958	VISITING PHYSICIANS	0	69	0	0	0194.09
194.10	07959	FARM LAND	0	0	0	0	0194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	6,625	0	0	0194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	44,269	0	0	43,107194.12
194.13	07961	VALET PARKING SERVICE	0	75	0	0	0194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0194.14
194.15	07965	ASSISTED LIVING	0	116	0	0	0194.15
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	594,298	1,069,286	3,624,613	922,940	416,704202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM-CLOSED FY16	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		19.00	23.00	24.00	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					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO					9.03
9.04	00904	HOUSEKEEPING-MAB					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	322,450				19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16		0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	7,766,368	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,705,032	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,719,038	0	40.00
43.00	04300	NURSERY	0	0	676,875	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	4,704,301	0	50.00
51.00	05100	RECOVERY ROOM	0	0	1,097,509	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	615,578	0	52.00
53.00	05300	ANESTHESIOLOGY	322,450	0	469,447	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,322,766	0	54.00
57.00	05700	CT SCAN	0	0	260,416	0	57.00
58.00	05800	MRI	0	0	564,819	0	58.00
60.00	06000	LABORATORY	0	0	5,766,011	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	366,029	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,724,043	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,066,955	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	353,032	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	265,797	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,261,989	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	922,874	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,053,511	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	1,147,840	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	742,504	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	93,327	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	1,008,856	0	88.00
90.00	09000	CLINIC	0	0	197,075	0	90.00
91.00	09100	EMERGENCY	0	0	3,951,789	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	419,749	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM-CLOSED FY16	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			19.00	23.00	24.00	25.00	26.00	
101.00	10100	HOME HEALTH AGENCY	0	0	2,307,997	0	2,307,997	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		0	1,602,257	0	1,602,257	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	322,450	0	53,153,784	0	53,153,784	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	333,874	0	333,874	192.00
194.00	07950	DAY HEALTH	0	0	45,002	0	45,002	194.00
194.01	07962	OUTREACH	0	0	199,226	0	199,226	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	566,954	0	566,954	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	875,451	0	875,451	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	39,464	0	39,464	194.06
194.07	07956	HSK DIALYSIS	0	0	20,373	0	20,373	194.07
194.08	07957	LEASED SALARIES	0	0	12,674	0	12,674	194.08
194.09	07958	VISITING PHYSICIANS	0	0	89,455	0	89,455	194.09
194.10	07959	FARM LAND	0	0	4,104	0	4,104	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	799,011	0	799,011	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	17,015,430	0	17,015,430	194.12
194.13	07961	VALET PARKING SERVICE	0	0	118,263	0	118,263	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	170,796	0	170,796	194.15
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)	322,450	0	73,443,861	0	73,443,861	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
				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						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	46,177	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	347,620	8,044	90,431	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	217,995	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	10,401	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	46,223	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	86,729	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	33,988	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	65,867	0	0	10.00
11.00	01100	CAFETERIA	0	0	93,761	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	17,346	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	171,583	0	0	14.00
15.00	01500	PHARMACY	0	0	29,300	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	36,333	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	21,096	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	560,224	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	73,134	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	234,403	0	0	40.00
43.00	04300	NURSERY	0	0	23,206	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	891,674	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	60,945	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	39,849	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	254,468	0	0	54.00
57.00	05700	CT SCAN	0	0	15,705	0	0	57.00
58.00	05800	MRI	0	0	11,720	0	0	58.00
60.00	06000	LABORATORY	0	0	185,061	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	115,420	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	116,334	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	7,806	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	24,003	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,498	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	72,946	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	1,265	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	13,477	90.00
91.00	09100	EMERGENCY	0	0	376,545	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
				1.00	1.01	1.02	1.03	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	79,556	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	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	4,310,794	22,208	150,131	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	14,897	0	192.00
194.00	07950	DAY HEALTH	0	0	0	2,299	0	194.00
194.01	07962	OUTREACH	0	0	0	234	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	60,945	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	17,580	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	105,481	4,922	266,334	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	17,580	0	0	194.15
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)	0	0	4,512,380	44,560	416,465	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITAL ITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			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						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	16,772	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
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-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & 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
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	53,730	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0089

Period:
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To 06/30/2019Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITAL ITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
101.00	10100	HOME HEALTH AGENCY	0	0	0	8,469	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	8,469	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,730	0	0	16,938	16,772	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	24,199	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	10,687	0	0	194.06
194.07	07956	HSK DIALYSIS	0	4,682	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	7,259	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	9,679	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	16,773	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	53,730	4,682	10,687	58,075	33,545	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	46,177	46,177		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	462,867	5,924	468,791	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	217,995	580	16,294	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	10,401	28	1,832	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	46,223	22	1,477	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	1	77	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	2	133	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	2	84	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	2	133	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	86,729	0	1,901	8.00
9.00	00900	HOUSEKEEPING	0	0	33,988	0	8,231	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	1,230	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	708	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	94	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	66	9.04
10.00	01000	DIETARY	0	0	65,867	0	2,071	10.00
11.00	01100	CAFETERIA	0	0	93,761	0	6,792	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	17,346	483	3,652	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	171,583	388	5,514	14.00
15.00	01500	PHARMACY	0	0	29,300	860	22,812	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	36,333	605	5,492	16.00
17.00	01700	SOCIAL SERVICE	0	0	21,096	316	2,494	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	1,426	1,989	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	560,224	3,700	33,113	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	73,134	920	8,234	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	234,403	1,192	14,401	40.00
43.00	04300	NURSERY	0	0	23,206	542	4,123	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	891,674	1,659	24,179	50.00
51.00	05100	RECOVERY ROOM	0	0	60,945	766	6,281	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	39,849	463	3,677	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	14	861	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	254,468	1,572	19,269	54.00
57.00	05700	CT SCAN	0	0	15,705	106	1,498	57.00
58.00	05800	MRI	0	0	11,720	0	3,534	58.00
60.00	06000	LABORATORY	0	0	185,061	2,753	33,309	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,265	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	115,420	1,114	9,963	65.00
66.00	06600	PHYSICAL THERAPY	0	34,120	204,184	2,141	18,071	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	7,806	280	2,117	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	24,003	185	1,545	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,637	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,829	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,244	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,498	914	6,804	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	72,946	419	4,202	76.01
76.02	03951	PAIN MANAGEMENT	0	0	1,265	58	436	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	117,563	117,563	648	6,206	88.00
90.00	09000	CLINIC	0	0	13,477	106	1,107	90.00
91.00	09100	EMERGENCY	0	0	376,545	1,272	18,891	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	79,556	65	2,298	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0089

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10		4.00	5.00	
101.00	10100	HOME HEALTH AGENCY	0	0	8,469	1,706	14,355	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	8,469	837	10,023	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	151,683	4,722,256	34,071	347,548	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	39,096	0	302	192.00
194.00	07950	DAY HEALTH	0	0	2,299	0	18	194.00
194.01	07962	OUTREACH	0	0	234	147	1,182	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	60,945	232	3,302	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	171	5,571	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	10,687	1	252	194.06
194.07	07956	HSK DIALYSIS	0	0	4,682	0	130	194.07
194.08	07957	LEASED SALARIES	0	0	7,259	0	56	194.08
194.09	07958	VISITING PHYSICIANS	0	0	9,679	61	524	194.09
194.10	07959	FARM LAND	0	0	0	0	26	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	17,580	572	4,869	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	393,510	10,726	103,311	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	95	707	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	17,580	101	993	194.15
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)	0	151,683	5,285,807	46,177	468,791	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	234,869					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	12,261				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	47,722			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	78		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	135	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	5,222	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,047	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	3,966	0	0	0	0	10.00
11.00	01100	CAFETERIA	5,646	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,044	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,332	0	0	0	0	14.00
15.00	01500	PHARMACY	1,764	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,188	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,270	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,733	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,404	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	14,114	0	0	0	0	40.00
43.00	04300	NURSERY	1,397	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,692	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	3,670	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,399	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,322	0	0	0	0	54.00
57.00	05700	CT SCAN	946	0	0	0	0	57.00
58.00	05800	MRI	706	0	0	0	0	58.00
60.00	06000	LABORATORY	11,143	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	6,950	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,005	0	0	78	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	470	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,445	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,173	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	4,392	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	594	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	2,298	0	0	90.00
91.00	09100	EMERGENCY	22,673	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	4,790	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	20	101.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description		MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
		6.00	6.01	6.02	6.03	6.04	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	20	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	222,730	1,767	2,298	78	40	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	6,994	0	0	55	192.00
194.00	07950 DAY HEALTH	0	1,079	0	0	0	194.00
194.01	07962 OUTREACH	0	110	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	3,670	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	17	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	0	23	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	1,059	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	6,351	2,311	45,424	0	0	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965 ASSISTED LIVING	1,059	0	0	0	0	194.15
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)	234,869	12,261	47,722	78	135	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNE LL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-H SB	
			6.05	6.06	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						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	86					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	135				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	93,852			8.00
9.00	00900	HOUSEKEEPING	0	0	0	44,266		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	1,230	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	4,422	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,894	1,597	0	14.00
15.00	01500	PHARMACY	0	0	0	246	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	197	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	74	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	24,635	10,389	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,686	1,769	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	1,460	2,555	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	18,248	3,095	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,498	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	7,284	1,720	0	54.00
57.00	05700	CT SCAN	0	0	0	270	0	57.00
58.00	05800	MRI	0	0	926	0	0	58.00
60.00	06000	LABORATORY	0	0	791	2,456	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,529	1,253	0	65.00
66.00	06600	PHYSICAL THERAPY	0	30	4,614	1,941	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	567	197	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	123	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	118	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	663	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	60	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	105	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	22,320	9,703	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	568	98	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description		MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNE LL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-H SB	
		6.05	6.06	8.00	9.00	9.01	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	330	0	0116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	135	93,852	44,266	178118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	701192.00
194.00	07950	DAY HEALTH	0	0	0	0	108194.00
194.01	07962	OUTREACH	0	0	0	0	11194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0194.09
194.10	07959	FARM LAND	0	0	0	0	0194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0194.11
194.12	07960	MMG-PHYSICIAN OFFICES	86	0	0	0	232194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0194.15
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	86	135	93,852	44,266	1,230202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		HOUSEKEEPING-HSB	HOUSEKEEPING-ORTH	HOUSEKEEPING-MAB	DIETARY	CAFETERIA	
		B II	RTHO	AB			
		9.02	9.03	9.04	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II	708				9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	94			9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	66		9.04
10.00	01000	DIETARY	0	0	0	76,326	10.00
11.00	01100	CAFETERIA	0	0	0	0	106,199
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,017
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,201
15.00	01500	PHARMACY	0	0	0	0	1,901
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,915
17.00	01700	SOCIAL SERVICE	0	0	0	0	899
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	1,024
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	34,879	12,171
31.00	03100	INTENSIVE CARE UNIT	0	0	0	13,915	2,444
40.00	04000	SUBPROVIDER - IPF	0	0	0	27,532	4,122
43.00	04300	NURSERY	0	0	0	0	1,485
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	4,535
51.00	05100	RECOVERY ROOM	0	0	0	0	2,164
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,267
53.00	05300	ANESTHESIOLOGY	0	0	0	0	321
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	4,440
57.00	05700	CT SCAN	0	0	0	0	333
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	8,590
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	3,316
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,640
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	721
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	403
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	3,298
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	1,287
76.02	03951	PAIN MANAGEMENT	0	0	0	0	163
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	1,698
90.00	09000	CLINIC	34	0	0	0	599
91.00	09100	EMERGENCY	0	0	0	0	4,320
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	235
101.00	10100	HOME HEALTH AGENCY	0	0	10	0	4,380
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			HOUSEKEEPING-HS	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA	
			B II	RTHO	AB			
			9.02	9.03	9.04	10.00	11.00	
116.00	11600	HOSPICE	0	0	10	0	2,056	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34	0	20	76,326	79,945	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	27	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	666	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	749	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	250	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	8	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	11	0	198	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	1,705	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	674	94	0	0	21,657	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	696	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	333	194.15
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)	708	94	66	76,326	106,199	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0089

Period:
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	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						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	23,542					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	161	196,670				14.00
15.00	01500	PHARMACY	0	767	57,650			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	370	0	48,100		16.00
17.00	01700	SOCIAL SERVICE	0	75	0	0	26,224	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,381	6,344	0	26,803	19,837	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,323	0	6,173	3,203	31.00
40.00	04000	SUBPROVIDER - IPF	0	872	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	22,806	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,144	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,598	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,178	0	0	0	54.00
57.00	05700	CT SCAN	0	712	0	0	0	57.00
58.00	05800	MRI	0	1	0	0	0	58.00
60.00	06000	LABORATORY	0	47,757	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,049	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,776	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,506	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	111	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	30	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	40,861	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,589	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,217	57,650	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	184	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	592	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	25	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	461	0	0	0	88.00
90.00	09000	CLINIC	0	153	0	0	0	90.00
91.00	09100	EMERGENCY	0	5,595	0	15,124	471	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	11	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,490	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0089

Period:
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	808	0	0	0116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,542	186,405	57,650	48,100	23,511118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0192.00
194.00	07950	DAY HEALTH	0	0	0	0	0194.00
194.01	07962	OUTREACH	0	500	0	0	0194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0194.02
194.03	07952	FUND DEVELOPMENT	0	336	0	0	0194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0194.04
194.05	07954	PHYSICIAN SUPPORT	0	14	0	0	0194.05
194.06	07955	HOSPITALITY HOUSE	0	6	0	0	0194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0194.08
194.09	07958	VISITING PHYSICIANS	0	13	0	0	0194.09
194.10	07959	FARM LAND	0	0	0	0	0194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	1,219	0	0	0194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	8,142	0	0	2,713194.12
194.13	07961	VALET PARKING SERVICE	0	14	0	0	0194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0194.14
194.15	07965	ASSISTED LIVING	0	21	0	0	0194.15
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	23,542	196,670	57,650	48,100	26,224202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description		NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM-CLOSED FY16	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		19.00	23.00	24.00	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					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO					9.03
9.04	00904	HOUSEKEEPING-MAB					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	4,439				19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16		0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		789,209	0	789,209	30.00
31.00	03100	INTENSIVE CARE UNIT		121,205	0	121,205	31.00
40.00	04000	SUBPROVIDER - IPF		300,651	0	300,651	40.00
43.00	04300	NURSERY		30,753	0	30,753	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		1,019,888	0	1,019,888	50.00
51.00	05100	RECOVERY ROOM		76,468	0	76,468	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		47,655	0	47,655	52.00
53.00	05300	ANESTHESIOLOGY		2,794	0	2,794	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		306,253	0	306,253	54.00
57.00	05700	CT SCAN		19,570	0	19,570	57.00
58.00	05800	MRI		16,887	0	16,887	58.00
60.00	06000	LABORATORY		291,860	0	291,860	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		4,314	0	4,314	63.00
65.00	06500	RESPIRATORY THERAPY		141,321	0	141,321	65.00
66.00	06600	PHYSICAL THERAPY		245,210	0	245,210	66.00
67.00	06700	OCCUPATIONAL THERAPY		12,269	0	12,269	67.00
68.00	06800	SPEECH PATHOLOGY		27,734	0	27,734	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		47,498	0	47,498	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		35,418	0	35,418	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		74,111	0	74,111	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		14,989	0	14,989	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR		84,501	0	84,501	76.01
76.02	03951	PAIN MANAGEMENT		2,601	0	2,601	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		126,681	0	126,681	88.00
90.00	09000	CLINIC		17,774	0	17,774	90.00
91.00	09100	EMERGENCY		476,914	0	476,914	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		87,621	0	87,621	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0089

Period:
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Cost Center Description			NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM-CLOSED FY16	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			19.00	23.00	24.00	25.00	26.00	
101.00	10100	HOME HEALTH AGENCY			30,430	0	30,430	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE			22,553	0	22,553	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	4,475,132	0	4,475,132	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			47,175	0	47,175	192.00
194.00	07950	DAY HEALTH			3,504	0	3,504	194.00
194.01	07962	OUTREACH			2,850	0	2,850	194.01
194.02	07951	OCCUPATIONAL MEDICINE			0	0	0	194.02
194.03	07952	FUND DEVELOPMENT			69,234	0	69,234	194.03
194.04	07953	OUTSIDE LAUNDRY			0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT			6,006	0	6,006	194.05
194.06	07955	HOSPITALITY HOUSE			10,946	0	10,946	194.06
194.07	07956	HSK DIALYSIS			4,812	0	4,812	194.07
194.08	07957	LEASED SALARIES			7,340	0	7,340	194.08
194.09	07958	VISITING PHYSICIANS			10,509	0	10,509	194.09
194.10	07959	FARM LAND			26	0	26	194.10
194.11	07963	CONVENIENCE CARE CLINIC			27,004	0	27,004	194.11
194.12	07960	MMG-PHYSICIAN OFFICES			595,231	0	595,231	194.12
194.13	07961	VALET PARKING SERVICE			1,512	0	1,512	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE			0	0	0	194.14
194.15	07965	ASSISTED LIVING			20,087	0	20,087	194.15
200.00		Cross Foot Adjustments	4,439	0	4,439	0	4,439	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,439	0	5,285,807	0	5,285,807	202.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)	
			1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		192,505				1.01
1.02	00102	CAP REL COSTS-HSB I	0	0	48,675			1.02
1.03	00103	CAP REL COSTS-HSB II	0	0	0	45,860		1.03
1.04	00104	CAP REL COSTS-REHAB CNT	0	0	0	0	4,300	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,970	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	14,830	8,787	9,958	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	9,300	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	11,362	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	5,090	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,700	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	1,450	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	2,810	0	0	0	10.00
11.00	01100	CAFETERIA	0	4,000	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	740	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,320	0	0	0	14.00
15.00	01500	PHARMACY	0	1,250	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,550	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	900	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	23,900	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,120	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	10,000	0	0	0	40.00
43.00	04300	NURSERY	0	990	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	38,040	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	2,600	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,700	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,856	0	0	0	54.00
57.00	05700	CT SCAN	0	670	0	0	0	57.00
58.00	05800	MRI	0	500	0	0	0	58.00
60.00	06000	LABORATORY	0	7,895	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,924	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,963	0	0	4,300	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	333	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,024	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,729	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	3,112	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	1,382	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	1,484	0	90.00
91.00	09100	EMERGENCY	0	16,064	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
From 07/01/2018
To 06/30/2019

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Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)	
			1.00	1.01	1.02	1.03	1.04	
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	3,394	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)	0	183,905	24,260	16,532	4,300	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	16,272	0	0	192.00
194.00	07950	DAY HEALTH	0	0	2,511	0	0	194.00
194.01	07962	OUTREACH	0	0	256	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	2,600	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	750	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	4,500	5,376	29,328	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	750	0	0	0	194.15
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)	0	4,512,380	44,560	416,465	53,730	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	23.440326	0.915460	9.081225	12.495349	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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To 06/30/2019

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Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-DIAYSIS (PER CENT)	CAP REL COSTS-HOSPITAL ITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	
			1.05	1.06	1.07	1.08	1.09	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS	1,656					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	2,160				1.06
1.07	00107	CAP REL COSTS-MAB	0	0	7,200			1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	9,172		1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	4,586	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
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-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & 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
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
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:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-DIAYSIS (PER CENT)	CAP REL COSTS-HOSPITAL ITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	
			1.05	1.06	1.07	1.08	1.09	
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,050	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,050	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	2,100	4,586	0	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	3,000	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	2,160	0	0	0	194.06
194.07	07956	HSK DIALYSIS	1,656	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	900	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	1,200	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	4,586	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	4,682	10,687	58,075	33,545	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.827295	4.947685	8.065972	3.657327	0.000000	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:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		CAPITAL RELATED COSTS BUSHNELL OFFICE BLDG (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		1.10	4.00	5A	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	5,806				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	35,169,273			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	4,512,151	-12,759,248	60,684,613	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	441,696	0	2,109,241	166,405 6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	21,170	0	237,119	0 6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	17,087	0	191,201	0 6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	913	0	10,026	0 6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	1,787	0	17,198	0 6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	1,361	0	10,859	0 6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	1,662	0	17,222	0 6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	246,093	3,700 8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,065,456	1,450 9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	159,189	0 9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	91,625	0 9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	12,152	0 9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	8,506	0 9.04
10.00	01000	DIETARY	0	0	0	268,055	2,810 10.00
11.00	01100	CAFETERIA	0	0	0	879,243	4,000 11.00
13.00	01300	NURSING ADMINISTRATION	0	367,587	0	472,768	740 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	295,282	0	713,725	7,320 14.00
15.00	01500	PHARMACY	0	654,832	0	2,952,969	1,250 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	460,638	0	710,954	1,550 16.00
17.00	01700	SOCIAL SERVICE	0	240,999	0	322,890	900 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	1,086,267	0	257,462	0 19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,818,352	0	4,286,460	23,900 30.00
31.00	03100	INTENSIVE CARE UNIT	0	700,867	0	1,065,846	3,120 31.00
40.00	04000	SUBPROVIDER - IPF	0	907,541	0	1,864,192	10,000 40.00
43.00	04300	NURSERY	0	412,706	0	533,730	990 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,263,494	0	3,129,940	38,040 50.00
51.00	05100	RECOVERY ROOM	0	583,459	0	813,110	2,600 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	352,575	0	475,990	1,700 52.00
53.00	05300	ANESTHESIOLOGY	0	10,936	0	111,473	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,197,046	0	2,494,396	10,856 54.00
57.00	05700	CT SCAN	0	80,814	0	193,951	670 57.00
58.00	05800	MRI	0	0	0	457,463	500 58.00
60.00	06000	LABORATORY	0	2,096,442	0	4,311,836	7,895 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	293,235	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	848,125	0	1,289,657	4,924 65.00
66.00	06600	PHYSICAL THERAPY	1,306	1,630,827	0	2,339,262	4,963 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	213,051	0	274,085	333 67.00
68.00	06800	SPEECH PATHOLOGY	0	140,621	0	199,965	1,024 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	859,181	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	625,126	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	290,519	0 73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	695,998	0	880,809	0 76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	319,388	0	543,892	3,112 76.01
76.02	03951	PAIN MANAGEMENT	0	44,048	0	56,377	0 76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	4,500	493,492	0	803,302	0 88.00
90.00	09000	CLINIC	0	80,679	0	143,286	0 90.00
91.00	09100	EMERGENCY	0	968,650	0	2,445,441	16,064 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		CAPITAL RELATED COSTS BUSHNELL OFFICE BLDG (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		1.10	4.00	5A	5.00	6.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	49,797	0	297,514	3,394	95.00
101.00	10100	0	1,299,524	0	1,858,238	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	637,131	0	1,297,489	0	113.00
116.00	11600	0	637,131	0	1,297,489	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)						118.00
		5,806	25,948,995	-12,759,248	44,989,718	157,805	
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	39,096	0	192.00
194.00	07950	0	0	0	2,299	0	194.00
194.01	07962	0	112,238	0	152,979	0	194.01
194.02	07951	0	0	0	0	0	194.02
194.03	07952	0	176,580	0	427,437	2,600	194.03
194.04	07953	0	0	0	0	0	194.04
194.05	07954	0	130,121	0	721,105	0	194.05
194.06	07955	0	615	0	32,580	0	194.06
194.07	07956	0	0	0	16,834	0	194.07
194.08	07957	0	0	0	7,259	0	194.08
194.09	07958	0	46,540	0	67,840	0	194.09
194.10	07959	0	0	0	3,391	0	194.10
194.11	07963	0	435,363	0	630,286	750	194.11
194.12	07960	0	8,169,696	0	13,373,625	4,500	194.12
194.13	07961	0	72,026	0	91,559	0	194.13
194.14	07964	0	0	0	0	0	194.14
194.15	07965	0	77,099	0	128,605	750	194.15
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)						202.00
		151,683	8,335,658		12,759,248	2,552,719	
203.00	Unit cost multiplier (Wkst. B, Part I)						203.00
		26.125215	0.237015		0.210255	15.340398	
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
			46,177		468,791	234,869	
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00
			0.001313		0.007725	1.411430	
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:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description			MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
			6.01	6.02	6.03	6.04	6.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	28,526					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	30,812				6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	4,300			6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	7,200		6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	4,586	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
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-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & 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
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,300	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,729	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	1,382	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	1,484	0	0	0	90.00
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	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,050	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description			MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
			6.01	6.02	6.03	6.04	6.05	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	1,050	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,111	1,484	4,300	2,100	0	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	16,272	0	0	3,000	0	192.00
194.00	07950	DAY HEALTH	2,511	0	0	0	0	194.00
194.01	07962	OUTREACH	256	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	900	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	1,200	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	5,376	29,328	0	0	4,586	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	286,974	231,402	12,134	20,814	13,142	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.060086	7.510126	2.821860	2.890833	2.865678	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	12,261	47,722	78	135	86	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.429818	1.548812	0.018140	0.018750	0.018753	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:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description			MAINTENANCE & REPAIRS-BUSHNELL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-HSB (SQUARE FEET)	HOUSEKEEPING-HSB II (SQUARE FEET)	
			6.06	8.00	9.00	9.01	9.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	5,806					6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	269,287				8.00
9.00	00900	HOUSEKEEPING	0	0	1,802			9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	28,526		9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	30,812	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	180	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,043	65	0	0	14.00
15.00	01500	PHARMACY	0	0	10	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	8	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	3	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	70,683	423	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,314	72	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	4,190	104	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	52,358	126	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	61	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,901	70	0	0	54.00
57.00	05700	CT SCAN	0	0	11	0	0	57.00
58.00	05800	MRI	0	2,656	0	0	0	58.00
60.00	06000	LABORATORY	0	2,271	100	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,386	51	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,306	13,239	79	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,626	8	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	5	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,729	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	27	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	1,382	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	4,500	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	1,484	90.00
91.00	09100	EMERGENCY	0	64,043	395	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	0	1,630	4	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		MAINTENANCE & REPAIRS-BUSHNE L (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-H SB (SQUARE FEET)	HOUSEKEEPING-H SB II (SQUARE FEET)	
		6.06	8.00	9.00	9.01	9.02	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	947	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,806	269,287	1,802	4,111	1,484
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	16,272	192.00
194.00	07950	DAY HEALTH	0	0	0	2,511	194.00
194.01	07962	OUTREACH	0	0	0	256	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	5,376	29,328
194.13	07961	VALET PARKING SERVICE	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	194.15
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	20,843	354,594	1,311,717	192,659	110,890
203.00		Unit cost multiplier (Wkst. B, Part I)	3.589907	1.316788	727.922863	6.753804	3.598922
204.00		Cost to be allocated (per Wkst. B, Part II)	135	93,852	44,266	1,230	708
205.00		Unit cost multiplier (Wkst. B, Part II)	0.023252	0.348520	24.564928	0.043119	0.022978
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:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description			HOUSEKEEPING-O THO (SQUARE FEET)	HOUSEKEEPING-M AB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSIN)	
			9.03	9.04	10.00	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						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO	4,586					9.03
9.04	00904	HOUSEKEEPING-MAB	0	7,200				9.04
10.00	01000	DIETARY	0	0	1,278			10.00
11.00	01100	CAFETERIA	0	0	0	42,405		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	406	1,607	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	879	11	14.00
15.00	01500	PHARMACY	0	0	0	759	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,164	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	359	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	409	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	584	4,860	1,596	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	233	976	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	461	1,646	0	40.00
43.00	04300	NURSERY	0	0	0	593	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,811	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	864	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	506	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	128	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,773	0	54.00
57.00	05700	CT SCAN	0	0	0	133	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	3,430	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,324	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,252	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	288	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	161	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,317	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	514	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	65	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	678	0	88.00
90.00	09000	CLINIC	0	0	0	239	0	90.00
91.00	09100	EMERGENCY	0	0	0	1,725	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	94	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,050	0	1,749	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		HOUSEKEEPING-THO (SQUARE FEET)	HOUSEKEEPING-M AB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSIN)	
		9.03	9.04	10.00	11.00	13.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,050	0	821	0116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,100	1,278	31,923	1,607118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,000	0	0	0192.00
194.00	07950	DAY HEALTH	0	0	0	0	0194.00
194.01	07962	OUTREACH	0	0	0	266	0194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	299	0194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	100	0194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0194.07
194.08	07957	LEASED SALARIES	0	900	0	0	0194.08
194.09	07958	VISITING PHYSICIANS	0	1,200	0	79	0194.09
194.10	07959	FARM LAND	0	0	0	0	0194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	681	0194.11
194.12	07960	MMG-PHYSICIAN OFFICES	4,586	0	0	8,646	0194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	278	0194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0194.14
194.15	07965	ASSISTED LIVING	0	0	0	133	0194.15
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)	14,707	10,294	498,548	1,125,470	594,298202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.206934	1.429722	390.100156	26.540974	369.818295203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	94	66	76,326	106,199	23,542204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.020497	0.009167	59.723005	2.504398	14.649658205.00
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:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO					9.03
9.04	00904	HOUSEKEEPING-MAB					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,018,924				14.00
15.00	01500	PHARMACY	15,669	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,551	0	935		16.00
17.00	01700	SOCIAL SERVICE	1,529	0	0	1,392	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	129,644	0	521	1,053	30.00
31.00	03100	INTENSIVE CARE UNIT	27,034	0	120	170	31.00
40.00	04000	SUBPROVIDER - IPF	17,825	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	466,042	0	0	0	50.00
51.00	05100	RECOVERY ROOM	23,378	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	32,658	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,508	0	0	0	54.00
57.00	05700	CT SCAN	14,551	0	0	0	57.00
58.00	05800	MRI	18	0	0	0	58.00
60.00	06000	LABORATORY	975,936	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,868	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	36,285	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	30,769	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,268	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	623	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	834,993	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	625,084	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	290,519	100	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,750	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	12,105	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	502	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	9,419	0	0	0	88.00
90.00	09000	CLINIC	3,132	0	0	0	90.00
91.00	09100	EMERGENCY	114,327	0	294	25	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	235	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	
101.00	10100 HOME HEALTH AGENCY	30,442	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	16,505	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,809,169	100	935	1,248	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 DAY HEALTH	0	0	0	0	0	194.00
194.01	07962 OUTREACH	10,215	0	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	6,861	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	287	0	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	129	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	260	0	0	0	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	24,900	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	166,385	0	0	144	0	194.12
194.13	07961 VALET PARKING SERVICE	283	0	0	0	0	194.13
194.14	07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965 ASSISTED LIVING	435	0	0	0	0	194.15
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)	1,069,286	3,624,613	922,940	416,704	322,450	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.266063	36,246.130000	987.101604	299.356322	3,224.500000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	196,670	57,650	48,100	26,224	4,439	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.048936	576.500000	51.443850	18.839080	44.390000	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:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		PARAMED ED PRGM-CLOSED FY16 (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	1.01
1.02	00102	CAP REL COSTS-HSB I	1.02
1.03	00103	CAP REL COSTS-HSB II	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	1.06
1.07	00107	CAP REL COSTS-MAB	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING-HSB	9.01
9.02	00902	HOUSEKEEPING-HSB II	9.02
9.03	00903	HOUSEKEEPING-ORTHO	9.03
9.04	00904	HOUSEKEEPING-MAB	9.04
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	76.01
76.02	03951	PAIN MANAGEMENT	76.02
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
90.00	09000	CLINIC	90.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM-CLOSED FY16 (ASSIGNED TIME)	
		23.00	
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	DAY HEALTH	194.00
194.01	07962	OUTREACH	194.01
194.02	07951	OCCUPATIONAL MEDICINE	194.02
194.03	07952	FUND DEVELOPMENT	194.03
194.04	07953	OUTSIDE LAUNDRY	194.04
194.05	07954	PHYSICIAN SUPPORT	194.05
194.06	07955	HOSPITALITY HOUSE	194.06
194.07	07956	HSK DIALYSIS	194.07
194.08	07957	LEASED SALARIES	194.08
194.09	07958	VISITING PHYSICIANS	194.09
194.10	07959	FARM LAND	194.10
194.11	07963	CONVENIENCE CARE CLINIC	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	194.12
194.13	07961	VALET PARKING SERVICE	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	194.14
194.15	07965	ASSISTED LIVING	194.15
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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	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

Worksheet C
Part I
Date/Time Prepared:
10/9/2019 2:36 pm

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
10/9/2019 2:36 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	7,657,888		7,657,888			30.00
31.00	03100	INTENSIVE CARE UNIT	3,145,265		3,145,265			31.00
40.00	04000	SUBPROVIDER - IPF	2,487,642		2,487,642			40.00
43.00	04300	NURSERY	635,250		635,250			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,579,899	12,994,934	15,574,833	0.302045	0.000000	50.00
51.00	05100	RECOVERY ROOM	604,657	5,506,352	6,111,009	0.179595	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,297,145	0	1,297,145	0.474564	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	467,131	2,570,808	3,037,939	0.154528	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	683,887	8,514,333	9,198,220	0.361240	0.000000	54.00
57.00	05700	CT SCAN	2,224,583	15,857,725	18,082,308	0.014402	0.000000	57.00
58.00	05800	MRI	174,455	4,345,182	4,519,637	0.124970	0.000000	58.00
60.00	06000	LABORATORY	5,600,577	27,754,285	33,354,862	0.172869	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	905,618	1,218,133	2,123,751	0.172350	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	2,156,700	5,650,112	7,806,812	0.220838	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	746,604	6,473,430	7,220,034	0.424784	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	453,920	865,548	1,319,468	0.267556	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	72,600	413,845	486,445	0.546407	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,273,935	2,444,701	3,718,636	0.339369	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,311,055	793,381	2,104,436	0.438537	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,718,932	6,586,202	9,305,134	0.435621	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	10,000	1,366,982	1,376,982	0.833591	0.000000	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	15,287	811,685	826,972	0.897859	0.000000	76.01
76.02	03951	PAIN MANAGEMENT	0	18,468	18,468	5.053444	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	961,094	961,094			88.00
90.00	09000	CLINIC	0	41,199	41,199	4.783490	0.000000	90.00
91.00	09100	EMERGENCY	2,360,930	17,916,064	20,276,994	0.194890	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	60,246	777,515	837,761	0.901362	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,460,308	1,460,308			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,495,650	1,495,650			116.00
200.00		Subtotal (see instructions)	39,644,206	126,837,936	166,482,142			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	39,644,206	126,837,936	166,482,142			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
10/9/2019 2:36 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
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.302045			50.00
51.00	05100 RECOVERY ROOM	0.179595			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.474564			52.00
53.00	05300 ANESTHESIOLOGY	0.154528			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.361240			54.00
57.00	05700 CT SCAN	0.014402			57.00
58.00	05800 MRI	0.124970			58.00
60.00	06000 LABORATORY	0.172869			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.172350			63.00
65.00	06500 RESPIRATORY THERAPY	0.220838			65.00
66.00	06600 PHYSICAL THERAPY	0.424784			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.267556			67.00
68.00	06800 SPEECH PATHOLOGY	0.546407			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.339369			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.438537			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.435621			73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.833591			76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0.897859			76.01
76.02	03951 PAIN MANAGEMENT	5.053444			76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
90.00	09000 CLINIC	4.783490			90.00
91.00	09100 EMERGENCY	0.194890			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.901362			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.000000			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:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
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			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,766,368		7,766,368	0	7,766,368
31.00	03100	INTENSIVE CARE UNIT	1,705,032		1,705,032	0	1,705,032
40.00	04000	SUBPROVIDER - IPF	2,719,038		2,719,038	0	2,719,038
43.00	04300	NURSERY	676,875		676,875	0	676,875
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,704,301		4,704,301	0	4,704,301
51.00	05100	RECOVERY ROOM	1,097,509		1,097,509	0	1,097,509
52.00	05200	DELIVERY ROOM & LABOR ROOM	615,578		615,578	0	615,578
53.00	05300	ANESTHESIOLOGY	469,447		469,447	0	469,447
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,322,766		3,322,766	0	3,322,766
57.00	05700	CT SCAN	260,416		260,416	0	260,416
58.00	05800	MRI	564,819		564,819	0	564,819
60.00	06000	LABORATORY	5,766,011		5,766,011	0	5,766,011
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	366,029		366,029	0	366,029
65.00	06500	RESPIRATORY THERAPY	1,724,043	0	1,724,043	0	1,724,043
66.00	06600	PHYSICAL THERAPY	3,066,955	0	3,066,955	0	3,066,955
67.00	06700	OCCUPATIONAL THERAPY	353,032	0	353,032	0	353,032
68.00	06800	SPEECH PATHOLOGY	265,797	0	265,797	0	265,797
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,261,989		1,261,989	0	1,261,989
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	922,874		922,874	0	922,874
73.00	07300	DRUGS CHARGED TO PATIENTS	4,053,511		4,053,511	0	4,053,511
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,147,840		1,147,840	0	1,147,840
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	742,504		742,504	0	742,504
76.02	03951	PAIN MANAGEMENT	93,327		93,327	0	93,327
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	1,008,856		1,008,856	0	1,008,856
90.00	09000	CLINIC	197,075		197,075	0	197,075
91.00	09100	EMERGENCY	3,951,789		3,951,789	0	3,951,789
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	755,126		755,126		755,126
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	419,749		419,749	0	419,749
101.00	10100	HOME HEALTH AGENCY	2,307,997		2,307,997		2,307,997
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	1,602,257		1,602,257		1,602,257
200.00		Subtotal (see instructions)	53,908,910	0	53,908,910	0	53,908,910
201.00		Less Observation Beds	755,126		755,126		755,126
202.00		Total (see instructions)	53,153,784	0	53,153,784	0	53,153,784

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet C
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					Title XIX		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
			Inpatient	Outpatient	Total (col. 6 + col. 7)					
			6.00	7.00	8.00	9.00	10.00			
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	7,657,888		7,657,888			30.00		
31.00	03100	INTENSIVE CARE UNIT	3,145,265		3,145,265			31.00		
40.00	04000	SUBPROVIDER - IPF	2,487,642		2,487,642			40.00		
43.00	04300	NURSERY	635,250		635,250			43.00		
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00		
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	2,579,899	12,994,934	15,574,833	0.302045	0.000000	50.00		
51.00	05100	RECOVERY ROOM	604,657	5,506,352	6,111,009	0.179595	0.000000	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,297,145	0	1,297,145	0.474564	0.000000	52.00		
53.00	05300	ANESTHESIOLOGY	467,131	2,570,808	3,037,939	0.154528	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	683,887	8,514,333	9,198,220	0.361240	0.000000	54.00		
57.00	05700	CT SCAN	2,224,583	15,857,725	18,082,308	0.014402	0.000000	57.00		
58.00	05800	MRI	174,455	4,345,182	4,519,637	0.124970	0.000000	58.00		
60.00	06000	LABORATORY	5,600,577	27,754,285	33,354,862	0.172869	0.000000	60.00		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	905,618	1,218,133	2,123,751	0.172350	0.000000	63.00		
65.00	06500	RESPIRATORY THERAPY	2,156,700	5,650,112	7,806,812	0.220838	0.000000	65.00		
66.00	06600	PHYSICAL THERAPY	746,604	6,473,430	7,220,034	0.424784	0.000000	66.00		
67.00	06700	OCCUPATIONAL THERAPY	453,920	865,548	1,319,468	0.267556	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	72,600	413,845	486,445	0.546407	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,273,935	2,444,701	3,718,636	0.339369	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,311,055	793,381	2,104,436	0.438537	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	2,718,932	6,586,202	9,305,134	0.435621	0.000000	73.00		
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	10,000	1,366,982	1,376,982	0.833591	0.000000	76.00		
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	15,287	811,685	826,972	0.897859	0.000000	76.01		
76.02	03951	PAIN MANAGEMENT	0	18,468	18,468	5.053444	0.000000	76.02		
	OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	961,094	961,094	1.049695	0.000000	88.00		
90.00	09000	CLINIC	0	41,199	41,199	4.783490	0.000000	90.00		
91.00	09100	EMERGENCY	2,360,930	17,916,064	20,276,994	0.194890	0.000000	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	60,246	777,515	837,761	0.901362	0.000000	92.00		
	OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00		
101.00	10100	HOME HEALTH AGENCY	0	1,460,308	1,460,308			101.00		
	SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00		
116.00	11600	HOSPICE	0	1,495,650	1,495,650			116.00		
200.00		Subtotal (see instructions)	39,644,206	126,837,936	166,482,142			200.00		
201.00		Less Observation Beds						201.00		
202.00		Total (see instructions)	39,644,206	126,837,936	166,482,142			202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0089

Period:
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
60.00	06000 LABORATORY	0.000000			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0.000000			76.01
76.02	03951 PAIN MANAGEMENT	0.000000			76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.000000			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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
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			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	789,209	10,713	778,496	4,261	182.70	30.00	
31.00	INTENSIVE CARE UNIT	121,205		121,205	731	165.81	31.00	
40.00	SUBPROVIDER - IPF	300,651	0	300,651	1,758	171.02	40.00	
43.00	NURSERY	30,753		30,753	519	59.25	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	1,241,818		1,231,105	7,269		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	1,893	345,851					30.00
31.00	INTENSIVE CARE UNIT	365	60,521					31.00
40.00	SUBPROVIDER - IPF	959	164,008					40.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	3,217	570,380					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 10/9/2019 2:36 pm
Title XVIII				Hospital	PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,019,888	15,574,833	0.065483	1,075,987	70,459	50.00
51.00 05100 RECOVERY ROOM	76,468	6,111,009	0.012513	277,838	3,477	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	47,655	1,297,145	0.036738	3,972	146	52.00
53.00 05300 ANESTHESIOLOGY	2,794	3,037,939	0.000920	169,279	156	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	306,253	9,198,220	0.033295	526,266	17,522	54.00
57.00 05700 CT SCAN	19,570	18,082,308	0.001082	1,199,996	1,298	57.00
58.00 05800 MRI	16,887	4,519,637	0.003736	109,576	409	58.00
60.00 06000 LABORATORY	291,860	33,354,862	0.008750	3,290,607	28,793	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	4,314	2,123,751	0.002031	368,579	749	63.00
65.00 06500 RESPIRATORY THERAPY	141,321	7,806,812	0.018102	1,121,436	20,300	65.00
66.00 06600 PHYSICAL THERAPY	245,210	7,220,034	0.033962	488,175	16,579	66.00
67.00 06700 OCCUPATIONAL THERAPY	12,269	1,319,468	0.009298	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	27,734	486,445	0.057014	44,707	2,549	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	47,498	3,718,636	0.012773	777,938	9,937	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	35,418	2,104,436	0.016830	747,043	12,573	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	74,111	9,305,134	0.007965	1,436,260	11,440	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	14,989	1,376,982	0.010885	8,564	93	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	84,501	826,972	0.102181	0	0	76.01
76.02 03951 PAIN MANAGEMENT	2,601	18,468	0.140838	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	126,681	961,094	0.131809	0	0	88.00
90.00 09000 CLINIC	17,774	41,199	0.431418	0	0	90.00
91.00 09100 EMERGENCY	476,914	20,276,994	0.023520	1,379,748	32,452	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	76,735	837,761	0.091595	29,873	2,736	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	3,169,445	149,600,139		13,055,844	231,668	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0089		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 10/9/2019 2:36 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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	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	4,261	0.00	1,893	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	731	0.00	365	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	1,758	0.00	959	40.00	
43.00	04300	NURSERY	0	0	519	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	7,269		3,217	200.00	
Cost Center Description				Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
				9.00					
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	90.00
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 Provider CCN:14-0089 Period: From 07/01/2018 Worksheet D
THROUGH COSTS To 06/30/2019 Part IV
Date/Time Prepared: 10/9/2019 2:36 pm

				Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
			4.00	5.00	6.00	7.00	8.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	15,574,833	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	6,111,009	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,297,145	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	3,037,939	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	9,198,220	0.000000	54.00	
57.00	05700	CT SCAN	0	0	0	18,082,308	0.000000	57.00	
58.00	05800	MRI	0	0	0	4,519,637	0.000000	58.00	
60.00	06000	LABORATORY	0	0	0	33,354,862	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,123,751	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,806,812	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	7,220,034	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,319,468	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	486,445	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,718,636	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,104,436	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,305,134	0.000000	73.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,376,982	0.000000	76.00	
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	826,972	0.000000	76.01	
76.02	03951	PAIN MANAGEMENT	0	0	0	18,468	0.000000	76.02	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	961,094	0.000000	88.00	
90.00	09000	CLINIC	0	0	0	41,199	0.000000	90.00	
91.00	09100	EMERGENCY	0	0	0	20,276,994	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	837,761	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	149,600,139		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet D
Part IV
Date/Time Prepared:
10/9/2019 2:36 pm

Title XVIII					Hospital		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	1,075,987	0	3,738,492	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	277,838	0	1,560,773	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	3,972	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	169,279	0	768,856	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	526,266	0	2,467,604	0	54.00	
57.00	05700	CT SCAN	0.000000	1,199,996	0	5,305,319	0	57.00	
58.00	05800	MRI	0.000000	109,576	0	1,263,043	0	58.00	
60.00	06000	LABORATORY	0.000000	3,290,607	0	4,269,551	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	368,579	0	323,863	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	1,121,436	0	2,171,721	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	488,175	0	255,822	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	44,707	0	1,808	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	777,938	0	554,736	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	747,043	0	308,666	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,436,260	0	2,478,207	0	73.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	8,564	0	464,423	0	76.00	
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.000000	0	0	0	0	76.01	
76.02	03951	PAIN MANAGEMENT	0.000000	0	0	0	0	76.02	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0.000000	1,379,748	0	4,560,008	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	29,873	0	219,008	0	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		13,055,844	0	30,711,900	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 10/9/2019 2:36 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	0.302045	3,738,492	0	0	1,129,193
51.00 05100 RECOVERY ROOM	0.179595	1,560,773	0	0	280,307
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.474564	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.154528	768,856	0	0	118,810
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.361240	2,467,604	0	0	891,397
57.00 05700 CT SCAN	0.014402	5,305,319	0	0	76,407
58.00 05800 MRI	0.124970	1,263,043	0	0	157,842
60.00 06000 LABORATORY	0.172869	4,269,551	0	0	738,073
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.172350	323,863	0	0	55,818
65.00 06500 RESPIRATORY THERAPY	0.220838	2,171,721	0	0	479,599
66.00 06600 PHYSICAL THERAPY	0.424784	255,822	0	0	108,669
67.00 06700 OCCUPATIONAL THERAPY	0.267556	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.546407	1,808	0	0	988
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.339369	554,736	0	0	188,260
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.438537	308,666	0	0	135,361
73.00 07300 DRUGS CHARGED TO PATIENTS	0.435621	2,478,207	0	5,683	1,079,559
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.833591	464,423	0	0	387,139
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	0.897859	0	0	0	0
76.02 03951 PAIN MANAGEMENT	5.053444	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
90.00 09000 CLINIC	4.783490	0	0	0	0
91.00 09100 EMERGENCY	0.194890	4,560,008	0	0	888,700
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.901362	219,008	0	0	197,405
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
200.00 Subtotal (see instructions)		30,711,900	0	5,683	6,913,527
201.00 Less PBP Clinic Lab. Services-Program			0	0	0
202.00 Only Charges					
202.00 Net Charges (line 200 - line 201)		30,711,900	0	5,683	6,913,527

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 10/9/2019 2:36 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Costs		
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
		6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,476	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	0	76.01
76.02	03951 PAIN MANAGEMENT	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	0	2,476	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	2,476	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 10/9/2019 2:36 pm
				Component CCN:14-S089		
				Title XVIII	Subprovider - IP#	PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,019,888	15,574,833	0.065483	0	0	50.00
51.00 05100 RECOVERY ROOM	76,468	6,111,009	0.012513	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	47,655	1,297,145	0.036738	0	0	52.00
53.00 05300 ANESTHESIOLOGY	2,794	3,037,939	0.000920	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	306,253	9,198,220	0.033295	13,483	449	54.00
57.00 05700 CT SCAN	19,570	18,082,308	0.001082	39,656	43	57.00
58.00 05800 MRI	16,887	4,519,637	0.003736	0	0	58.00
60.00 06000 LABORATORY	291,860	33,354,862	0.008750	239,673	2,097	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	4,314	2,123,751	0.002031	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	141,321	7,806,812	0.018102	83,110	1,504	65.00
66.00 06600 PHYSICAL THERAPY	245,210	7,220,034	0.033962	39,737	1,350	66.00
67.00 06700 OCCUPATIONAL THERAPY	12,269	1,319,468	0.009298	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	27,734	486,445	0.057014	1,792	102	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	47,498	3,718,636	0.012773	18,225	233	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	35,418	2,104,436	0.016830	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	74,111	9,305,134	0.007965	164,067	1,307	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	14,989	1,376,982	0.010885	0	0	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	84,501	826,972	0.102181	0	0	76.01
76.02 03951 PAIN MANAGEMENT	2,601	18,468	0.140838	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	126,681	961,094	0.131809	0	0	88.00
90.00 09000 CLINIC	17,774	41,199	0.431418	0	0	90.00
91.00 09100 EMERGENCY	476,914	20,276,994	0.023520	66,866	1,573	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	837,761	0.000000	2,482	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	3,092,710	149,600,139		669,091	8,658	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
 THROUGH COSTS

Provider CCN:14-0089

Period:

Worksheet D

Component CCN:14-S089

From 07/01/2018

Part IV

To 06/30/2019

Date/Time Prepared:

10/9/2019 2:36 pm

Cost Center Description		Title XVIII		Subprovider - IP#		PPS	
		Non Physician	Nursing School	Nursing School	Allied Health	Allied Health	
		Anesthetist	Post-Stepdown	Post-Stepdown	Post-Stepdown	Post-Stepdown	
		Cost	Adjustments	Adjustments	Adjustments	Adjustments	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	90.00
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:14-0089

Period:

Worksheet D

Component CCN:14-S089

From 07/01/2018

Part IV

To 06/30/2019

Date/Time Prepared:

10/9/2019 2:36 pm

Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	15,574,833	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,111,009	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,297,145	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,037,939	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	9,198,220	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	18,082,308	0.000000	57.00
58.00	05800	MRI	0	0	0	4,519,637	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	33,354,862	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,123,751	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,806,812	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,220,034	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,319,468	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	486,445	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,718,636	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,104,436	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,305,134	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,376,982	0.000000	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	826,972	0.000000	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	18,468	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	961,094	0.000000	88.00
90.00	09000	CLINIC	0	0	0	41,199	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	20,276,994	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	837,761	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	149,600,139		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Provider CCN:14-0089 Period: From 07/01/2018 To 06/30/2019 Worksheet D Part IV Date/Time Prepared: 10/9/2019 2:36 pm

Cost Center Description			Title XVIII		Subprovider - IP#		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
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	13,483	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	39,656	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	239,673	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	83,110	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	39,737	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	1,792	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	18,225	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	164,067	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.000000	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0.000000	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	66,866	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,482	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		669,091	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0089

Period:

Worksheet D

Component CCN:14-U089

From 07/01/2018

Part V

To 06/30/2019

Date/Time Prepared:

10/9/2019 2:36 pm

			Title XVIII		Swing Beds - SNF		PPS	
Cost Center Description			Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
			Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
			Worksheet C,	inst.)	Services	Services Not		
			Part I, col. 9		Subject To	Subject To		
					Ded. & Coins.	Ded. & Coins.		
					(see inst.)	(see inst.)		
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.302045	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.179595	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.474564	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.154528	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.361240	0	0	0	0	54.00
57.00	05700	CT SCAN	0.014402	0	0	0	0	57.00
58.00	05800	MRI	0.124970	0	0	0	0	58.00
60.00	06000	LABORATORY	0.172869	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.172350	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.220838	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.424784	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.267556	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.546407	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.339369	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.438537	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.435621	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.833591	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.897859	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	5.053444	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
90.00	09000	CLINIC	4.783490	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.194890	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.901362	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program			0	0	0	201.00
		Only Charges						
202.00		Net Charges (line 200 - line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0089

Period:

Worksheet D

Component CCN:14-U089

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
10/9/2019 2:36 pm

				Title XVIII	Swing Beds - SNF	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0		76.01
76.02	03951	PAIN MANAGEMENT	0	0		76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 10/9/2019 2:36 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,790	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,261	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,841	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		158	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)		157	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		107	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)		107	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,893	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)		151	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)		150	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		224.47	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		231.33	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		157.19	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		157.19	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,766,368	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)		35,466	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)		36,319	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)		16,819	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)		16,819	25.00
26.00	Total swing-bed cost (see instructions)		105,423	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		7,660,945	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 27,660,945 minus line 36)		7,660,945	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,797.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,403,463	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,403,463	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 10/9/2019 2:36 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)
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	1,705,032	731	2,332.47	365	851,352
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)					3,256,086
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,510,901
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					406,372
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					231,668
52.00 Total Program excludable cost (sum of lines 50 and 51)					638,040
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,872,861
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)					33,895
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					34,700
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					68,595
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)					
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)					420
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,797.92
89.00 Observation bed cost (line 87 x line 88) (see instructions)					755,126

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 10/9/2019 2:36 pm	
			Title XVIII	Hospital	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	789,209	7,766,368	0.101619	755,126	76,735	90.00
91.00 Nursing School cost	0	7,766,368	0.000000	755,126	0	91.00
92.00 Allied health cost	0	7,766,368	0.000000	755,126	0	92.00
93.00 All other Medical Education	0	7,766,368	0.000000	755,126	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1
		Component CCN:14-S089		Date/Time Prepared: 10/9/2019 2:36 pm
		Title XVIII	Subprovider - IP#	PPS
Cost Center Description				
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,758	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,758	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,758	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)		959	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)		2,719,038	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)		2,719,038	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 27,719,038 minus line 36)		2,719,038	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,546.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,483,257	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,483,257	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1
			Component CCN:14-S089		Date/Time Prepared: 10/9/2019 2:36 pm
			Title XVIII	Subprovider - IP#	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)
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					176,012
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,659,269
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					164,008
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,658
52.00 Total Program excludable cost (sum of lines 50 and 51)					172,666
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,486,603
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)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0089

Period:

Worksheet D-1

Component CCN:14-S089

From 07/01/2018
To 06/30/2019Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	300,651	2,719,038	0.110573	0	0	90.00
91.00	Nursing School cost	0	2,719,038	0.000000	0	0	91.00
92.00	Allied health cost	0	2,719,038	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,719,038	0.000000	0	0	93.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 10/9/2019 2:36 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		2,545,095	30.00
31.00	03100	INTENSIVE CARE UNIT		1,403,720	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.302045	1,075,987	50.00
51.00	05100	RECOVERY ROOM	0.179595	277,838	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.474564	3,972	52.00
53.00	05300	ANESTHESIOLOGY	0.154528	169,279	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.361240	526,266	54.00
57.00	05700	CT SCAN	0.014402	1,199,996	57.00
58.00	05800	MRI	0.124970	109,576	58.00
60.00	06000	LABORATORY	0.172869	3,290,607	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.172350	368,579	63.00
65.00	06500	RESPIRATORY THERAPY	0.220838	1,121,436	65.00
66.00	06600	PHYSICAL THERAPY	0.424784	488,175	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.267556	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.546407	44,707	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.339369	777,938	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.438537	747,043	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.435621	1,436,260	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.833591	8,564	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.897859	0	76.01
76.02	03951	PAIN MANAGEMENT	5.053444	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
90.00	09000	CLINIC	4.783490	0	90.00
91.00	09100	EMERGENCY	0.194890	1,379,748	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.901362	29,873	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)		13,055,844	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)		13,055,844	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN:14-0089

Period:

Worksheet D-3

Component CCN:14-S089

From 07/01/2018
To 06/30/2019Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
Title XVIII Subprovider - IPF PPS					
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		1,310,976		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.302045	0	0	50.00
51.00	05100 RECOVERY ROOM	0.179595	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.474564	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.154528	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.361240	13,483	4,871	54.00
57.00	05700 CT SCAN	0.014402	39,656	571	57.00
58.00	05800 MRI	0.124970	0	0	58.00
60.00	06000 LABORATORY	0.172869	239,673	41,432	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.172350	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.220838	83,110	18,354	65.00
66.00	06600 PHYSICAL THERAPY	0.424784	39,737	16,880	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.267556	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.546407	1,792	979	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.339369	18,225	6,185	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.438537	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.435621	164,067	71,471	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.833591	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0.897859	0	0	76.01
76.02	03951 PAIN MANAGEMENT	5.053444	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
90.00	09000 CLINIC	4.783490	0	0	90.00
91.00	09100 EMERGENCY	0.194890	66,866	13,032	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.901362	2,482	2,237	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)		669,091	176,012	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		669,091		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN:14-0089

Period:

Worksheet D-3

Component CCN:14-U089

From 07/01/2018
To 06/30/2019Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		Title XVIII	Swing Beds - SNF	PPS	
		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
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.302045	3,619	50.00
51.00	05100	RECOVERY ROOM	0.179595	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.474564	0	52.00
53.00	05300	ANESTHESIOLOGY	0.154528	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.361240	5,650	54.00
57.00	05700	CT SCAN	0.014402	0	57.00
58.00	05800	MRI	0.124970	0	58.00
60.00	06000	LABORATORY	0.172869	131,162	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.172350	9,776	63.00
65.00	06500	RESPIRATORY THERAPY	0.220838	21,825	65.00
66.00	06600	PHYSICAL THERAPY	0.424784	206,907	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.267556	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.546407	2,196	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.339369	25,043	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.438537	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.435621	72,734	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.833591	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.897859	0	76.01
76.02	03951	PAIN MANAGEMENT	5.053444	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
90.00	09000	CLINIC	4.783490	0	90.00
91.00	09100	EMERGENCY	0.194890	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.901362	0	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)		478,912	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)		478,912	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 10/9/2019 2:36 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)	919,042		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	042,437		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)		76,441	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		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		45.40	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 that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
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)		4.62	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.82	31.00
32.00	Sum of lines 30 and 31		27.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.85	33.00
34.00	Disproportionate share adjustment (see instructions)		117,359	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 10/9/2019 2:36 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000078981	0.000133716	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	534,440	1,106,214	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	134,708	827,387	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	962,095		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)	652, 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)	5,117,374		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	5,246,013		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		5,246,013	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		332,857	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		0	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)		5,578,870	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		5,578,870	61.00
62.00	Deductibles billed to program beneficiaries		614,932	62.00
63.00	Coinurance billed to program beneficiaries		335	63.00
64.00	Allowable bad debts (see instructions)		134,919	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		87,697	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		134,919	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		5,051,300	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)		14,575	70.93
70.94	HRR adjustment amount (see instructions)		-460	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 10/9/2019 2:36 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)	2018	286,117	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)	2019	751,281	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		6,102,813	71.00
71.01	Sequestration adjustment (see instructions)		122,056	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		6,301,958	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)		-321,201	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, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
10/9/2019 2:36 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	919,042	0	919,042		919,042	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,042,437	0		3,042,437	3,042,437	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	76,441	0	12,458	63,983	76,441	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1185	0.1185	0.1185	0.1185		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	117,359	0	27,227	90,132	117,359	11.00
11.01	Uncompensated care payments	36.00	962,095	0	134,708	827,387	962,095	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	5,117,374	0	1,093,435	4,023,939	5,117,374	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	5,246,013	0	1,237,776	4,008,237	5,246,013	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	5,246,013	0	1,237,776	4,008,237	5,246,013	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	332,857	0	408,940	-76,083	332,857	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
10/9/2019 2:36 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01 3.00	Period On/After 10/01 4.00	Total (Col 2 through 4) 5.00
19.00	SUBTOTAL	0	1.00	2.00	3.00	4.00	5.00
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	317,955	0	391,752	-73,797	317,955
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	14,902	0	17,188	-2,286	14,902
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	0.0000
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	0.0000
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	332,857	0	408,940	-76,083	332,857
		W/S E, Part A line	Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.173750	0.191061	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			286,117		286,117
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				751,281	751,281
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
10/9/2019 2:36 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	919,042	919,042		919,042	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,042,437		3,042,437	3,042,437	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	76,441	12,458	63,983	76,441	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1185	0.1185	0.1185		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	117,359	27,227	90,132	117,359	11.00
11.01	Uncompensated care payments	36.00	962,095	134,708	827,387	962,095	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	5,117,374	1,093,435	4,023,939	5,117,374	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	5,246,013	1,263,268	4,063,825	5,327,093	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	5,246,013	1,263,268	3,982,745	5,246,013	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	332,857	408,940	-76,083	332,857	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			1,672,208	3,906,662	5,578,870	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
10/9/2019 2:36 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	317,955	391,752	-73,797	317,955	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	14,902	17,188	-2,286	14,902	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	332,857	408,940	-76,083	332,857	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	286,117	286,117		286,117	28.00
29.00	Low volume adjustment on or after October 1	70.97	751,281		751,281	751,281	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	14,575	-3,901	18,476	14,575	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-460	-460	0	-460	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 10/9/2019 2:36 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			2,476	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			6,913,527	2.00
3.00	OPPS payments			5,720,344	3.00
4.00	Outlier payment (see instructions)			1,322	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.822	5.00
6.00	Line 2 times line 5			5,682,919	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)			2,476	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			5,683	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)			5,683	14.00
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	17.00
18.00	Total customary charges (see instructions)			5,683	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			3,207	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)			2,476	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)			5,721,666	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			1,166,828	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)			4,557,314	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)			4,557,314	30.00
31.00	Primary payer payments			273	31.00
32.00	Subtotal (line 30 minus line 31)			4,557,041	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)			190,267	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			123,674	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			190,267	36.00
37.00	Subtotal (see instructions)			4,680,715	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	39.50
39.97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			4,680,715	40.00
40.01	Sequestration adjustment (see instructions)			93,614	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
41.00	Interim payments			4,612,789	41.00
42.00	Tentative settlement (for contractors use only)			0	42.00
43.00	Balance due provider/program (see instructions)			-25,688	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:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
10/9/2019 2:36 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		6,301,958		4,612,789	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)		6,301,958		4,612,789	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		321,201		25,688	6.02	
7.00	Total Medicare program liability (see instructions)		5,980,757		4,587,101	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:14-0089

Period:

Worksheet E-1

Component CCN:14-S089

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

10/9/2019 2:36 pm

		Title XVIII		Subprovider - IP#		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		1,339,318		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)		1,339,318		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		9		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,339,327		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:14-0089

Period:

Worksheet E-1

Component CCN:14-U089

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

10/9/2019 2:36 pm

		Title XVIII		Swing Beds - SNF		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		91,261		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)		91,261		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)		91,261		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
10/9/2019 2:36 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

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet E-2	
		Component CCN:14-U089		Date/Time Prepared: 10/9/2019 2:36 pm	
		Title XVIII	Swing Beds - SNF	PPS	
		Part A	Part B		
		1.00	2.00		
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)	106,894	0	1.00	
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00	
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D-3, col. 6 and 7, line 202, for Part B) (For CAH, see instructions)		0	3.00	
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00	
5.00	Program days	301	0	5.00	
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00	
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00	
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	106,894	0	8.00	
9.00	Primary payer payments (see instructions)	0	0	9.00	
10.00	Subtotal (line 8 minus line 9)	106,894	0	10.00	
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00	
12.00	Subtotal (line 10 minus line 11)	106,894	0	12.00	
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	13,771	0	13.00	
14.00	80% of Part B costs (line 12 x 80%)		0	14.00	
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	93,123	0	15.00	
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00	
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50	
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)	0		16.55	
16.99	Demonstration payment adjustment amount before sequestration	0	0	16.99	
17.00	Allowable bad debts (see instructions)	0	0	17.00	
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01	
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00	
19.00	Total (see instructions)	93,123	0	19.00	
19.01	Sequestration adjustment (see instructions)	1,862	0	19.01	
19.02	Demonstration payment adjustment amount after sequestration)	0	0	19.02	
20.00	Interim payments	91,261	0	20.00	
21.00	Tentative settlement (for contractor use only)	0	0	21.00	
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	0	0	22.00	
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00	
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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))	66		201.00	
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00	
203.00	Total (sum of lines 201 and 202)			203.00	
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
205.00	Medicare swing-bed SNF target amount			205.00	
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00	
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00	
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)	1		208.00	
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
Comparison of PPS versus Cost Reimbursement					
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 10/9/2019 2:36 pm
		Component CCN:14-S089		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		954,386	1.00
2.00	Net IPF PPS Outlier Payments		532,684	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		4.816438	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,487,070	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,487,070	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,487,070	18.00
19.00	Deductibles		94,280	19.00
20.00	Subtotal (line 18 minus line 19)		1,392,790	20.00
21.00	Coinurance		26,130	21.00
22.00	Subtotal (line 20 minus line 21)		1,366,660	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,366,660	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,366,660	31.00
31.01	Sequestration adjustment (see instructions)		27,333	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,339,318	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		9	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §15.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		532,684	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

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

Provider CCN:14-0089

Period:

Worksheet G

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

10/9/2019 2:36 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	12,478,984	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	13,913,178	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,923,752	0	0	0	7.00
8.00	Prepaid expenses	2,712,220	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)	31,028,134	0	0	0	11.00
FIXED ASSETS						
12.00	Land	111,602	0	0	0	12.00
13.00	Land improvements	3,450,730	0	0	0	13.00
14.00	Accumulated depreciation	-2,294,950	0	0	0	14.00
15.00	Buildings	49,930,582	0	0	0	15.00
16.00	Accumulated depreciation	-21,226,945	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	71,367,199	0	0	0	23.00
24.00	Accumulated depreciation	-49,739,661	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)	51,598,557	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	38,433,672	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,711,583	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	40,145,255	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	122,771,946	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,051,964	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	519,101	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	1,565,845	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,136,910	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	27,801,125	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	27,801,125	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	42,938,035	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	79,833,911	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	79,833,911	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	122,771,946	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-1

Date/Time Prepared:
10/9/2019 2:36 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		86,265,475		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-6,431,564				2.00
3.00	Total (sum of line 1 and line 2)		79,833,911		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)		79,833,911		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		79,833,911		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
10/9/2019 2:36 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	10,977,604		10,977,604	1.00
2.00	SUBPROVIDER - IPF	2,487,642		2,487,642	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	735,468		735,468	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	14,200,714		14,200,714	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,145,265		3,145,265	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)	3,145,265		3,145,265	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	17,345,979		17,345,979	17.00
18.00	Ancillary services	22,869,089	110,920,095	133,789,184	18.00
19.00	Outpatient services	3,276,140	25,068,265	28,344,405	19.00
20.00	RURAL HEALTH CLINIC	0	961,094	961,094	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,460,308	1,460,308	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,495,650	1,495,650	26.00
27.00	MCDONOUGH MEDICAL GROUP & OTHER	77,312	20,565,941	20,643,253	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3 line 1)	43,568,520	160,471,353	204,039,873	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		87,013,844		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	RECONCILE TO FINANCIAL STATEMENTS	1,941,014			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
41.01		0			41.01
42.00	Total deductions (sum of lines 37-41)		1,941,014		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		85,072,830		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-3

Date/Time Prepared:
10/9/2019 2:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	204,039,873	1.00
2.00	Less contractual allowances and discounts on patients' accounts	129,470,556	2.00
3.00	Net patient revenues (line 1 minus line 2)	74,569,317	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	85,072,830	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-10,503,513	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	49,694	6.00
7.00	Income from investments	1,247,968	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING	528,544	24.00
24.01	GRANTS & GIFTS	3,718,100	24.01
24.02	OTHER (SPECIFY)	0	24.02
24.03	OTHER (SPECIFY)	0	24.03
24.04	OTHER (SPECIFY)	0	24.04
24.05	OTHER (SPECIFY)	0	24.05
24.06	OTHER (SPECIFY)	0	24.06
24.07	OTHER (SPECIFY)	0	24.07
25.00	Total other income (sum of lines 6-24)	5,544,306	25.00
26.00	Total (line 5 plus line 25)	-4,959,207	26.00
27.00	OTHER NON-OP NET	204,313	27.00
27.01	INTEREST EXPENSE	1,268,044	27.01
27.02	OTHER EXPENSES (SPECIFY)	0	27.02
27.03	OTHER EXPENSES (SPECIFY)	0	27.03
27.04	OTHER EXPENSES (SPECIFY)	0	27.04
28.00	Total other expenses (sum of line 27 and subscripts)	1,472,357	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-6,431,564	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS					Provider CCN:14-0089 HHA CCN: 14-7293	Period: From 07/01/2018 To 06/30/2019	Worksheet H Date/Time Prepared: 10/9/2019 2:36 pm	
						Home Health Agency I	PPS	
		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Pur- chased 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	238,354	0	0	106,251	14,113	358,718	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	683,783	0	47,148	0	30,730	761,661	6.00
7.00	Physical Therapy	185,065	0	13,019	0	0	198,084	7.00
8.00	Occupational Therapy	140,511	0	8,710	0	0	149,221	8.00
9.00	Speech Pathology	16,904	0	1,419	0	0	18,323	9.00
10.00	Medical Social Services	8,780	0	229	0	0	9,009	10.00
11.00	Home Health Aide	26,127	0	7,367	0	0	33,494	11.00
12.00	Supplies (see instructions)	0	0	0	0	13,252	13,252	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	0	0	0	0	0	0	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)	1,299,524	0	77,892	106,251	58,095	1,541,762	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	0	358,718	0	358,718			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	761,661	0	761,661			6.00
7.00	Physical Therapy	0	198,084	0	198,084			7.00
8.00	Occupational Therapy	0	149,221	0	149,221			8.00
9.00	Speech Pathology	0	18,323	0	18,323			9.00
10.00	Medical Social Services	0	9,009	0	9,009			10.00
11.00	Home Health Aide	0	33,494	0	33,494			11.00
12.00	Supplies (see instructions)	0	13,252	0	13,252			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	0	0	0	0			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)	0	1,541,762	0	1,541,762			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:14-0089

Period:

Worksheet H-1

HHA CCN: 14-7293

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
10/9/2019 2:36 pmHome Health
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		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				
		0	1.00	2.00	3.00	4.00	4A.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	358,718	0	0	0	0	358,718	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	761,661	0	0	0	0	761,661	6.00
7.00	Physical Therapy	198,084	0	0	0	0	198,084	7.00
8.00	Occupational Therapy	149,221	0	0	0	0	149,221	8.00
9.00	Speech Pathology	18,323	0	0	0	0	18,323	9.00
10.00	Medical Social Services	9,009	0	0	0	0	9,009	10.00
11.00	Home Health Aide	33,494	0	0	0	0	33,494	11.00
12.00	Supplies (see instructions)	13,252	0	0	0	0	13,252	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	0	0	0	0	0	0	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)	1,541,762	0	0	0	0	1,541,762	24.00
		Administrative	Total (cols. 4A					
		& General	+ 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	358,718						5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	230,948	992,609					6.00
7.00	Physical Therapy	60,062	258,146					7.00
8.00	Occupational Therapy	45,246	194,467					8.00
9.00	Speech Pathology	5,556	23,879					9.00
10.00	Medical Social Services	2,732	11,741					10.00
11.00	Home Health Aide	10,156	43,650					11.00
12.00	Supplies (see instructions)	4,018	17,270					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	0	0					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)		1,541,762					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN:14-0089

Period:

Worksheet H-1

HHA CCN: 14-7293

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
10/9/2019 2:36 pmHome Health
Agency I

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	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	-358,718	1,183,044
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	761,661	6.00
7.00	Physical Therapy	0	0	0	0	198,084	7.00
8.00	Occupational Therapy	0	0	0	0	149,221	8.00
9.00	Speech Pathology	0	0	0	0	18,323	9.00
10.00	Medical Social Services	0	0	0	0	9,009	10.00
11.00	Home Health Aide	0	0	0	0	33,494	11.00
12.00	Supplies (see instructions)	0	0	0	0	13,252	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-358,718	1,183,044
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		358,718
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.303216

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
10/9/2019 2:36 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS				CAP REL COSTS-REHAB CNT	
			BLDG & FIXT	BLDG & FIXT	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II		
		0	1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	992,609	0	0	0	0	0	2.00
3.00	Physical Therapy	258,146	0	0	0	0	0	3.00
4.00	Occupational Therapy	194,467	0	0	0	0	0	4.00
5.00	Speech Pathology	23,879	0	0	0	0	0	5.00
6.00	Medical Social Services	11,741	0	0	0	0	0	6.00
7.00	Home Health Aide	43,650	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	17,270	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)	1,541,762	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

Cost Center Description		CAPITAL RELATED COSTS					BUSHNELL OFFICE BLDG	
		CAP REL COSTS-DIAGNOSTIC	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	CONVENIENCE CARE CLIN		
		1.05	1.06	1.07	1.08	1.09	1.10	
1.00	Administrative and General	0	0	8,469	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) (2)	0	0	8,469	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

(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:14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
10/9/2019 2:36 pmHome Health
Agency I

PPS

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	
		4.00	4A	5.00	6.00	6.01	6.02	
1.00	Administrative and General	56,493	64,962	13,659	0	0	0	1.00
2.00	Skilled Nursing Care	162,068	1,154,677	242,776	0	0	0	2.00
3.00	Physical Therapy	43,863	302,009	63,499	0	0	0	3.00
4.00	Occupational Therapy	33,303	227,770	47,890	0	0	0	4.00
5.00	Speech Pathology	4,007	27,886	5,863	0	0	0	5.00
6.00	Medical Social Services	2,081	13,822	2,906	0	0	0	6.00
7.00	Home Health Aide	6,192	49,842	10,480	0	0	0	7.00
8.00	Supplies (see instructions)	0	17,270	3,631	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)	308,007	1,858,238	390,704	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
Cost Center Description		MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNE LL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		6.03	6.04	6.05	6.06	8.00	9.00	
1.00	Administrative and General	0	3,035	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) (2)	0	3,035	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

(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:14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
10/9/2019 2:36 pmHome Health
Agency I

PPS

Cost Center Description		HOUSEKEEPING-H	HOUSEKEEPING-H	HOUSEKEEPING-H	HOUSEKEEPING-M	DIETARY	CAFETERIA	
		SB	B II	RTHO	AB			
		9.01	9.02	9.03	9.04	10.00	11.00	
1.00	Administrative and General	0	0	0	1,501	0	46,420	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	0	1,501	0	46,420	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		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	8,099	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	8,099	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

(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:14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
10/9/2019 2:36 pmHome Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM-CLOSED FY16	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	129,577	0	129,577			1.00
2.00	Skilled Nursing Care	0	1,405,552	0	1,405,552	83,606	1,489,158	2.00
3.00	Physical Therapy	0	365,508	0	365,508	21,741	387,249	3.00
4.00	Occupational Therapy	0	275,660	0	275,660	16,397	292,057	4.00
5.00	Speech Pathology	0	33,749	0	33,749	2,007	35,756	5.00
6.00	Medical Social Services	0	16,728	0	16,728	995	17,723	6.00
7.00	Home Health Aide	0	60,322	0	60,322	3,588	63,910	7.00
8.00	Supplies (see instructions)	0	20,901	0	20,901	1,243	22,144	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	2,307,997	0	2,307,997	129,577	2,307,997	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.					0.059482		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:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet H-2 Part II Date/Time Prepared: 10/9/2019 2:36 pm
				HHA CCN: 14-7293		
					Home Health Agency I	PPS

Cost Center Description		CAPITAL RELATED COSTS					CAP REL COSTS-DIAYSIS (PER CENT)	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)		
		1.00	1.01	1.02	1.03	1.04		
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 (GROSS SALARIES)	
		CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	BUSHNELL OFFICE BLDG (SQUARE FEET)		
		1.06	1.07	1.08	1.09	1.10		
1.00	Administrative and General	0	1,050	0	0	0	238,354	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	683,783	2.00
3.00	Physical Therapy	0	0	0	0	0	185,065	3.00
4.00	Occupational Therapy	0	0	0	0	0	140,511	4.00
5.00	Speech Pathology	0	0	0	0	0	16,904	5.00
6.00	Medical Social Services	0	0	0	0	0	8,780	6.00
7.00	Home Health Aide	0	0	0	0	0	26,127	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	1,050	0	0	0	1,299,524	20.00
21.00	Total cost to be allocated	0	8,469	0	0	0	308,007	21.00
22.00	Unit cost multiplier	0.000000	8.065714	0.000000	0.000000	0.000000	0.237015	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS			Provider CCN:14-0089 HHA CCN: 14-7293		Period: From 07/01/2018 To 06/30/2019		Worksheet H-2 Part II Date/Time Prepared: 10/9/2019 2:36 pm	
					Home Health Agency I		PPS	
Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	
		5A	5.00	6.00	6.01	6.02	6.03	
1.00	Administrative and General	0	64,962	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,154,677	0	0	0	0	2.00
3.00	Physical Therapy	0	302,009	0	0	0	0	3.00
4.00	Occupational Therapy	0	227,770	0	0	0	0	4.00
5.00	Speech Pathology	0	27,886	0	0	0	0	5.00
6.00	Medical Social Services	0	13,822	0	0	0	0	6.00
7.00	Home Health Aide	0	49,842	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	17,270	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)		1,858,238	0	0	0	0	20.00
21.00	Total cost to be allocated		390,704	0	0	0	0	21.00
22.00	Unit cost multiplier		0.210255	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	MAINTENANCE & REPAIRS-BUSHNE LL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-H SB (SQUARE FEET)	
		6.04	6.05	6.06	8.00	9.00	9.01	
1.00	Administrative and General	1,050	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)	1,050	0	0	0	0	0	20.00
21.00	Total cost to be allocated	3,035	0	0	0	0	0	21.00
22.00	Unit cost multiplier	2.890476	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:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet H-2 Part II Date/Time Prepared: 10/9/2019 2:36 pm	
					HHA CCN: 14-7293	Home Health Agency I	PPS	
Cost Center Description		HOUSEKEEPING-SB II (SQUARE FEET)	HOUSEKEEPING-THO (SQUARE FEET)	HOUSEKEEPING-M AB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSIN)	
		9.02	9.03	9.04	10.00	11.00	13.00	
1.00	Administrative and General	0	0	1,050	0	1,749	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	1,050	0	1,749	0	20.00
21.00	Total cost to be allocated	0	0	1,501	0	46,420	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	1.429524	0.000000	26.540881	0.000000	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED ED PRGM-CLOSED FY16 (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	30,442	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)	30,442	0	0	0	0	0	20.00
21.00	Total cost to be allocated	8,099	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.266047	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0089

Period:

Worksheet H-3

HHA CCN: 14-7293

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

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	1,489,158		1,489,158	5,399	275.82
2.00	Physical Therapy	3.00	387,249	0	387,249	1,812	213.71
3.00	Occupational Therapy	4.00	292,057	0	292,057	956	305.50
4.00	Speech Pathology	5.00	35,756	0	35,756	100	357.56
5.00	Medical Social Services	6.00	17,723		17,723	18	984.61
6.00	Home Health Aide	7.00	63,910		63,910	578	110.57
7.00	Total (sum of lines 1-6)		2,285,853	0	2,285,853	8,863	
Program Visits							
Part B							
Not Subject to Deductibles & Coinsurance							
Subject to Deductibles							
	0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		99914	0	2,656		8.00
9.00	Physical Therapy		99914	0	1,021		9.00
10.00	Occupational Therapy		99914	0	554		10.00
11.00	Speech Pathology		99914	0	55		11.00
12.00	Medical Social Services		99914	0	12		12.00
13.00	Home Health Aide		99914	0	226		13.00
14.00	Total (sum of lines 8-13)			0	4,524		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	22,144	0	22,144	18,785	1.178813
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000
Program Visits							
Cost of Services							
Part B							
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	2,656	0	732,578		1.00
2.00	Physical Therapy	0	1,021	0	218,198		2.00
3.00	Occupational Therapy	0	554	0	169,247		3.00
4.00	Speech Pathology	0	55	0	19,666		4.00
5.00	Medical Social Services	0	12	0	11,815		5.00
6.00	Home Health Aide	0	226	0	24,989		6.00
7.00	Total (sum of lines 1-6)	0	4,524	0	1,176,493		7.00
Cost Center Description							
	6.00	7.00	8.00	9.00	10.00	11.00	
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:14-0089

Period:

Worksheet H-3

HHA CCN: 14-7293

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
10/9/2019 2:36 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	11,830	0	0	13,945	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	732,578						1.00
2.00	Physical Therapy	218,198						2.00
3.00	Occupational Therapy	169,247						3.00
4.00	Speech Pathology	19,666						4.00
5.00	Medical Social Services	11,815						5.00
6.00	Home Health Aide	24,989						6.00
7.00	Total (sum of lines 1-6)	1,176,493						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:14-0089

Period:

Worksheet H-3

HHA CCN: 14-7293

From 07/01/2018

Part II

To 06/30/2019

Date/Time Prepared:

10/9/2019 2:36 pm

Title XVIII

Home Health

PPS

Agency I

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	0.424784	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.267556	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.546407	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.339369	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.435621	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN:14-0089 HHA CCN: 14-7293	Period: From 07/01/2018 To 06/30/2019	Worksheet H-4 Part I-II Date/Time Prepared: 10/9/2019 2:36 pm
		Title XVIII	Home Health Agency I	PPS
		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
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
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
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			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	506,627	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	157,086	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	4,611	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	3,212	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	43,457	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	330	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	715,323	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	715,323	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	715,323	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	715,323	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	715,323	31.00
31.01	Sequestration adjustment (see instructions)	0	14,306	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	701,017	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
PROGRAM BENEFICIARIES

Provider CCN:14-0089

Period:

Worksheet H-5

HHA CCN: 14-7293

From 07/01/2018
To 06/30/2019Date/Time Prepared:
10/9/2019 2:36 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		701,017	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		701,017	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		701,017	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:14-0089

Period:

Worksheet 0

Hospice CCN: 14-1524

From 07/01/2018
To 06/30/2019Date/Time Prepared:
10/9/2019 2:36 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	8,428	8,428	0	8,428	3.00
4.00	ADMINISTRATIVE & GENERAL*	52,848	44,723	97,571	0	97,571	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	25	25	0	25	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	16,489	16,489	0	16,489	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	35,839	35,839	0	35,839	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	36,674	36,674	0	36,674	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**	262,667	0	262,667	0	262,667	26.00
27.00	NURSE PRACTITIONER**	10,897	0	10,897	0	10,897	27.00
28.00	REGISTERED NURSE**	272,588	0	272,588	0	272,588	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	24,607	0	24,607	0	24,607	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	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**	10,941	0	10,941	0	10,941	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	68,309	68,309	0	68,309	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	16	16	0	16	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	151,619	151,619	0	151,619	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	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	2,583	0	2,583	0	2,583	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	138,757	138,757	0	138,757	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	637,131	500,879	1,138,010	0	1,138,010	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:14-0089

Period:

Worksheet 0

Hospice CCN: 14-1524

From 07/01/2018
To 06/30/2019Date/Time Prepared:
10/9/2019 2:36 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		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	8,428	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	97,571	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	25	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	16,489	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	35,839	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	36,674	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	262,667	26.00
27.00	NURSE PRACTITIONER**	0	10,897	27.00
28.00	REGISTERED NURSE**	0	272,588	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	24,607	33.00
34.00	SPIRITUAL COUNSELING**	0	0	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	10,941	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	68,309	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	16	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	151,619	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	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	2,583	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	138,757	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	0	1,138,010	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:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet 0-2
	Hospice CCN: 14-1524	Date/Time Prepared: 10/9/2019 2:36 pm	

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	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	262,634	0	262,634	0	262,634	26.00
27.00	NURSE PRACTITIONER	10,896	0	10,896	0	10,896	27.00
28.00	REGISTERED NURSE	272,554	0	272,554	0	272,554	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	24,604	0	24,604	0	24,604	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	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	10,940	0	10,940	0	10,940	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	68,309	68,309	0	68,309	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	16	16	0	16	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	151,600	151,600	0	151,600	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	0	0	0	0	46.00
100.00	TOTAL *	581,628	219,925	801,553	0	801,553	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	262,634	26.00
27.00	NURSE PRACTITIONER	0	10,896	27.00
28.00	REGISTERED NURSE	0	272,554	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	24,604	33.00
34.00	SPIRITUAL COUNSELING	0	0	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	10,940	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	68,309	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	16	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	151,600	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	0	46.00
100.00	TOTAL *	0	801,553	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 RESIDENT CARE	Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet 0-3
	Hospice CCN: 14-1524	Date/Time Prepared: 10/9/2019 2:36 pm	

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	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	33	0	33	0	33	26.00
27.00	NURSE PRACTITIONER	1	0	1	0	1	27.00
28.00	REGISTERED NURSE	34	0	34	0	34	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	3	0	3	0	3	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	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	1	0	1	0	1	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	19	19	0	19	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	0	0	0	0	46.00
100.00	TOTAL *	72	19	91	0	91	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	33	26.00
27.00	NURSE PRACTITIONER	0	1	27.00
28.00	REGISTERED NURSE	0	34	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	3	33.00
34.00	SPIRITUAL COUNSELING	0	0	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	1	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	19	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	0	46.00
100.00	TOTAL *	0	91	100.00

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

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

Provider CCN:14-0089

Period:

Worksheet 0-5

Hospice CCN: 14-1524

From 07/01/2018
To 06/30/2019Date/Time Prepared:
10/9/2019 2:36 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	8,469	8,469	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	8,428	151,010	159,438	3.00
4.00	ADMINISTRATIVE & GENERAL	97,571	294,594	392,165	4.00
5.00	PLANT OPERATION & MAINTENANCE	25	3,035	3,060	5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,247	1,247	6.00
7.00	HOUSEKEEPING	0	1,501	1,501	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	16,489	4,391	20,880	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	35,839		35,839	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0	13.00
14.00	PHARMACY	36,674	0	36,674	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	801,553		801,553	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	91		91	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0		0	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	2,583		2,583	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	138,757		138,757	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
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	1,138,010	464,247	1,602,257	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
10/9/2019 2:36 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	8,469	8,469					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	159,438	0	0	159,438			3.00
4.00	ADMINISTRATIVE & GENERAL	392,165	8,469	0	13,226	413,860		4.00
5.00	PLANT OPERATION & MAINTENANCE	3,060	0	0	0	3,060		5.00
6.00	LAUNDRY & LINEN SERVICE	1,247	0	0	0	1,247		6.00
7.00	HOUSEKEEPING	1,501	0	0	0	1,501		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	20,880	0	0	0	20,880		10.00
11.00	MEDICAL RECORDS	0	0	0	0	0		11.00
12.00	STAFF TRANSPORTATION	35,839	0	0	0	35,839		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0		13.00
14.00	PHARMACY	36,674	0	0	0	36,674		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	0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	801,553			145,566	947,119		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	91	0	0	0	91		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	2,583	0	0	646	3,229		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	138,757	0	0	0	138,757		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	0	0	0	0	0		99.00
100.00	TOTAL	1,602,257	8,469	0	159,438	1,602,257		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
10/9/2019 2:36 pm

Descriptions		Hospice I				
		ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	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	413,860				4.00
5.00	PLANT OPERATION & MAINTENANCE	1,066	4,126			5.00
6.00	LAUNDRY & LINEN SERVICE	434	0	1,681		6.00
7.00	HOUSEKEEPING	523	0		2,024	7.00
8.00	DIETARY	0	0		0	8.00
9.00	NURSING ADMINISTRATION	0	0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	7,271	0		0	10.00
11.00	MEDICAL RECORDS	0	0		0	11.00
12.00	STAFF TRANSPORTATION	12,481	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0	13.00
14.00	PHARMACY	12,772	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	329,834				51.00
52.00	HOSPICE INPATIENT RESPITE CARE	32	4,126	1,681	2,024	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	1,125	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	48,322	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	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	413,860	4,126	1,681	2,024	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
10/9/2019 2:36 pm

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	28,151				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			48,320		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						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	28,147	0	48,320	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	4	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	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	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	28,151	0	48,320	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
10/9/2019 2:36 pm

Descriptions		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	Hospice I PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		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	49,446					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				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	49,446	0	0		1,402,866	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	7,958	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		4,354	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	187,079	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	49,446	0	0	0	1,602,257	100.00

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

Provider CCN:14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
10/9/2019 2:36 pm

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	1,050					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	637,057			3.00
4.00	ADMINISTRATIVE & GENERAL	1,050	0	52,848	-413,860	1,188,397	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	3,060	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	1,247	6.00
7.00	HOUSEKEEPING	0	0	0	0	1,501	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	20,880	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	35,839	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	36,674	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	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			581,627	0	947,119	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	91	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	2,582	0	3,229	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	138,757	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						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)	8,469	0	159,438		413,860	100.00
101.00	UNIT COST MULTIPLIER	8.065714	0.000000	0.250273		0.348251	101.00

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

Provider CCN:14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
10/9/2019 2:36 pm

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	1,050					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1				6.00
7.00	HOUSEKEEPING	0		1,050			7.00
8.00	DIETARY	0		0	0		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	1,050	1	1,050	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	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)	4,126	1,681	2,024	0	0	100.00
101.00	UNIT COST MULTIPLIER	3.929524	1,681.000000	1.927619	0.000000	0.000000	101.00

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

Provider CCN:14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2018
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Date/Time Prepared:
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Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	Hospice I 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	7,938					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			63,873			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	118,144	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	7,937	0	63,873	0	118,144	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	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	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						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	28,151	0	48,320	0	49,446	100.00
101.00	UNIT COST MULTIPLIER	3.546359	0.000000	0.756501	0.000000	0.418523	101.00

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

Provider CCN:14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
10/9/2019 2:36 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			0		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	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		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					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	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE		Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet 0-7
		Hospice CCN: 14-1524		Date/Time Prepared: 10/9/2019 2:36 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		
				2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS								
1.00	PHYSICAL THERAPY	66.00	0.424784	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.267556	0	1,700	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.546407	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.435621	0	118,144	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00	
6.00	LABORATORY	60.00	0.172869	0	0	0	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.339369	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00	
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0.833591	0	0	0	10.00	
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	76.01	0.897859	0	0	0	10.01	
10.02	PAIN MANAGEMENT	76.02	5.053444	0	0	0	10.02	
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)	HGIP (col. 1 x col. 5)		
		5.00	6.00	7.00	8.00	9.00		
ANCILLARY SERVICE COST CENTERS								
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	0	0	455	0	0	2.00	
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	0	0	51,466	0	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00	
6.00	LABORATORY	0	0	0	0	0	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00	
9.00	RADIOLOGY-THERAPEUTIC						9.00	
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.00	
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	10.01	
10.02	PAIN MANAGEMENT	0	0	0	0	0	10.02	
11.00	Totals (sum of lines 1-11)		0	51,921	0	0	11.00	

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN:14-0089

Period:

Worksheet 0-8

Hospice CCN: 14-1524

From 07/01/2018
To 06/30/2019Date/Time Prepared:
10/9/2019 2:36 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)				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)			1,454,787	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			7,937	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			183.29	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	5,261	1,944		9.00
10.00	Program cost (line 8 times line 9)	964,289	356,316		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)			7,958	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			1	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			7,958.00	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0		14.00
15.00	Program cost (line 13 times line 14)	0	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)			0	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0		19.00
20.00	Program cost (line 18 times line 19)	0	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,462,745	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			7,938	22.00
23.00	Average cost per diem (line 21 divided by line 22)			184.27	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 10/9/2019 2:36 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		317,955	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		14,902	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)		13.04	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)		332,857	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

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:14-0089

Period:

Worksheet M-1

Component CCN:14-8522

From 07/01/2018
To 06/30/2019Date/Time Prepared:
10/9/2019 2:36 pm

		RHC I		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassification	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	235,928	0	235,928	0	235,928
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	109,310	0	109,310	0	109,310
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	0	0	0	0	0
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	148,254	0	148,254	0	148,254
10.00	Subtotal (sum of lines 1 through 9)	493,492	0	493,492	0	493,492
11.00	Physician Services Under Agreement	0	0	0	0	0
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0
15.00	Medical Supplies	0	9,453	9,453	0	9,453
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	7,285	7,285	0	7,285
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	16,738	16,738	0	16,738
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	493,492	16,738	510,230	0	510,230
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	30,595	30,595	0	30,595
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	0	0
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	30,595	30,595	0	30,595
FACILITY OVERHEAD						
29.00	Facility Costs	0	19,321	19,321	0	19,321
30.00	Administrative Costs	0	8,628	8,628	0	8,628
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	27,949	27,949	0	27,949
32.00	Total facility costs (sum of lines 22, 28 and 31)	493,492	75,282	568,774	0	568,774

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:14-0089

Period:

Worksheet M-1

Component CCN:14-8522

From 07/01/2018
To 06/30/2019Date/Time Prepared:
10/9/2019 2:36 pm

RHC I

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	235,928	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	109,310	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	148,254	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	493,492	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	9,453	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	7,285	18.00
19.00	Other Health Care Costs	0	0	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	16,738	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	510,230	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	30,595	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	30,595	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	19,321	29.00
30.00	Administrative Costs	0	8,628	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	27,949	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	568,774	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN:14-0089 Component CCN:14-8522	Period: From 07/01/2018 To 06/30/2019	Worksheet M-2 Date/Time Prepared: 10/9/2019 2:36 pm
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		RHC I		Cost	
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4
	1.00	2.00	3.00	4.00	5.00
VISITS AND PRODUCTIVITY					
Positions					
1.00	Physician	0.87	2,920	4,200	3,654
2.00	Physician Assistant	0.00	0	2,100	0
3.00	Nurse Practitioner	0.90	2,176	2,100	1,890
4.00	Subtotal (sum of lines 1 through 3)	1.77	5,096		5,544
5.00	Visiting Nurse	0.00	0		0
6.00	Clinical Psychologist	0.00	0		0
7.00	Clinical Social Worker	0.00	0		0
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.77	5,096		5,544
9.00	Physician Services Under Agreements		0		0
					1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES					
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				510,230
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				30,595
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				540,825
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				0.943429
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				27,949
15.00	Parent provider overhead allocated to facility (see instructions)				440,082
16.00	Total overhead (sum of lines 14 and 15)				468,031
17.00	Allowable GME overhead (see instructions)				0
18.00	Enter the amount from line 16				468,031
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				441,554
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				951,784

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES			Provider CCN:14-0089	Period: From 07/01/2018 To 06/30/2019	Worksheet M-3
			Component CCN:14-8522		Date/Time Prepared: 10/9/2019 2:36 pm
			Title XVIII	RHC I	Cost
			1.00		
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)				951,784 1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)				78,959 2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)				872,825 3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)				5,544 4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)				0 5.00
6.00	Total adjusted visits (line 4 plus line 5)				5,544 6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)				157.44 7.00
				Calculation of Limit (1)	
				Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)
				1.00	2.00
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)			0.00	0.00 8.00
9.00	Rate for Program covered visits (see instructions)			157.44	157.44 9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)			404	1,014 10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)			63,606	159,644 11.00
12.00	Program covered visits for mental health services (from contractor records)			0	0 12.00
13.00	Program covered cost from mental health services (line 9 x line 12)			0	0 13.00
14.00	Limit adjustment for mental health services (see instructions)			0	0 14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *			0	223,250 16.00
16.01	Total program charges (see instructions)(from contractor's records)				223,300 16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				25,367 16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				25,361 16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)				131,761 16.04
16.05	Total program cost (see instructions)			0	157,122 16.05
17.00	Primary payer amounts				0 17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				33,188 18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				32,949 19.00
20.00	Net Medicare cost excluding vaccines (see instructions)				157,122 20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)				17,176 21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				174,298 22.00
23.00	Allowable bad debts (see instructions)				0 23.00
23.01	Adjusted reimbursable bad debts (see instructions)				0 23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				0 24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0 25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)				0 25.50
25.99	Demonstration payment adjustment amount before sequestration				0 25.99
26.00	Net reimbursable amount (see instructions)				174,298 26.00
26.01	Sequestration adjustment (see instructions)				3,486 26.01
26.02	Demonstration payment adjustment amount after sequestration				0 26.02
27.00	Interim payments				151,340 27.00
28.00	Tentative settlement (for contractor use only)				0 28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)				19,472 29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II chapter I, §115.2				0 30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN:14-0089 Component CCN:14-8522	Period: From 07/01/2018 To 06/30/2019	Worksheet M-4 Date/Time Prepared: 10/9/2019 2:36 pm	
		Title XVIII	RHC I	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		493,492	493,492	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.002362	0.006614	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		1,166	3,264	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		28,514	9,384	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		29,680	12,648	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		510,230	510,230	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		441,554	441,554	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.058170	0.024789	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		25,685	10,946	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		55,365	23,594	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		200	560	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		276.83	42.13	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		45	112	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		12,457	4,719	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			78,959	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			17,176	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN:14-0089 Component CCN:14-8522	Period: From 07/01/2018 To 06/30/2019	Worksheet M-5 Date/Time Prepared: 10/9/2019 2:36 pm
		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		151,340	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	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	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		151,340	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	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		19,472	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		170,812	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	2.00	
8.00	Name of Contractor			8.00