

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0145	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/26/2019 9:10 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/26/2019	Time: 9:10 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOSEPHS HOSPITAL (14-0145) 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)

Officer or Administrator of Provider(s)

Title

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	-114,958	-8,899	0	0	1.00
2.00	Subprovider - IPF	0	0	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
10.00	RURAL HEALTH CLINIC I	0		33,703		0	10.00
200.00	Total	0	-114,958	24,804	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0145		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 9:10 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 9515 HOLY CROSS LANE			PO Box:				1.00	
2.00	City: BREESE			State: IL		Zip Code: 62230		County: CLINTON	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ST. JOSEPHS HOSPITAL	140145	41180	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF			ST. JOSEPHS HOSPITAL	14U145	41180	05/18/2019	N	P
8.00	Swing Beds - NF								N
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC			ST. JOSEPH'S HOSPITAL RHC	148503	41180	01/01/2009	N	O
16.00	Hospital-Based Health Clinic - FQHC								N
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019	
21.00	Type of Control (see instructions)						1		
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			221	94	0	0	699	60

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0145

Period:
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Part I
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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
					Urban/Rural S	Date of Geogr		
					1.00	2.00		
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1						26.00	
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27.00	
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0						35.00	
					Beginning:	Ending:		
					1.00	2.00		
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0						37.00	
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
					Y/N	Y/N		
					1.00	2.00		
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	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)	N					N	N	45.00
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N					N	N	46.00
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N					N	N	47.00
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N					N	N	48.00
Teaching Hospitals								
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N							56.00
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N							57.00
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N							58.00
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N							59.00
				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: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/26/2019 9:10 am

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00 Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	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)					0	76.00

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			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00
		V	XIX	
		1.00	2.00	
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical	Occupational	Speech
		1.00	2.00	3.00
				Respiratory
				4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00

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		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	67,843	549,100	465,839	
		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	Y		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)	Y	148005		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0145		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 9:10 am		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: HOSPITAL SISTERS HEALTH SYSTEMS		Contractor's Name: NGS		Contractor's Number: 00131				141.00	
142.00	Street: 4936 LAVERNA ROAD		PO Box:						142.00	
143.00	City: SPRINGFIELD		State: IL		Zip Code:		62794		143.00	
									1.00	
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
									1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								N	146.00
									1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N			155.00
156.00	Subprovider - IPF			N	N	N	N			156.00
157.00	Subprovider - IRF			N	N	N	N			157.00
158.00	SUBPROVIDER									158.00
159.00	SNF			N	N	N	N			159.00
160.00	HOME HEALTH AGENCY			N	N	N	N			160.00
161.00	CMHC				N	N	N			161.00
									1.00	
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus	
				0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00	166.00
									1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					07/01/2018	06/30/2019		170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N			0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0145	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 9:10 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	08/29/2019
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/28/2019	10/28/2019
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		
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		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/26/2019 9:10 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	FRED	HELFRICH		41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544	FHELFRICH@BKD.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/26/2019 9:10 am

		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.	PARTNER	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: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 9:10 am

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	46	16,790	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)		46	16,790	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	624	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)		46	17,414	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RHC (CONSOLIDATED)	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		46				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 9:10 am

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)	1,673	164	3,608			1.00
2.00	HMO and other (see instructions)	278	793				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	0	0	33			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,673	164	3,641			7.00
8.00	INTENSIVE CARE UNIT	0	0	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		57	1,206			13.00
14.00	Total (see instructions)	1,673	221	4,847	0.00	253.97	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			47			24.10
25.00	CMHC - CMHC						25.00
26.00	RHC (CONSOLIDATED)	11,215	5,018	53,340	0.00	14.14	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	268.11	27.00
28.00	Observation Bed Days		40	349			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			124			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	60	159			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: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 9:10 am

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	535	29	1,425	1.00
2.00 HMO and other (see instructions)			80	251		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	535	29	1,425	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RHC (CONSOLIDATED)	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: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 9:10 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	15,791,042	0	15,791,042	557,672.87	28.32
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		82,633	0	82,633	1,043.05	79.22
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)		143,607	3,258	146,865	6,922.39	21.22
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		391,537	0	391,537	4,767.00	82.13
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		383,655	0	383,655	3,060.35	125.36
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		1,635,956	0	1,635,956	33,204.07	49.27
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)		6,762,568	0	6,762,568		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		74,216	0	74,216		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		24,668	0	24,668		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		658,177	0	658,177		
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	196,149	0	196,149	4,750.00	41.29
27.00	Administrative & General	5.00	2,842,718	28,340	2,871,058	108,085.98	26.56

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 9:10 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	110,789	0	110,789	784.97	141.14	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	388,752	0	388,752	15,713.00	24.74	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	429,511	32	429,543	33,653.09	12.76	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	238,670	-177,643	61,027	4,683.75	13.03	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	177,643	177,643	13,429.25	13.23	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	800,557	-28,439	772,118	17,159.47	45.00	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	443,433	7,525	450,958	11,654.61	38.69	40.00
41.00	Medical Records & Medical Records Library	248,929	0	248,929	11,035.00	22.56	41.00
42.00	Social Service	65,160	-3,258	61,902	2,087.95	29.65	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/26/2019 9:10 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	15,819,198	0	15,819,198	557,414.79	28.38	1.00
2.00	Excluded area salaries (see instructions)	143,607	3,258	146,865	6,922.39	21.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	15,675,591	-3,258	15,672,333	550,492.40	28.47	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,411,148	0	2,411,148	41,031.42	58.76	4.00
5.00	Subtotal wage-related costs (see inst.)	7,420,745	0	7,420,745	0.00	47.35	5.00
6.00	Total (sum of lines 3 thru 5)	25,507,484	-3,258	25,504,226	591,523.82	43.12	6.00
7.00	Total overhead cost (see instructions)	5,764,668	4,200	5,768,868	223,037.07	25.87	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0145	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2019 9:10 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			72,099 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)			2,448,466 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)			3,043,308 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			0 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)			20,863 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			266,767 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			787,463 17.00
18.00	Medicare Taxes - Employers Portion Only			228,970 18.00
19.00	Unemployment Insurance			-38,229 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			31,746 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			6,861,453 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: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/26/2019 9:10 am

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	391,537	6,861,453	1.00
2.00	Hospital	391,537	6,861,453	2.00
3.00	Subprovider - IPF			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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0145

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

Worksheet S-7

Date/Time Prepared:
11/26/2019 9:10 am

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 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	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	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	0	0 35.00
36.00		HB1	0	0	0 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	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	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	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 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: 14-0145

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

Worksheet S-7

Date/Time Prepared:
11/26/2019 9:10 am

		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	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			41180	41180	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-0145 Component CCN: 14-8503	Period: From 07/01/2018 To 06/30/2019	Worksheet S-8 Date/Time Prepared: 11/26/2019 9:10 am	
				RHC I	Cost		
				1.00			
1.00	Clinic Address and Identification						
	Street			VARIOUS		1.00	
				City	State	ZIP Code	
				1.00	2.00	3.00	
2.00	City, State, ZIP Code, County			VARIOUS		IL 62230	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)						4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)						5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)						6.00
7.00	Appalachian Regional Commission						7.00
8.00	Look-Alikes						8.00
9.00	OTHER (SPECIFY)						9.00
				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.)			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	17:00
				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.			Y		6	13.00
				Provider name		CCN number	
				1.00		2.00	
14.00	RHC/FQHC name, CCN number			ST. JOSEPH'S HOSPITAL		148503	14.00
14.01				ST. JOSEPH'S HOSPITAL		148502	14.01
14.02				CLINTON COUNTY RURAL HEALTH TRENTON		148552	14.02
14.03				CLINTON CNTY RURAL HEALTH NEW BADEN		148553	14.03
14.04				CLINTON CTY RURAL HEALTH CARLYLE-BU		148554	14.04
14.05				CLINTON CNTY RURAL HLTH-CARLYLE RIV		148570	14.05
				Y/N	V	XVIII	XIX
				1.00	2.00	3.00	4.00
						Total Visits	
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)						15.00

MCRIF32 - 15.9.167.1

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0145	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/26/2019 9:10 am
				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)			0.346502 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	3,877,388		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	14,133,261		6.00
7.00	Medicaid cost (line 1 times line 6)	4,897,203		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)	1,019,815		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	1,019,815		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)	1,468,713	656,686	2,125,399 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	508,912	656,686	1,165,598 21.00
22.00	Payments received from patients for amounts previously written off as charity care	38,219	0	38,219 22.00
23.00	Cost of charity care (line 21 minus line 22)	470,693	656,686	1,127,379 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)	133,423		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	48,651		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	74,847		27.01
28.00	Non-Medicare bad debt expense (see instructions)	58,576		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	46,493		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,173,872		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	2,193,687		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0145

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

Worksheet A

Date/Time Prepared:
11/26/2019 9:10 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,523,629	1,523,629	263,848	1,787,477	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	694,575	694,575	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	196,149	7,785,033	7,981,182	-1,699	7,979,483	4.00
5.01	00540	NONPATIENT TELEPHONES	0	52,136	52,136	93,178	145,314	5.01
5.02	00550	DATA PROCESSING	80,830	2,366,123	2,446,953	-123,895	2,323,058	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	95,444	160,888	256,332	-1,983	254,349	5.03
5.04	00570	ADMITTING	482,086	13,601	495,687	-3,045	492,642	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	511	511	0	511	5.05
5.06	00590	ADMIN & GENERAL	2,184,358	5,501,583	7,685,941	10,772	7,696,713	5.06
7.00	00700	OPERATION OF PLANT	388,752	1,190,541	1,579,293	73,536	1,652,829	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	137,246	137,246	-541	136,705	8.00
9.00	00900	HOUSEKEEPING	429,511	265,534	695,045	-1,004	694,041	9.00
10.00	01000	DIETARY	238,670	340,697	579,367	-441,194	138,173	10.00
11.00	01100	CAFETERIA	0	0	0	434,688	434,688	11.00
13.00	01300	NURSING ADMINISTRATION	800,557	70,352	870,909	-31,788	839,121	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	443,433	1,750,982	2,194,415	-1,602,223	592,192	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	248,929	314,431	563,360	-8,766	554,594	16.00
17.00	01700	SOCIAL SERVICE	65,160	17,839	82,999	-3,937	79,062	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	1,354,432	1,354,432	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,851,174	426,237	3,277,411	-1,729,994	1,547,417	30.00
31.00	03100	INTENSIVE CARE UNIT	0	76,668	76,668	-1,514	75,154	31.00
43.00	04300	NURSERY	-22,737	194,590	171,853	385,365	557,218	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,283,905	1,581,638	2,865,543	-1,212,426	1,653,117	50.00
51.00	05100	RECOVERY ROOM	31,898	1,402	33,300	2,465	35,765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-29,368	17,020	-12,348	1,106,286	1,093,938	52.00
53.00	05300	ANESTHESIOLOGY	107,233	1,582,076	1,689,309	-1,379,778	309,531	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,001,618	375,451	1,377,069	-115,028	1,262,041	54.00
57.00	05700	CT SCAN	44,048	122,258	166,306	24,218	190,524	57.00
58.00	05800	MRI	67,306	99,857	167,163	-2,118	165,045	58.00
60.00	06000	LABORATORY	1,051,868	1,532,226	2,584,094	-600,137	1,983,957	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	66,060	66,060	0	66,060	63.00
65.00	06500	RESPIRATORY THERAPY	392,853	186,207	579,060	-107,572	471,488	65.00
66.00	06600	PHYSICAL THERAPY	1,338,559	390,770	1,729,329	-88,144	1,641,185	66.00
69.00	06900	ELECTROCARDIOLOGY	19,986	88,717	108,703	-36,003	72,700	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-167	7,233	7,066	-6,346	720	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	74,913	56,266	131,179	1,588,386	1,719,565	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	544,505	544,505	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,614,581	1,614,581	73.00
76.97	07697	CARDIAC REHABILITATION	108,991	3,855	112,846	6,715	119,561	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	559,464	7,589,849	8,149,313	142,412	8,291,725	88.00
91.00	09100	EMERGENCY	1,037,854	1,372,961	2,410,815	-86,880	2,323,935	91.00
91.01	09101	PRIORITY CARE CARLYLE	74,158	52,017	126,175	-32,837	93,338	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		407,008	407,008	-956	406,052	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,647,435	37,721,492	53,368,927	720,154	54,089,081	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	143,370	3,255,604	3,398,974	-723,412	2,675,562	192.00
194.00	07950	LIFELINE	237	0	237	3,258	3,495	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	10,134	10,134	0	10,134	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	15,791,042	40,987,230	56,778,272	0	56,778,272	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0145

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

Worksheet A

Date/Time Prepared:
11/26/2019 9:10 am

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	175,968	1,963,445	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	448,603	1,143,178	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,432,212	4,547,271	4.00
5.01	00540	NONPATIENT TELEPHONES	0	145,314	5.01
5.02	00550	DATA PROCESSING	951,644	3,274,702	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-593	253,756	5.03
5.04	00570	ADMITTING	0	492,642	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	511	5.05
5.06	00590	ADMIN & GENERAL	-2,336,975	5,359,738	5.06
7.00	00700	OPERATION OF PLANT	-4,809	1,648,020	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	136,705	8.00
9.00	00900	HOUSEKEEPING	0	694,041	9.00
10.00	01000	DIETARY	0	138,173	10.00
11.00	01100	CAFETERIA	-43,771	390,917	11.00
13.00	01300	NURSING ADMINISTRATION	0	839,121	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	592,192	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,764	549,830	16.00
17.00	01700	SOCIAL SERVICE	0	79,062	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-1,354,432	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-75,154	1,472,263	30.00
31.00	03100	INTENSIVE CARE UNIT	0	75,154	31.00
43.00	04300	NURSERY	-168,371	388,847	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-177,482	1,475,635	50.00
51.00	05100	RECOVERY ROOM	0	35,765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,093,938	52.00
53.00	05300	ANESTHESIOLOGY	0	309,531	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,262,041	54.00
57.00	05700	CT SCAN	0	190,524	57.00
58.00	05800	MRI	0	165,045	58.00
60.00	06000	LABORATORY	-60,800	1,923,157	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	66,060	63.00
65.00	06500	RESPIRATORY THERAPY	-17,424	454,064	65.00
66.00	06600	PHYSICAL THERAPY	-17,328	1,623,857	66.00
69.00	06900	ELECTROCARDIOLOGY	-30,848	41,852	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	720	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	-152	1,719,413	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	544,505	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,614,581	73.00
76.97	07697	CARDIAC REHABILITATION	0	119,561	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	734,660	9,026,385	88.00
91.00	09100	EMERGENCY	-1,257,993	1,065,942	91.00
91.01	09101	PRIORITY CARE CARLYLE	-125	93,213	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-406,052	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-7,078,410	47,010,671	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS PRIVATE OFFICES	-1,194,205	1,481,357	192.00
194.00	07950	LIFELINE	0	3,495	194.00
194.01	07951	DEVELOPMENT	0	0	194.01
194.02	07952	VACANT SPACE	0	10,134	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-8,272,615	48,505,657	200.00

RECLASSIFICATIONS

Provider CCN: 14-0145

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 9:10 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS NON-PHYSICIAN ANESTHETISTIS					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	107,075	1,247,357		1.00
	0		107,075	1,247,357		
	B - TO RECLASS CAFETERIA COST					
1.00	CAFETERIA	11.00	177,643	257,045		1.00
	0		177,643	257,045		
	C - TO RECLASS MANAGERS SALARY					
1.00	ADMIN & GENERAL	5.06	28,372	0		1.00
2.00	HOUSEKEEPING	9.00	32	0		2.00
3.00	RECOVERY ROOM	51.00	2,702	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	1,243	0		4.00
5.00	CT SCAN	57.00	145	0		5.00
6.00	MRI	58.00	249	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	1,462	0		7.00
8.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	10,356	0		8.00
9.00	PHARMACY	15.00	7,525	0		9.00
10.00	CARDIAC REHABILITATION	76.97	7,649	0		10.00
	0		59,735	0		
	D - RECLASS SOCIAL SERV SLRY TO LIFELIN					
1.00	LIFELINE	194.00	3,258	0		1.00
	0		3,258	0		
	E - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,614,581		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	0		0	1,614,581		
	F - PLANT OP RECLASS					
1.00	OPERATION OF PLANT	7.00	0	112,489		1.00
2.00		0.00	0	0		2.00
	0		0	112,489		
	G - TELEPHONE RECLASS					
1.00	NONPATIENT TELEPHONES	5.01	0	93,456		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		0	93,456		
	I - IMPLANTS RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	1,586,478		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	544,505		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	97		3.00
4.00	CARDIAC REHABILITATION	76.97	0	314		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
	0		0	2,131,394		
	J - DEPRECIATION RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	263,848		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	694,575		2.00
3.00	CT SCAN	57.00	0	34,124		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00

RECLASSIFICATIONS

Provider CCN: 14-0145

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 9:10 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
			0	992,547		
K - ALLOWABLE MEDICAL GROUP EXPENSE						
1.00	RURAL HEALTH CLINIC	88.00	0	272,114		1.00
			0	272,114		
L - SALARY ACCRUAL CORRECTION RECLASS						
1.00	NURSERY	43.00	402,713	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,117,055	0		2.00
3.00	ELECTROENCEPHALOGRAPHY	70.00	167	0		3.00
	TOTALS		1,519,935	0		
M - DR MCCLEARY						
1.00	OPERATING ROOM	50.00	0	24,215		1.00
	TOTALS		0	24,215		
500.00	Grand Total: Increases		1,867,646	6,745,198		500.00

RECLASSIFICATIONS

Provider CCN: 14-0145

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 9:10 am

	Decreases						11/26/2019 9:10 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS NON-PHYSICIAN ANESTHETISTIS						
1.00	ANESTHESIOLOGY	53.00	107,075	1,247,357	0		1.00
	0		107,075	1,247,357			
	B - TO RECLASS CAFETERIA COST						
1.00	DIETARY	10.00	177,643	257,045	0		1.00
	0		177,643	257,045			
	C - TO RECLASS MANAGERS SALARY						
1.00	PURCHASING RECEIVING AND STORES	5.03	32	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	28,439	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	1,243	0	0		3.00
4.00	OPERATING ROOM	50.00	20,515	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	395	0	0		5.00
6.00	RESPIRATORY THERAPY	65.00	9,111	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	0		59,735	0			
	D - RECLASS SOCIAL SERV SLRY TO LIFELIN						
1.00	SOCIAL SERVICE	17.00	3,258	0	0		1.00
	0		3,258	0			
	E - PHARMACY RECLASS						
1.00	PHARMACY	15.00	0	1,598,951	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	3,496	0		2.00
3.00	OPERATING ROOM	50.00	0	9,657	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	40	0		4.00
5.00	CT SCAN	57.00	0	348	0		5.00
6.00	LABORATORY	60.00	0	38	0		6.00
7.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	276	0		7.00
8.00	EMERGENCY	91.00	0	1,489	0		8.00
9.00	PRIORITY CARE CARLYLE	91.01	0	284	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	2	0		10.00
	0		0	1,614,581			
	F - PLANT OP RECLASS						
1.00	RURAL HEALTH CLINIC	88.00	0	26,753	0		1.00
2.00	PHYSICIANS PRIVATE OFFICES	192.00	0	85,736	0		2.00
	0		0	112,489			
	G - TELEPHONE RECLASS						
1.00	OPERATION OF PLANT	7.00	0	1,489	0		1.00
2.00	RURAL HEALTH CLINIC	88.00	0	51,494	0		2.00
3.00	PHYSICIANS PRIVATE OFFICES	192.00	0	38,460	0		3.00
4.00	ADMIN & GENERAL	5.06	0	2,013	0		4.00
	0		0	93,456			
	I - IMPLANTS RECLASS						
1.00	PHARMACY	15.00	0	4,485	0		1.00
2.00	SOCIAL SERVICE	17.00	0	34	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	163,091	0		3.00
4.00	NURSERY	43.00	0	5,481	0		4.00
5.00	OPERATING ROOM	50.00	0	1,066,675	0		5.00
6.00	RECOVERY ROOM	51.00	0	62	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,557	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	8,762	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	38,114	0		9.00
10.00	CT SCAN	57.00	0	9,703	0		10.00
11.00	MRI	58.00	0	1,359	0		11.00
12.00	LABORATORY	60.00	0	564,198	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	84,383	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	75,013	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	22,536	0		15.00
16.00	EMERGENCY	91.00	0	66,188	0		16.00
17.00	PRIORITY CARE CARLYLE	91.01	0	17,753	0		17.00
	0		0	2,131,394			
	J - DEPRECIATION RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,699	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	278	9		2.00
3.00	DATA PROCESSING	5.02	0	123,895	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	1,951	0		4.00
5.00	ADMITTING	5.04	0	3,045	0		5.00
6.00	ADMIN & GENERAL	5.06	0	15,587	0		6.00
7.00	OPERATION OF PLANT	7.00	0	37,464	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	541	0		8.00

RECLASSIFICATIONS

Provider CCN: 14-0145

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 9:10 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
9.00	HOUSEKEEPING	9.00	0	1,036	0	9.00
10.00	DIETARY	10.00	0	6,506	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	3,349	0	11.00
12.00	PHARMACY	15.00	0	6,312	0	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,766	0	13.00
14.00	SOCIAL SERVICE	17.00	0	645	0	14.00
15.00	ADULTS & PEDIATRICS	30.00	0	42,396	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	0	1,611	0	16.00
17.00	NURSERY	43.00	0	11,867	0	17.00
18.00	OPERATING ROOM	50.00	0	139,794	0	18.00
19.00	RECOVERY ROOM	51.00	0	175	0	19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	8,455	0	20.00
21.00	ANESTHESIOLOGY	53.00	0	16,584	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	76,479	0	22.00
23.00	MRI	58.00	0	1,008	0	23.00
24.00	LABORATORY	60.00	0	35,901	0	24.00
25.00	RESPIRATORY THERAPY	65.00	0	14,078	0	25.00
26.00	PHYSICAL THERAPY	66.00	0	13,129	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	14,762	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,513	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	8,172	0	29.00
30.00	CARDIAC REHABILITATION	76.97	0	1,248	0	30.00
31.00	RURAL HEALTH CLINIC	88.00	0	27,240	0	31.00
32.00	EMERGENCY	91.00	0	19,203	0	32.00
33.00	PRIORITY CARE CARLYLE	91.01	0	14,800	0	33.00
34.00	INTEREST EXPENSE	113.00	0	956	0	34.00
35.00	PHYSICIANS PRIVATE OFFICES	192.00	0	327,102	0	35.00
	0		0	992,547		
K - ALLOWABLE MEDICAL GROUP EXPENSE						
1.00	PHYSICIANS PRIVATE OFFICES	192.00	0	272,114	0	1.00
	0		0	272,114		
L - SALARY ACCRUAL CORRECTION RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,519,768	0	0	1.00
2.00	ELECTROCARDIOLOGY	69.00	167	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		1,519,935	0		
M - DR MCCLEARY						
1.00	RURAL HEALTH CLINIC	88.00	0	24,215	0	1.00
	TOTALS		0	24,215		
500.00	Grand Total: Decreases		1,867,646	6,745,198		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/26/2019 9:10 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,634,241	69,970	0	69,970	0	1.00
2.00	Land Improvements	3,893,934	825,537	0	825,537	0	2.00
3.00	Buildings and Fixtures	34,236,608	9,517,798	0	9,517,798	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	24,378,317	1,740,856	0	1,740,856	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	64,143,100	12,154,161	0	12,154,161	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	64,143,100	12,154,161	0	12,154,161	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,704,211	0				1.00
2.00	Land Improvements	4,719,471	0				2.00
3.00	Buildings and Fixtures	43,754,406	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	26,119,173	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	76,297,261	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	76,297,261	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/26/2019 9:10 am

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	1,523,629	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,523,629	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		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	1,523,629				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	1,523,629				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/26/2019 9:10 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	50,178,088	0	50,178,088	0.657666	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	26,119,173	0	26,119,173	0.342334	0	2.00
3.00	Total (sum of lines 1-2)	76,297,261	0	76,297,261	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,963,445	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,143,178	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,106,623	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,963,445	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,143,178	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,106,623	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0145

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 9:10 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-3,222	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,802,712			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	1,726,170			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-43,771	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B	-152	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	16.00
17.00	Sale of drugs to other than patients	B	0	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-4,764	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-1,354,432	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	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	INTEREST EXPENSE	B	-406,052	INTEREST EXPENSE	113.00	11	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0145

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 9:10 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 DEFINED PENSION ADJUSTMENT	A	-1,474,037	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02 MISCELLANEOUS INCOME	B	-593	PURCHASING RECEIVING AND STORES	5.03	0	33.02
33.03 MISCELLANEOUS INCOME	B	-149,343	ADMIN & GENERAL	5.06	0	33.03
33.04 MISCELLANEOUS INCOME	B	-3,993	PHYSICAL THERAPY	66.00	0	33.04
35.00 BANK FEES	B	6,956	RURAL HEALTH CLINIC	88.00	0	35.00
36.00 LOBBYING EXPENSES	A	-16,011	ADMIN & GENERAL	5.06	0	36.00
37.00 MARKETING & COMMUNITY BENEFIT SALARY	A	-102,055	ADMIN & GENERAL	5.06	0	37.00
38.00 MARKETING & COMMUNITY BENEFIT BENEFIT	A	-29,085	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
39.00 MARKETING & COMMUNITY BENEFIT OTHER	A	-244,570	ADMIN & GENERAL	5.06	0	39.00
39.01 CRNA BENEFITS	A	-5,483	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.01
39.02 MEDICAID PROVIDER TAX	A	-1,780,023	ADMIN & GENERAL	5.06	0	39.02
39.03 ALCOHOL EXPENSE	A	-588	ADMIN & GENERAL	5.06	0	39.03
39.04 NONALLOWABLE EXPENSE	A	-2,033	ADMIN & GENERAL	5.06	0	39.04
40.00 EMPLOYEE SELF-INSURANCE	A	-1,985,986	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.00
41.00 MEDICAL GROUP EXPENSE	A	-1,116,696	PHYSICIANS PRIVATE OFFICES	192.00	0	41.00
43.00 PROPERTY TAX OFFSET	A	-77,509	PHYSICIANS PRIVATE OFFICES	192.00	0	43.00
43.01 PROPERTY TAX OFFSET	A	-25,615	ADMIN & GENERAL	5.06	0	43.01
43.02 PROPERTY TAX OFFSET	A	-1,587	OPERATION OF PLANT	7.00	0	43.02
43.03 BUILDING RELIFING	A	175,968	CAP REL COSTS-BLDG & FIXT	1.00	9	43.03
43.04 EQUIPMENT RELIFING	A	448,603	CAP REL COSTS-MVBLE EQUIP	2.00	9	43.04
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,272,615				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0145

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 9:10 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	3,634,872	3,572,493	1.00
2.00		5.02	DATA PROCESSING	3,138,802	2,187,158	2.00
3.00		5.06	ADMIN & GENERAL	1,071,194	1,058,593	3.00
4.00		5.06	ADMIN & GENERAL	0	28,158	4.00
4.01		88.00	RURAL HEALTH CLINIC	727,704	0	4.01
4.02		5.06	ADMIN & GENERAL	12,935,521	12,935,521	4.02
4.03		0.00		0	0	4.03
4.04		0.00		0	0	4.04
4.05		0.00		0	0	4.05
4.06		0.00		0	0	4.06
4.07		0.00		0	0	4.07
4.08		0.00		0	0	4.08
4.09		0.00		0	0	4.09
4.10		0.00		0	0	4.10
4.11		0.00		0	0	4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			21,508,093	19,781,923	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B		100.00	HSHS	0.00	6.00
7.00	G		0.00	HSHS MEDICAL GROUP	0.00	7.00
8.00	G		0.00	ST. ELIZABETH BELLEVILLE	0.00	8.00
9.00	G		0.00	ST. JOHNS HOSPITAL	0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	SISTER				100.00

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

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

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

Provider CCN: 14-0145

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 9:10 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	62,379	0		1.00
2.00	951,644	0		2.00
3.00	12,601	0		3.00
4.00	-28,158	0		4.00
4.01	727,704	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
5.00	1,726,170			5.00

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

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

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

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

6.00	CORPORATE OFFICE		6.00
7.00	PHYSICIAN OFFICES		7.00
8.00	SISTER HOSPITAL		8.00
9.00	SISTER HOSPITAL		9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0145

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

Worksheet A-8-2

Date/Time Prepared:
11/26/2019 9:10 am

	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	5.06	ADMIN & GENERAL	1,485	1,050	435	211,500	3	1.00
2.00	43.00	NURSERY	172,133	167,933	4,200	211,500	37	2.00
3.00	50.00	OPERATING ROOM	177,482	177,482	0	246,400	0	3.00
4.00	60.00	LABORATORY	60,800	60,800	0	211,500	720	4.00
5.00	65.00	RESPIRATORY THERAPY	83,424	17,424	66,000	260,300	528	5.00
6.00	66.00	PHYSICAL THERAPY	67,023	1,023	66,000	211,500	528	6.00
7.00	69.00	ELECTROCARDIOLOGY	30,848	30,848	0	211,500	0	7.00
8.00	91.00	EMERGENCY	1,257,993	1,257,993	0	211,500	0	8.00
9.00	91.01	PRIORITY CARE CARLYLE	125	125	0	211,500	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	75,154	75,154	0	211,500	0	10.00
200.00			1,926,467	1,789,832	136,635		1,816	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	5.06	ADMIN & GENERAL	305	15	0	0	0	1.00
2.00	43.00	NURSERY	3,762	188	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	73,212	3,661	0	0	0	4.00
5.00	65.00	RESPIRATORY THERAPY	66,076	3,304	0	0	0	5.00
6.00	66.00	PHYSICAL THERAPY	53,688	2,684	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	91.01	PRIORITY CARE CARLYLE	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
200.00			197,043	9,852	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	ADMIN & GENERAL	0	305	130	1,180		1.00
2.00	43.00	NURSERY	0	3,762	438	168,371		2.00
3.00	50.00	OPERATING ROOM	0	0	0	177,482		3.00
4.00	60.00	LABORATORY	0	73,212	0	60,800		4.00
5.00	65.00	RESPIRATORY THERAPY	0	66,076	0	17,424		5.00
6.00	66.00	PHYSICAL THERAPY	0	53,688	12,312	13,335		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	30,848		7.00
8.00	91.00	EMERGENCY	0	0	0	1,257,993		8.00
9.00	91.01	PRIORITY CARE CARLYLE	0	0	0	125		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	75,154		10.00
200.00			0	197,043	12,880	1,802,712		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0145

Period:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,963,445	1,963,445			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,143,178		1,143,178		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,547,271	4,065	2,764	4,554,100	4.00
5.01	00540	NONPATIENT TELEPHONES	145,314	2,583	452	0	5.01
5.02	00550	DATA PROCESSING	3,274,702	21,097	201,592	23,604	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	253,756	29,493	3,175	27,863	5.03
5.04	00570	ADMITTING	492,642	32,565	4,955	140,781	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	511	12,420	0	0	5.05
5.06	00590	ADMIN & GENERAL	5,359,738	511,114	24,918	646,175	5.06
7.00	00700	OPERATION OF PLANT	1,648,020	138,739	60,958	113,525	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	136,705	33,260	880	0	8.00
9.00	00900	HOUSEKEEPING	694,041	16,411	1,686	125,437	9.00
10.00	01000	DIETARY	138,173	27,961	10,586	17,821	10.00
11.00	01100	CAFETERIA	390,917	17,785	0	51,876	11.00
13.00	01300	NURSING ADMINISTRATION	839,121	5,581	5,449	225,478	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	592,192	8,860	10,270	131,691	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	549,830	10,896	14,263	72,693	16.00
17.00	01700	SOCIAL SERVICE	79,062	1,846	1,049	18,077	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	31,269	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,472,263	130,790	71,605	388,441	30.00
31.00	03100	INTENSIVE CARE UNIT	75,154	0	0	0	31.00
43.00	04300	NURSERY	388,847	7,998	19,309	110,962	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,475,635	155,679	227,463	368,941	50.00
51.00	05100	RECOVERY ROOM	35,765	6,094	285	10,104	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,093,938	26,678	13,757	317,995	52.00
53.00	05300	ANESTHESIOLOGY	309,531	1,606	26,984	46	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,262,041	38,734	124,441	292,382	54.00
57.00	05700	CT SCAN	190,524	3,800	0	12,905	57.00
58.00	05800	MRI	165,045	6,011	1,640	19,728	58.00
60.00	06000	LABORATORY	1,923,157	18,266	58,415	307,172	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	66,060	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	454,064	8,984	22,907	112,062	65.00
66.00	06600	PHYSICAL THERAPY	1,623,857	103,069	21,362	390,893	66.00
69.00	06900	ELECTROCARDIOLOGY	41,852	0	24,020	6,215	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	720	0	10,597	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,719,413	7,021	13,297	24,901	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	544,505	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,614,581	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	119,561	16,692	2,031	34,062	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	9,026,385	219,509	20,773	163,377	88.00
91.00	09100	EMERGENCY	1,065,942	45,341	31,246	303,079	91.00
91.01	09101	PRIORITY CARE CARLYLE	93,213	14,763	20,767	21,656	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,010,671	1,685,711	1,053,896	4,511,211	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,481,357	277,734	89,282	41,868	192.00
194.00	07950	LIFELINE	3,495	0	0	1,021	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	194.01
194.02	07952	VACANT SPACE	10,134	0	0	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	48,505,657	1,963,445	1,143,178	4,554,100	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	3,528,713					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	315,359				5.03
5.04	00570	ADMITTING	0	313	672,328			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,528,713	0	0	3,541,644		5.05
5.06	00590	ADMIN & GENERAL	0	2,615	0	0	6,561,281	5.06
7.00	00700	OPERATION OF PLANT	0	4,059	0	0	1,970,232	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	17	0	0	171,076	8.00
9.00	00900	HOUSEKEEPING	0	166	0	0	839,242	9.00
10.00	01000	DIETARY	0	951	0	0	197,207	10.00
11.00	01100	CAFETERIA	0	0	0	0	460,578	11.00
13.00	01300	NURSING ADMINISTRATION	0	575	0	0	1,077,276	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	98,841	0	0	842,926	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	654,113	16.00
17.00	01700	SOCIAL SERVICE	0	34	0	0	101,354	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	31,269	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,697	21,276	112,088	2,228,387	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	75,154	31.00
43.00	04300	NURSERY	0	259	5,676	29,905	562,956	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,591	72,652	382,753	2,700,218	50.00
51.00	05100	RECOVERY ROOM	0	72	5,569	29,340	87,229	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	303	15,745	82,950	1,551,366	52.00
53.00	05300	ANESTHESIOLOGY	0	110	18,875	99,439	456,805	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,906	75,899	399,857	2,204,976	54.00
57.00	05700	CT SCAN	0	2,155	83,175	438,190	730,749	57.00
58.00	05800	MRI	0	348	21,271	112,063	326,106	58.00
60.00	06000	LABORATORY	0	9,226	144,393	760,328	3,225,030	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	4,062	2,303	12,134	84,559	63.00
65.00	06500	RESPIRATORY THERAPY	0	13	6,385	33,637	640,410	65.00
66.00	06600	PHYSICAL THERAPY	0	977	32,181	169,540	2,349,811	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,265	8,004	42,169	123,525	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	314	1,653	13,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	101,802	17,149	90,346	1,973,929	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,481	5,304	27,944	611,234	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	38,580	203,249	1,856,410	73.00
76.97	07697	CARDIAC REHABILITATION	0	151	1,559	8,214	183,128	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	27,145	53,600	282,379	9,811,604	88.00
91.00	09100	EMERGENCY	0	1,024	39,986	210,656	1,701,133	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	89	2,432	12,810	165,730	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,528,713	308,247	672,328	3,541,644	46,570,287	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	7,112	0	0	1,920,720	192.00
194.00	07950	LIFELINE	0	0	0	0	4,516	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	10,134	194.02
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)	3,528,713	315,359	672,328	3,541,644	48,505,657	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL	6,561,281					5.06
7.00	00700	OPERATION OF PLANT	308,199	2,278,431				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	26,761	62,559	260,396			8.00
9.00	00900	HOUSEKEEPING	131,281	30,867	416	1,001,806		9.00
10.00	01000	DIETARY	30,849	52,592	30,991	0	311,639	10.00
11.00	01100	CAFETERIA	72,047	33,452	0	5,315	0	11.00
13.00	01300	NURSING ADMINISTRATION	168,516	10,497	0	10,629	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	131,857	16,664	0	23,916	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	102,322	20,495	0	10,629	0	16.00
17.00	01700	SOCIAL SERVICE	15,855	3,473	0	5,315	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	4,891	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	348,582	245,999	10,626	186,012	311,639	30.00
31.00	03100	INTENSIVE CARE UNIT	11,756	0	0	0	0	31.00
43.00	04300	NURSERY	88,062	15,044	63,397	10,629	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	422,390	292,813	27,715	100,978	0	50.00
51.00	05100	RECOVERY ROOM	13,645	11,462	0	15,944	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	242,677	50,178	37,232	10,629	0	52.00
53.00	05300	ANESTHESIOLOGY	71,457	3,021	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	344,920	72,853	807	53,146	0	54.00
57.00	05700	CT SCAN	114,310	7,148	0	5,315	0	57.00
58.00	05800	MRI	51,012	11,306	0	5,315	0	58.00
60.00	06000	LABORATORY	504,485	34,355	22,867	23,916	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	13,227	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	100,178	16,897	0	7,972	0	65.00
66.00	06600	PHYSICAL THERAPY	367,576	193,859	100	21,258	0	66.00
69.00	06900	ELECTROCARDIOLOGY	19,323	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,078	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	308,778	13,206	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	95,614	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	290,395	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	28,646	31,396	870	10,629	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,534,817	412,868	939	209,926	0	88.00
91.00	09100	EMERGENCY	266,105	85,280	52,361	74,405	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	25,925	27,768	0	13,287	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,258,536	1,756,052	248,321	805,165	311,639	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	300,454	522,379	12,075	196,641	0	192.00
194.00	07950	LIFELINE	706	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	1,585	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,561,281	2,278,431	260,396	1,001,806	311,639	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	571,392					11.00
13.00	01300	NURSING ADMINISTRATION	27,049	1,293,967				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	17,326	74,211	0	1,106,900		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,848	0	0	0	819,407	16.00
17.00	01700	SOCIAL SERVICE	3,397	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	128,108	548,900	0	1,224	98,745	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	499	2,131	0	4	45,041	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58,429	250,305	0	1	144,652	50.00
51.00	05100	RECOVERY ROOM	62	244	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,589	6,817	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,300	18,391	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,743	0	0	25	43,309	54.00
57.00	05700	CT SCAN	2,026	0	0	188	0	57.00
58.00	05800	MRI	3,366	0	0	0	0	58.00
60.00	06000	LABORATORY	59,115	0	0	0	249,460	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	20,069	0	0	0	19,056	65.00
66.00	06600	PHYSICAL THERAPY	67,685	0	0	0	135,124	66.00
69.00	06900	ELECTROCARDIOLOGY	1,184	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	280	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,419	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	847,206	0	73.00
76.97	07697	CARDIAC REHABILITATION	5,485	23,519	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	32,097	137,535	0	258,248	0	88.00
91.00	09100	EMERGENCY	41,228	176,659	0	4	42,443	91.00
91.01	09101	PRIORITY CARE CARLYLE	2,836	12,106	0	0	10,394	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	561,140	1,250,818	0	1,106,900	788,224	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	10,065	43,149	0	0	31,183	192.00
194.00	07950	LIFELINE	187	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	0	194.02
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)	571,392	1,293,967	0	1,106,900	819,407	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 9:10 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
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	129,394					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	36,160				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	122,632	0	4,230,854	0	4,230,854	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	86,910	0	86,910	31.00
43.00	04300	NURSERY	0	0	787,763	0	787,763	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,838	36,160	4,037,499	0	4,037,499	50.00
51.00	05100	RECOVERY ROOM	0	0	128,586	0	128,586	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,900,488	0	1,900,488	52.00
53.00	05300	ANESTHESIOLOGY	0	0	553,974	0	553,974	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,766,779	0	2,766,779	54.00
57.00	05700	CT SCAN	0	0	859,736	0	859,736	57.00
58.00	05800	MRI	0	0	397,105	0	397,105	58.00
60.00	06000	LABORATORY	0	0	4,119,228	0	4,119,228	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	97,786	0	97,786	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	804,582	0	804,582	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,135,413	0	3,135,413	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	144,032	0	144,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	15,642	0	15,642	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	2,302,332	0	2,302,332	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	706,848	0	706,848	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,994,011	0	2,994,011	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	283,673	0	283,673	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	12,398,034	0	12,398,034	88.00
91.00	09100	EMERGENCY	2,924	0	2,442,542	0	2,442,542	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	258,046	0	258,046	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	129,394	36,160	45,451,863	0	45,451,863	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	3,036,666	0	3,036,666	192.00
194.00	07950	LIFELINE	0	0	5,409	0	5,409	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	11,719	0	11,719	194.02
200.00		Cross Foot Adjustments		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)	129,394	36,160	48,505,657	0	48,505,657	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	4,065	2,764	6,829	4.00
5.01	00540	NONPATIENT TELEPHONES	0	2,583	452	3,035	5.01
5.02	00550	DATA PROCESSING	803,534	21,097	201,592	1,026,223	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	651	29,493	3,175	33,319	5.03
5.04	00570	ADMITTING	0	32,565	4,955	37,520	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	12,420	0	12,420	5.05
5.06	00590	ADMIN & GENERAL	37,264	511,114	24,918	573,296	5.06
7.00	00700	OPERATION OF PLANT	0	138,739	60,958	199,697	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	33,260	880	34,140	8.00
9.00	00900	HOUSEKEEPING	0	16,411	1,686	18,097	9.00
10.00	01000	DIETARY	0	27,961	10,586	38,547	10.00
11.00	01100	CAFETERIA	0	17,785	0	17,785	11.00
13.00	01300	NURSING ADMINISTRATION	2,300	5,581	5,449	13,330	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	8,860	10,270	19,130	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,896	14,263	25,159	16.00
17.00	01700	SOCIAL SERVICE	0	1,846	1,049	2,895	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,935	130,790	71,605	205,330	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
43.00	04300	NURSERY	0	7,998	19,309	27,307	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	49,371	155,679	227,463	432,513	50.00
51.00	05100	RECOVERY ROOM	0	6,094	285	6,379	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,678	13,757	40,435	52.00
53.00	05300	ANESTHESIOLOGY	0	1,606	26,984	28,590	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	38,734	124,441	163,175	54.00
57.00	05700	CT SCAN	0	3,800	0	3,800	57.00
58.00	05800	MRI	0	6,011	1,640	7,651	58.00
60.00	06000	LABORATORY	3,381	18,266	58,415	80,062	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,984	22,907	31,891	65.00
66.00	06600	PHYSICAL THERAPY	0	103,069	21,362	124,431	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	24,020	24,020	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	908	0	10,597	11,505	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	7,021	13,297	20,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,694	0	0	21,694	73.00
76.97	07697	CARDIAC REHABILITATION	0	16,692	2,031	18,723	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	113,807	219,509	20,773	354,089	88.00
91.00	09100	EMERGENCY	100	45,341	31,246	76,687	91.00
91.01	09101	PRIORITY CARE CARLYLE	34,681	14,763	20,767	70,211	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,070,626	1,685,711	1,053,896	3,810,233	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	277,734	89,282	367,016	192.00
194.00	07950	LIFELINE	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	194.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,070,626	1,963,445	1,143,178	4,177,249	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	3,035					5.01
5.02	00550	DATA PROCESSING	158	1,026,416				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	22	0	33,383			5.03
5.04	00570	ADMITTING	22	0	33	37,786		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,026,416	0	0	1,038,836	5.05
5.06	00590	ADMIN & GENERAL	342	0	277	0	0	5.06
7.00	00700	OPERATION OF PLANT	101	0	430	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4	0	2	0	0	8.00
9.00	00900	HOUSEKEEPING	31	0	18	0	0	9.00
10.00	01000	DIETARY	35	0	101	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	22	0	61	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	22	0	10,463	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	132	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	26	0	4	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	558	0	497	1,196	32,879	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	27	319	8,772	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	215	0	698	4,083	112,274	50.00
51.00	05100	RECOVERY ROOM	0	0	8	313	8,606	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	32	885	24,332	52.00
53.00	05300	ANESTHESIOLOGY	4	0	12	1,061	29,169	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96	0	731	4,265	117,291	54.00
57.00	05700	CT SCAN	0	0	228	4,674	128,536	57.00
58.00	05800	MRI	0	0	37	1,195	32,872	58.00
60.00	06000	LABORATORY	83	0	977	8,117	222,982	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	430	129	3,559	63.00
65.00	06500	RESPIRATORY THERAPY	48	0	1	359	9,867	65.00
66.00	06600	PHYSICAL THERAPY	162	0	103	1,808	49,732	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	134	450	12,370	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	18	485	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	10,775	964	26,502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,544	298	8,197	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,168	59,620	73.00
76.97	07697	CARDIAC REHABILITATION	18	0	16	88	2,409	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	377	0	2,874	3,012	82,831	88.00
91.00	09100	EMERGENCY	79	0	108	2,247	61,793	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	9	137	3,758	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,557	1,026,416	32,630	37,786	1,038,836	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	478	0	753	0	0	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	0	194.02
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)	3,035	1,026,416	33,383	37,786	1,038,836	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 9:10 am

Cost Center Description			ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL	574,883					5.06
7.00	00700	OPERATION OF PLANT	27,004	227,402				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,345	6,244	42,735			8.00
9.00	00900	HOUSEKEEPING	11,503	3,081	68	32,986		9.00
10.00	01000	DIETARY	2,703	5,249	5,086	0	51,748	10.00
11.00	01100	CAFETERIA	6,313	3,339	0	175	0	11.00
13.00	01300	NURSING ADMINISTRATION	14,765	1,048	0	350	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	11,553	1,663	0	787	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,965	2,046	0	350	0	16.00
17.00	01700	SOCIAL SERVICE	1,389	347	0	175	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	429	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,542	24,552	1,744	6,125	51,748	30.00
31.00	03100	INTENSIVE CARE UNIT	1,030	0	0	0	0	31.00
43.00	04300	NURSERY	7,716	1,501	10,406	350	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,009	29,225	4,548	3,325	0	50.00
51.00	05100	RECOVERY ROOM	1,196	1,144	0	525	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,263	5,008	6,110	350	0	52.00
53.00	05300	ANESTHESIOLOGY	6,261	302	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,221	7,271	132	1,750	0	54.00
57.00	05700	CT SCAN	10,016	713	0	175	0	57.00
58.00	05800	MRI	4,470	1,128	0	175	0	58.00
60.00	06000	LABORATORY	44,202	3,429	3,753	787	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	1,159	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	8,777	1,686	0	262	0	65.00
66.00	06600	PHYSICAL THERAPY	32,207	19,348	16	700	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,693	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	182	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	27,055	1,318	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,378	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,444	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	2,510	3,134	143	350	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	134,470	41,207	154	6,913	0	88.00
91.00	09100	EMERGENCY	23,316	8,512	8,593	2,450	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	2,271	2,771	0	437	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	548,357	175,266	40,753	26,511	51,748	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	26,325	52,136	1,982	6,475	0	192.00
194.00	07950	LIFELINE	62	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	139	0	0	0	0	194.02
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)	574,883	227,402	42,735	32,986	51,748	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 9:10 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	27,690					11.00
13.00	01300	NURSING ADMINISTRATION	1,311	31,225				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	840	1,791	0	46,447		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,543	0	0	0	38,304	16.00
17.00	01700	SOCIAL SERVICE	165	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,208	13,245	0	51	4,616	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	24	51	0	0	2,106	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,832	6,040	0	0	6,762	50.00
51.00	05100	RECOVERY ROOM	3	6	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	77	165	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	208	444	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,265	0	0	1	2,025	54.00
57.00	05700	CT SCAN	98	0	0	8	0	57.00
58.00	05800	MRI	163	0	0	0	0	58.00
60.00	06000	LABORATORY	2,865	0	0	0	11,659	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	973	0	0	0	891	65.00
66.00	06600	PHYSICAL THERAPY	3,280	0	0	0	6,317	66.00
69.00	06900	ELECTROCARDIOLOGY	57	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	311	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	35,551	0	73.00
76.97	07697	CARDIAC REHABILITATION	266	568	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,555	3,319	0	10,836	0	88.00
91.00	09100	EMERGENCY	1,998	4,263	0	0	1,984	91.00
91.01	09101	PRIORITY CARE CARLYLE	137	292	0	0	486	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,193	30,184	0	46,447	36,846	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	488	1,041	0	0	1,458	192.00
194.00	07950	LIFELINE	9	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	0	194.02
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)	27,690	31,225	0	46,447	38,304	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 9:10 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
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	5,028					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	476				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,765		384,639	0	384,639	30.00
31.00	03100	INTENSIVE CARE UNIT	0		1,030	0	1,030	31.00
43.00	04300	NURSERY	0		58,745	0	58,745	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	149		640,226	0	640,226	50.00
51.00	05100	RECOVERY ROOM	0		18,195	0	18,195	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		99,134	0	99,134	52.00
53.00	05300	ANESTHESIOLOGY	0		66,051	0	66,051	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		329,662	0	329,662	54.00
57.00	05700	CT SCAN	0		148,267	0	148,267	57.00
58.00	05800	MRI	0		47,721	0	47,721	58.00
60.00	06000	LABORATORY	0		379,377	0	379,377	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0		5,277	0	5,277	63.00
65.00	06500	RESPIRATORY THERAPY	0		54,923	0	54,923	65.00
66.00	06600	PHYSICAL THERAPY	0		238,690	0	238,690	66.00
69.00	06900	ELECTROCARDIOLOGY	0		38,733	0	38,733	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		12,204	0	12,204	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0		87,280	0	87,280	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		20,417	0	20,417	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		144,477	0	144,477	73.00
76.97	07697	CARDIAC REHABILITATION	0		28,276	0	28,276	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		641,882	0	641,882	88.00
91.00	09100	EMERGENCY	114		192,599	0	192,599	91.00
91.01	09101	PRIORITY CARE CARLYLE	0		80,541	0	80,541	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,028	0	3,718,346	0	3,718,346	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	0		458,215	0	458,215	192.00
194.00	07950	LIFELINE	0		73	0	73	194.00
194.01	07951	DEVELOPMENT	0		0	0	0	194.01
194.02	07952	VACANT SPACE	0		139	0	139	194.02
200.00		Cross Foot Adjustments		476	476	0	476	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,028	476	4,177,249	0	4,177,249	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0145

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		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (TIME SPENT)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	237,133					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		702,577				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	491	1,699	15,594,893			4.00
5.01	00540	NONPATIENT TELEPHONES	312	278	0	692		5.01
5.02	00550	DATA PROCESSING	2,548	123,895	80,830	36	10,000	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,562	1,951	95,412	5	0	5.03
5.04	00570	ADMITTING	3,933	3,045	482,086	5	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,500	0	0	0	10,000	5.05
5.06	00590	ADMIN & GENERAL	61,729	15,314	2,212,730	78	0	5.06
7.00	00700	OPERATION OF PLANT	16,756	37,464	388,752	23	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,017	541	0	1	0	8.00
9.00	00900	HOUSEKEEPING	1,982	1,036	429,543	7	0	9.00
10.00	01000	DIETARY	3,377	6,506	61,027	8	0	10.00
11.00	01100	CAFETERIA	2,148	0	177,643	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	674	3,349	772,118	5	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,070	6,312	450,958	5	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,316	8,766	248,929	30	0	16.00
17.00	01700	SOCIAL SERVICE	223	645	61,902	6	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	107,075	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,796	44,007	1,330,163	127	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	966	11,867	379,976	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,802	139,794	1,263,390	49	0	50.00
51.00	05100	RECOVERY ROOM	736	175	34,600	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,222	8,455	1,088,930	0	0	52.00
53.00	05300	ANESTHESIOLOGY	194	16,584	158	1	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,678	76,479	1,001,223	22	0	54.00
57.00	05700	CT SCAN	459	0	44,193	0	0	57.00
58.00	05800	MRI	726	1,008	67,555	0	0	58.00
60.00	06000	LABORATORY	2,206	35,901	1,051,868	19	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,085	14,078	383,742	11	0	65.00
66.00	06600	PHYSICAL THERAPY	12,448	13,129	1,338,559	37	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	14,762	21,281	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,513	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	848	8,172	85,269	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
76.97	07697	CARDIAC REHABILITATION	2,016	1,248	116,640	4	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	26,511	12,767	559,464	86	0	88.00
91.00	09100	EMERGENCY	5,476	19,203	1,037,854	18	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	1,783	12,763	74,158	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	203,590	647,706	15,448,028	583	10,000	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	33,543	54,871	143,370	109	0	192.00
194.00	07950	LIFELINE	0	0	3,495	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	0	194.02
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)	1,963,445	1,143,178	4,554,100	148,349	3,528,713	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.279932	1.627121	0.292025	214.377168	352.871300	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			6,829	3,035	1,026,416	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000438	4.385838	102.641600	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: 14-0145

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:10 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY EXP)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,128,760					5.03
5.04	00570	ADMITTING	5,091	131,173,280				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	131,173,280			5.05
5.06	00590	ADMIN & GENERAL	42,535	0	0	-6,561,281	41,944,376	5.06
7.00	00700	OPERATION OF PLANT	66,017	0	0	0	1,970,232	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	273	0	0	0	171,076	8.00
9.00	00900	HOUSEKEEPING	2,707	0	0	0	839,242	9.00
10.00	01000	DIETARY	15,468	0	0	0	197,207	10.00
11.00	01100	CAFETERIA	0	0	0	0	460,578	11.00
13.00	01300	NURSING ADMINISTRATION	9,358	0	0	0	1,077,276	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,607,486	0	0	0	842,926	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	654,113	16.00
17.00	01700	SOCIAL SERVICE	548	0	0	0	101,354	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	31,269	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,393	4,151,406	4,151,406	0	2,228,387	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	75,154	31.00
43.00	04300	NURSERY	4,219	1,107,576	1,107,576	0	562,956	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	107,187	14,176,048	14,176,048	0	2,700,218	50.00
51.00	05100	RECOVERY ROOM	1,165	1,086,679	1,086,679	0	87,229	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,925	3,072,220	3,072,220	0	1,551,366	52.00
53.00	05300	ANESTHESIOLOGY	1,786	3,682,917	3,682,917	0	456,805	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	112,322	14,809,513	14,809,513	0	2,204,976	54.00
57.00	05700	CT SCAN	35,055	16,229,244	16,229,244	0	730,749	57.00
58.00	05800	MRI	5,653	4,150,492	4,150,492	0	326,106	58.00
60.00	06000	LABORATORY	150,046	28,161,591	28,161,591	0	3,225,030	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	66,060	449,416	449,416	0	84,559	63.00
65.00	06500	RESPIRATORY THERAPY	209	1,245,812	1,245,812	0	640,410	65.00
66.00	06600	PHYSICAL THERAPY	15,895	6,279,242	6,279,242	0	2,349,811	66.00
69.00	06900	ELECTROCARDIOLOGY	20,571	1,561,806	1,561,806	0	123,525	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	61,215	61,215	0	13,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,655,589	3,346,151	3,346,151	0	1,973,929	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	544,505	1,034,972	1,034,972	0	611,234	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,527,749	7,527,749	0	1,856,410	73.00
76.97	07697	CARDIAC REHABILITATION	2,459	304,223	304,223	0	183,128	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	441,470	10,458,471	10,458,471	0	9,811,604	88.00
91.00	09100	EMERGENCY	16,656	7,802,087	7,802,087	0	1,701,133	91.00
91.01	09101	PRIORITY CARE CARLYLE	1,443	474,450	474,450	0	165,730	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,013,091	131,173,280	131,173,280	-6,561,281	40,009,006	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	115,669	0	0	0	1,920,720	192.00
194.00	07950	LIFELINE	0	0	0	0	4,516	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	10,134	194.02
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)	315,359	672,328	3,541,644		6,561,281	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.061488	0.005125	0.027000		0.156428	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	33,383	37,786	1,038,836		574,883	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006509	0.000288	0.007920		0.013706	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: 14-0145

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:10 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERV ED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	146,302				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,017	201,100			8.00
9.00	00900	HOUSEKEEPING	1,982	321	9,425		9.00
10.00	01000	DIETARY	3,377	23,934	0	10,000	10.00
11.00	01100	CAFETERIA	2,148	0	50	0	11.00
13.00	01300	NURSING ADMINISTRATION	674	0	100	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	1,070	0	225	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,316	0	100	0	16.00
17.00	01700	SOCIAL SERVICE	223	0	50	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,796	8,206	1,750	10,000	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
43.00	04300	NURSERY	966	48,961	100	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,802	21,404	950	0	50.00
51.00	05100	RECOVERY ROOM	736	0	150	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,222	28,754	100	0	52.00
53.00	05300	ANESTHESIOLOGY	194	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,678	623	500	0	54.00
57.00	05700	CT SCAN	459	0	50	0	57.00
58.00	05800	MRI	726	0	50	0	58.00
60.00	06000	LABORATORY	2,206	17,660	225	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,085	0	75	0	65.00
66.00	06600	PHYSICAL THERAPY	12,448	77	200	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	848	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
76.97	07697	CARDIAC REHABILITATION	2,016	672	100	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	26,511	725	1,975	0	88.00
91.00	09100	EMERGENCY	5,476	40,438	700	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	1,783	0	125	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	112,759	191,775	7,575	10,000	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS PRIVATE OFFICES	33,543	9,325	1,850	0	192.00
194.00	07950	LIFELINE	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,278,431	260,396	1,001,806	311,639	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.573478	1.294858	106.292414	31.163900	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	227,402	42,735	32,986	51,748	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.554333	0.212506	3.499841	5.174800	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: 14-0145

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:10 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	201,582					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0				14.00
15.00	01500	PHARMACY	11,561	0	2,049,014			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	946		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	708	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,511	0	2,265	114	671	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	332	0	8	52	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,994	0	2	167	21	50.00
51.00	05100	RECOVERY ROOM	38	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,062	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,865	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	46	50	0	54.00
57.00	05700	CT SCAN	0	0	348	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	288	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	22	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	156	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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	1,568,288	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	3,664	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	21,426	0	478,050	0	0	88.00
91.00	09100	EMERGENCY	27,521	0	7	49	16	91.00
91.01	09101	PRIORITY CARE CARLYLE	1,886	0	0	12	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	194,860	0	2,049,014	910	708	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	6,722	0	0	36	0	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	0	194.02
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)	1,293,967	0	1,106,900	819,407	129,394	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.419060	0.000000	0.540211	866.180761	182.759887	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	31,225	0	46,447	38,304	5,028	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.154900	0.000000	0.022668	40.490486	7.101695	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: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet B-1
Date/Time Prepared:
11/26/2019 9:10 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	ADMIN & GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
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
		10,000	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
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 & TRA	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
91.00	09100	EMERGENCY	91.00
91.01	09101	PRIORITY CARE CARLYLE	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
		10,000	
NONREIMBURSABLE COST CENTERS			
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
194.00	07950	LIFELINE	194.00
194.01	07951	DEVELOPMENT	194.01
194.02	07952	VACANT SPACE	194.02
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
		36,160	
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
		476	
205.00		Unit cost multiplier (Wkst. B, Part II)	205.00
		0.047600	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 9:10 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,230,854		4,230,854	0	4,230,854	30.00
31.00	03100	INTENSIVE CARE UNIT	86,910		86,910	0	86,910	31.00
43.00	04300	NURSERY	787,763		787,763	438	788,201	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,037,499		4,037,499	0	4,037,499	50.00
51.00	05100	RECOVERY ROOM	128,586		128,586	0	128,586	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,900,488		1,900,488	0	1,900,488	52.00
53.00	05300	ANESTHESIOLOGY	553,974		553,974	0	553,974	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,766,779		2,766,779	0	2,766,779	54.00
57.00	05700	CT SCAN	859,736		859,736	0	859,736	57.00
58.00	05800	MRI	397,105		397,105	0	397,105	58.00
60.00	06000	LABORATORY	4,119,228		4,119,228	0	4,119,228	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	97,786		97,786	0	97,786	63.00
65.00	06500	RESPIRATORY THERAPY	804,582	0	804,582	0	804,582	65.00
66.00	06600	PHYSICAL THERAPY	3,135,413	0	3,135,413	12,312	3,147,725	66.00
69.00	06900	ELECTROCARDIOLOGY	144,032		144,032	0	144,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,642		15,642	0	15,642	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,302,332		2,302,332	0	2,302,332	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	706,848		706,848	0	706,848	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,994,011		2,994,011	0	2,994,011	73.00
76.97	07697	CARDIAC REHABILITATION	283,673		283,673	0	283,673	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	12,398,034		12,398,034	0	12,398,034	88.00
91.00	09100	EMERGENCY	2,442,542		2,442,542	0	2,442,542	91.00
91.01	09101	PRIORITY CARE CARLYLE	258,046		258,046	0	258,046	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	373,154		373,154		373,154	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	45,825,017	0	45,825,017	12,750	45,837,767	200.00
201.00		Less Observation Beds	373,154		373,154		373,154	201.00
202.00		Total (see instructions)	45,451,863	0	45,451,863	12,750	45,464,613	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 9:10 am

			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	3,661,745		3,661,745		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
43.00	04300	NURSERY	1,107,576		1,107,576		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,229,333	12,946,715	14,176,048	0.284811	50.00
51.00	05100	RECOVERY ROOM	141,054	945,625	1,086,679	0.118329	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,642,733	429,487	3,072,220	0.618604	52.00
53.00	05300	ANESTHESIOLOGY	1,214,845	2,468,072	3,682,917	0.150417	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,087,410	13,722,103	14,809,513	0.186824	54.00
57.00	05700	CT SCAN	2,170,653	14,058,591	16,229,244	0.052974	57.00
58.00	05800	MRI	182,118	3,968,374	4,150,492	0.095677	58.00
60.00	06000	LABORATORY	3,722,569	24,439,022	28,161,591	0.146271	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	186,289	263,127	449,416	0.217585	63.00
65.00	06500	RESPIRATORY THERAPY	710,088	535,724	1,245,812	0.645829	65.00
66.00	06600	PHYSICAL THERAPY	288,079	5,991,163	6,279,242	0.499330	66.00
69.00	06900	ELECTROCARDIOLOGY	208,599	1,353,207	1,561,806	0.092221	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	61,215	61,215	0.255526	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,457,560	1,888,591	3,346,151	0.688054	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	417,802	617,170	1,034,972	0.682963	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,103,144	5,424,605	7,527,749	0.397730	73.00
76.97	07697	CARDIAC REHABILITATION	0	304,223	304,223	0.932451	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	10,458,471	10,458,471		88.00
91.00	09100	EMERGENCY	1,132,482	6,669,605	7,802,087	0.313063	91.00
91.01	09101	PRIORITY CARE CARLYLE	403	474,047	474,450	0.543884	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	64,241	425,420	489,661	0.762066	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	23,728,723	107,444,557	131,173,280		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	23,728,723	107,444,557	131,173,280		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 9:10 am

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
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.284811		50.00
51.00	05100	RECOVERY ROOM	0.118329		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.618604		52.00
53.00	05300	ANESTHESIOLOGY	0.150417		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186824		54.00
57.00	05700	CT SCAN	0.052974		57.00
58.00	05800	MRI	0.095677		58.00
60.00	06000	LABORATORY	0.146271		60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.217585		63.00
65.00	06500	RESPIRATORY THERAPY	0.645829		65.00
66.00	06600	PHYSICAL THERAPY	0.501291		66.00
69.00	06900	ELECTROCARDIOLOGY	0.092221		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255526		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.688054		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.682963		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.397730		73.00
76.97	07697	CARDIAC REHABILITATION	0.932451		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
91.00	09100	EMERGENCY	0.313063		91.00
91.01	09101	PRIORITY CARE CARLYLE	0.543884		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.762066		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 9:10 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE		Total Costs
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,230,854		4,230,854	0	4,230,854	30.00
31.00	03100	INTENSIVE CARE UNIT	86,910		86,910	0	86,910	31.00
43.00	04300	NURSERY	787,763		787,763	438	788,201	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,037,499		4,037,499	0	4,037,499	50.00
51.00	05100	RECOVERY ROOM	128,586		128,586	0	128,586	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,900,488		1,900,488	0	1,900,488	52.00
53.00	05300	ANESTHESIOLOGY	553,974		553,974	0	553,974	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,766,779		2,766,779	0	2,766,779	54.00
57.00	05700	CT SCAN	859,736		859,736	0	859,736	57.00
58.00	05800	MRI	397,105		397,105	0	397,105	58.00
60.00	06000	LABORATORY	4,119,228		4,119,228	0	4,119,228	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	97,786		97,786	0	97,786	63.00
65.00	06500	RESPIRATORY THERAPY	804,582	0	804,582	0	804,582	65.00
66.00	06600	PHYSICAL THERAPY	3,135,413	0	3,135,413	12,312	3,147,725	66.00
69.00	06900	ELECTROCARDIOLOGY	144,032		144,032	0	144,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,642		15,642	0	15,642	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,302,332		2,302,332	0	2,302,332	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	706,848		706,848	0	706,848	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,994,011		2,994,011	0	2,994,011	73.00
76.97	07697	CARDIAC REHABILITATION	283,673		283,673	0	283,673	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	12,398,034		12,398,034	0	12,398,034	88.00
91.00	09100	EMERGENCY	2,442,542		2,442,542	0	2,442,542	91.00
91.01	09101	PRIORITY CARE CARLYLE	258,046		258,046	0	258,046	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	373,154		373,154		373,154	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	45,825,017	0	45,825,017	12,750	45,837,767	200.00
201.00		Less Observation Beds	373,154		373,154		373,154	201.00
202.00		Total (see instructions)	45,451,863	0	45,451,863	12,750	45,464,613	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 9:10 am

			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			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,661,745		3,661,745			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
43.00	04300	NURSERY	1,107,576		1,107,576			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,229,333	12,946,715	14,176,048	0.284811	0.000000	50.00
51.00	05100	RECOVERY ROOM	141,054	945,625	1,086,679	0.118329	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,642,733	429,487	3,072,220	0.618604	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,214,845	2,468,072	3,682,917	0.150417	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,087,410	13,722,103	14,809,513	0.186824	0.000000	54.00
57.00	05700	CT SCAN	2,170,653	14,058,591	16,229,244	0.052974	0.000000	57.00
58.00	05800	MRI	182,118	3,968,374	4,150,492	0.095677	0.000000	58.00
60.00	06000	LABORATORY	3,722,569	24,439,022	28,161,591	0.146271	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	186,289	263,127	449,416	0.217585	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	710,088	535,724	1,245,812	0.645829	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	288,079	5,991,163	6,279,242	0.499330	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	208,599	1,353,207	1,561,806	0.092221	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	61,215	61,215	0.255526	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,457,560	1,888,591	3,346,151	0.688054	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	417,802	617,170	1,034,972	0.682963	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,103,144	5,424,605	7,527,749	0.397730	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	304,223	304,223	0.932451	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	10,458,471	10,458,471	1.185454	0.000000	88.00
91.00	09100	EMERGENCY	1,132,482	6,669,605	7,802,087	0.313063	0.000000	91.00
91.01	09101	PRIORITY CARE CARLYLE	403	474,047	474,450	0.543884	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	64,241	425,420	489,661	0.762066	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	23,728,723	107,444,557	131,173,280			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	23,728,723	107,444,557	131,173,280			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 9:10 am

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
43.00	04300	NURSERY			43.00
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 & TRA	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	PRIORITY CARE CARLYLE	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/26/2019 9:10 am

			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	384,639	0	384,639	3,957	97.20	30.00
31.00	INTENSIVE CARE UNIT	1,030		1,030	0	0.00	31.00
43.00	NURSERY	58,745		58,745	1,206	48.71	43.00
200.00	Total (lines 30 through 199)	444,414		444,414	5,163		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	1,673	162,616				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	1,673	162,616				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/26/2019 9:10 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	640,226	14,176,048	0.045163	613,865	27,724	50.00
51.00	05100 RECOVERY ROOM	18,195	1,086,679	0.016744	72,322	1,211	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	99,134	3,072,220	0.032268	6,181	199	52.00
53.00	05300 ANESTHESIOLOGY	66,051	3,682,917	0.017934	116,837	2,095	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	329,662	14,809,513	0.022260	716,567	15,951	54.00
57.00	05700 CT SCAN	148,267	16,229,244	0.009136	1,453,202	13,276	57.00
58.00	05800 MRI	47,721	4,150,492	0.011498	143,268	1,647	58.00
60.00	06000 LABORATORY	379,377	28,161,591	0.013471	2,034,872	27,412	60.00
63.00	06300 BLOOD STORING PROCESSING & TRA	5,277	449,416	0.011742	33,480	393	63.00
65.00	06500 RESPIRATORY THERAPY	54,923	1,245,812	0.044086	383,831	16,922	65.00
66.00	06600 PHYSICAL THERAPY	238,690	6,279,242	0.038013	155,936	5,928	66.00
69.00	06900 ELECTROCARDIOLOGY	38,733	1,561,806	0.024800	153,494	3,807	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	12,204	61,215	0.199363	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	87,280	3,346,151	0.026084	807,528	21,064	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	20,417	1,034,972	0.019727	281,927	5,562	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	144,477	7,527,749	0.019193	952,899	18,289	73.00
76.97	07697 CARDIAC REHABILITATION	28,276	304,223	0.092945	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	641,882	10,458,471	0.061374	0	0	88.00
91.00	09100 EMERGENCY	192,599	7,802,087	0.024686	729,757	18,015	91.00
91.01	09101 PRIORITY CARE CARLYLE	80,541	474,450	0.169757	265	45	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	33,925	489,661	0.069283	29,195	2,023	92.00
200.00	Total (lines 50 through 199)	3,307,857	126,403,959		8,685,426	181,563	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0145		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/26/2019 9:10 am		
					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	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
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	3,957	0.00	1,673		30.00	
31.00	03100	INTENSIVE CARE UNIT			0	0	0.00	0		31.00	
43.00	04300	NURSERY			0	1,206	0.00	0		43.00	
200.00		Total (lines 30 through 199)			0	5,163		1,673		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	
43.00	04300	NURSERY		0						43.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0145		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 9:10 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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 & TRA	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
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 PAT	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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 9:10 am

Cost Center Description			Title XVIII		Hospital	PPS		
			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	14,176,048	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,086,679	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,072,220	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,682,917	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	14,809,513	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	16,229,244	0.000000	57.00
58.00	05800	MRI	0	0	0	4,150,492	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	28,161,591	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	449,416	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,245,812	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,279,242	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,561,806	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	61,215	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	3,346,151	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,034,972	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,527,749	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	304,223	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	10,458,471	0.000000	88.00
91.00	09100	EMERGENCY	0	0	0	7,802,087	0.000000	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	0	474,450	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	489,661	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	126,403,959		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0145

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

Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 9:10 am

Cost Center Description			Title XVIII			Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	613,865	0	3,602,825	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	72,322	0	233,359	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	6,181	0	188	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	116,837	0	609,227	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	716,567	0	4,170,959	0	54.00	
57.00	05700	CT SCAN	0.000000	1,453,202	0	5,315,635	0	57.00	
58.00	05800	MRI	0.000000	143,268	0	1,175,899	0	58.00	
60.00	06000	LABORATORY	0.000000	2,034,872	0	2,628,934	0	60.00	
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	33,480	0	30,272	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	383,831	0	186,310	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	155,936	0	897,447	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	153,494	0	565,906	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	14,176	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	807,528	0	460,844	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	281,927	0	155,699	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	952,899	0	2,868,886	0	73.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	179,806	0	76.97	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
91.00	09100	EMERGENCY	0.000000	729,757	0	1,813,117	0	91.00	
91.01	09101	PRIORITY CARE CARLYLE	0.000000	265	0	38,839	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	29,195	0	210,163	0	92.00	
200.00		Total (lines 50 through 199)		8,685,426	0	25,158,491	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/26/2019 9:10 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.284811	3,602,825	0	0	1,026,124	50.00	
51.00	05100	RECOVERY ROOM	0.118329	233,359	0	0	27,613	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.618604	188	0	0	116	52.00	
53.00	05300	ANESTHESIOLOGY	0.150417	609,227	0	0	91,638	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186824	4,170,959	0	0	779,235	54.00	
57.00	05700	CT SCAN	0.052974	5,315,635	0	0	281,590	57.00	
58.00	05800	MRI	0.095677	1,175,899	0	0	112,506	58.00	
60.00	06000	LABORATORY	0.146271	2,628,934	0	0	384,537	60.00	
63.00	06300	BLOOD STORING PROCESSING & TRA	0.217585	30,272	0	0	6,587	63.00	
65.00	06500	RESPIRATORY THERAPY	0.645829	186,310	0	0	120,324	65.00	
66.00	06600	PHYSICAL THERAPY	0.499330	897,447	0	0	448,122	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.092221	565,906	0	0	52,188	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255526	14,176	0	0	3,622	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.688054	460,844	0	0	317,086	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.682963	155,699	0	0	106,337	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.397730	2,868,886	0	4,973	1,141,042	73.00	
76.97	07697	CARDIAC REHABILITATION	0.932451	179,806	0	0	167,660	76.97	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00	
91.00	09100	EMERGENCY	0.313063	1,813,117	0	0	567,620	91.00	
91.01	09101	PRIORITY CARE CARLYLE	0.543884	38,839	0	0	21,124	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.762066	210,163	0	0	160,158	92.00	
200.00		Subtotal (see instructions)		25,158,491	0	4,973	5,815,229	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		25,158,491	0	4,973	5,815,229	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/26/2019 9:10 am

				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 & TRA	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,978		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
200.00		Subtotal (see instructions)	0	1,978		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	1,978		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0145

Period:

Worksheet D

Component CCN: 14-U145

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/26/2019 9:10 am

			Title XVIII		Swing Beds - SNF		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	0.284811	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.118329	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.618604	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.150417	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186824	0	0	0	0	54.00
57.00	05700	CT SCAN	0.052974	0	0	0	0	57.00
58.00	05800	MRI	0.095677	0	0	0	0	58.00
60.00	06000	LABORATORY	0.146271	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.217585	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.645829	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.499330	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.092221	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255526	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.688054	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.682963	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.397730	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.932451	0	0	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
91.00	09100	EMERGENCY	0.313063	0	0	0	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	0.543884	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.762066	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
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: 14-0145

Period:

Worksheet D

Component CCN: 14-U145

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/26/2019 9:10 am

				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 & TRA	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
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: 14-0145	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 9:10 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,990	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,957	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)		3,608	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)		33	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,673	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)		4,230,854	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,230,854	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,230,854	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)		1,069.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,788,788	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)		1,788,788	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0145

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 9:10 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	86,910	0	0.00	0	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,452,513
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,241,301
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					162,616
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					181,563
52.00	Total Program excludable cost (sum of lines 50 and 51)					344,179
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,897,122
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)					349
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,069.21
89.00	Observation bed cost (line 87 x line 88) (see instructions)					373,154

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0145

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 9:10 am

		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	384,639	4,230,854	0.090913	373,154	33,925	90.00
91.00 Nursing School cost	0	4,230,854	0.000000	373,154	0	91.00
92.00 Allied health cost	0	4,230,854	0.000000	373,154	0	92.00
93.00 All other Medical Education	0	4,230,854	0.000000	373,154	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0145	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 9:10 am	
			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		1,615,194		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.284811	613,865	174,836	50.00
51.00	05100	RECOVERY ROOM	0.118329	72,322	8,558	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.618604	6,181	3,824	52.00
53.00	05300	ANESTHESIOLOGY	0.150417	116,837	17,574	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186824	716,567	133,872	54.00
57.00	05700	CT SCAN	0.052974	1,453,202	76,982	57.00
58.00	05800	MRI	0.095677	143,268	13,707	58.00
60.00	06000	LABORATORY	0.146271	2,034,872	297,643	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.217585	33,480	7,285	63.00
65.00	06500	RESPIRATORY THERAPY	0.645829	383,831	247,889	65.00
66.00	06600	PHYSICAL THERAPY	0.501291	155,936	78,169	66.00
69.00	06900	ELECTROCARDIOLOGY	0.092221	153,494	14,155	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255526	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.688054	807,528	555,623	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.682963	281,927	192,546	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.397730	952,899	378,997	73.00
76.97	07697	CARDIAC REHABILITATION	0.932451	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	09100	EMERGENCY	0.313063	729,757	228,460	91.00
91.01	09101	PRIORITY CARE CARLYLE	0.543884	265	144	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.762066	29,195	22,249	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		8,685,426	2,452,513	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)		8,685,426		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0145	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 9:10 am
		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)		857,632	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,572,895	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)		3,327	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)		46.53	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)		1.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.07	31.00
32.00	Sum of lines 30 and 31		22.07	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.42	33.00
34.00	Disproportionate share adjustment (see instructions)		63,636	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0145	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 9:10 am	
		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)		0.000040634	0.000058144	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		274,955	481,017	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		69,304	359,774	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		429,078		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		3,926,568		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			3,926,568	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			277,750	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)			4,204,318	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			4,204,318	61.00
62.00	Deductibles billed to program beneficiaries			543,768	62.00
63.00	Coinsurance billed to program beneficiaries			0	63.00
64.00	Allowable bad debts (see instructions)			32,247	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			20,961	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			28,941	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			3,681,511	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)			44,667	70.93
70.94	HRR adjustment amount (see instructions)			-682	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/26/2019 9:10 am

		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	203,346	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	616,240	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)		4,545,082	71.00	
71.01	Sequestration adjustment (see instructions)		90,902	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		4,569,138	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)		-114,958	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		511,234	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: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 9:10 am

		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
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	857,632	0	857,632		857,632
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,572,895	0		2,572,895	2,572,895
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	3,327	0	832	2,495	3,327
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
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	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
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	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0742	0.0742	0.0742	0.0742	
11.00	Disproportionate share adjustment (see instructions)	34.00	63,636	0	15,909	47,727	63,636
11.01	Uncompensated care payments	36.00	429,078	0	69,304	359,774	429,078
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	3,926,568	0	943,677	2,982,891	3,926,568
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	3,926,568	0	943,677	2,982,891	3,926,568
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	277,750	0	69,438	208,312	277,750
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 9:10 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	1,013,115	3,191,203	4,204,318
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	277,190	0	69,298	207,892	277,190
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	560	0	140	420	560
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	
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	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	277,750	0	69,438	208,312	277,750
		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				0.200714	0.193106	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			203,346		203,346
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				616,240	616,240
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/26/2019 9:10 am

		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	857,632	857,632		857,632	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,572,895		2,572,895	2,572,895	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	3,327	0	3,327	3,327	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	0.0742	0.0742	0.0742		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	63,636	15,909	47,727	63,636	11.00
11.01	Uncompensated care payments	36.00	429,078	69,304	359,774	429,078	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	3,926,568	942,845	2,983,723	3,926,568	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	3,926,568	942,845	2,983,723	3,926,568	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	277,750	0	277,750	277,750	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			942,845	3,261,473	4,204,318	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/26/2019 9:10 am

		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	277,190	0	277,190	277,190	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	560	0	560	560	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	277,750	0	277,750	277,750	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	203,346	203,346		203,346	28.00
29.00	Low volume adjustment on or after October 1	70.97	616,240		616,240	616,240	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	44,667	0	44,667	44,667	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	-682	0	-682	-682	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0145	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 9:10 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,978	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,815,229	2.00
3.00	OPPS payments		4,503,858	3.00
4.00	Outlier payment (see instructions)		2,150	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,978	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		4,973	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)		4,973	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		4,973	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,995	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)		1,978	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)		4,506,008	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)		905,845	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)		3,602,141	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)		3,602,141	30.00
31.00	Primary payer payments		25	31.00
32.00	Subtotal (line 30 minus line 31)		3,602,116	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)		33,929	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		22,054	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		20,805	36.00
37.00	Subtotal (see instructions)		3,624,170	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,624,170	40.00
40.01	Sequestration adjustment (see instructions)		72,483	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		3,560,586	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-8,899	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: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/26/2019 9:10 am

		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		4,553,272		3,560,586	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	03/11/2019	15,866		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)		15,866		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)		4,569,138		3,560,586	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		114,958		8,899	6.02
7.00	Total Medicare program liability (see instructions)		4,454,180		3,551,687	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: 14-0145

Period:

Worksheet E-1

Component CCN: 14-U145

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 9:10 am

		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		0		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)		0		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)		0		0		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/26/2019 9:10 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

		Provider CCN: 14-0145	Period: From 07/01/2018 To 06/30/2019	Worksheet E-2	
		Component CCN: 14-U145		Date/Time Prepared: 11/26/2019 9:10 am	
		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)		0	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, Part V, cols. 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		0	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)		0	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		0	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)		0	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		0	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)		0	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)		0	0	19.00
19.01	Sequestration adjustment (see instructions)		0	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	0	19.02
20.00	Interim payments		0	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))				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)				208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
Comparision 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

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

Provider CCN: 14-0145

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

Worksheet G

Date/Time Prepared:

11/26/2019 9:10 am

	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	632,842	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	-8,630	0	0	0	3.00
4.00 Accounts receivable	26,400,996	0	0	0	4.00
5.00 Other receivable	1,222,229	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-15,796,478	0	0	0	6.00
7.00 Inventory	644,072	0	0	0	7.00
8.00 Prepaid expenses	136,511	0	0	0	8.00
9.00 Other current assets	3,512,094	0	0	0	9.00
10.00 Due from other funds	35,000	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	16,778,636	0	0	0	11.00
FIXED ASSETS					
12.00 Land	1,704,211	0	0	0	12.00
13.00 Land improvements	4,719,471	0	0	0	13.00
14.00 Accumulated depreciation	-3,174,246	0	0	0	14.00
15.00 Buildings	28,826,018	0	0	0	15.00
16.00 Accumulated depreciation	-12,882,483	0	0	0	16.00
17.00 Leasehold improvements	267,301	0	0	0	17.00
18.00 Accumulated depreciation	-231,616	0	0	0	18.00
19.00 Fixed equipment	14,661,087	0	0	0	19.00
20.00 Accumulated depreciation	-12,400,186	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	26,119,173	0	0	0	23.00
24.00 Accumulated depreciation	-21,107,269	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	26,501,461	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	131,951,091	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	5,645,387	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	137,596,478	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	180,876,575	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	1,028,895	0	0	0	37.00
38.00 Salaries, wages, and fees payable	1,871,155	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	3,512,094	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	961,150	0	0	0	43.00
44.00 Other current liabilities	4,064,836	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	11,438,130	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	12,613,875	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	11,704,054	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	24,317,929	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	35,756,059	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	145,120,516				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	145,120,516	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	180,876,575	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0145

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

Worksheet G-1

Date/Time Prepared:
11/26/2019 9:10 am

		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		143,565,286		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		2,628,440				2.00
3.00	Total (sum of line 1 and line 2)		146,193,726		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)		146,193,726		0		11.00
12.00	NET TRANSFER	1,073,210		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1,073,210		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		145,120,516		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	NET TRANSFER		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: 14-0145

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2019 9:10 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	4,876,727		4,876,727	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	4,876,727		4,876,727	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,876,727		4,876,727	17.00
18.00	Ancillary services	18,226,622	91,771,088	109,997,710	18.00
19.00	Outpatient services	1,210,245	7,720,137	8,930,382	19.00
20.00	RURAL HEALTH CLINIC	0	10,458,471	10,458,471	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFEES	1,511,222	3,710,987	5,222,209	27.00
27.01	LIFELINE	0	25,035	25,035	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	25,824,816	113,685,718	139,510,534	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		56,778,272		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		56,778,272		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0145

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

Worksheet G-3

Date/Time Prepared:
11/26/2019 9:10 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	139,510,534	1.00
2.00	Less contractual allowances and discounts on patients' accounts	81,944,958	2.00
3.00	Net patient revenues (line 1 minus line 2)	57,565,576	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	56,778,272	4.00
5.00	Net income from service to patients (line 3 minus line 4)	787,304	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	43,771	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	745	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	4,764	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	401,008	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	1,390,848	24.00
25.00	Total other income (sum of lines 6-24)	1,841,136	25.00
26.00	Total (line 5 plus line 25)	2,628,440	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,628,440	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0145	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/26/2019 9:10 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		277,190	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		560	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)		10.66	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)		277,750	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: 14-0145

Period:

Worksheet M-1

Component CCN: 14-8503

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:10 am

		RHC I		Cost		
	Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassificati ons	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	0	2,760,438	2,760,438	-24,215	2,736,223 1.00
2.00	Physician Assistant	0	0	0	0	0 2.00
3.00	Nurse Practitioner	69,946	1,261,170	1,331,116	0	1,331,116 3.00
4.00	Visiting Nurse	0	0	0	0	0 4.00
5.00	Other Nurse	12,687	535,406	548,093	0	548,093 5.00
6.00	Clinical Psychologist	0	0	0	0	0 6.00
7.00	Clinical Social Worker	0	0	0	0	0 7.00
8.00	Laboratory Technician	0	0	0	0	0 8.00
9.00	Other Facility Health Care Staff Costs	0	33,590	33,590	0	33,590 9.00
10.00	Subtotal (sum of lines 1 through 9)	82,633	4,590,604	4,673,237	-24,215	4,649,022 10.00
11.00	Physician Services Under Agreement	0	0	0	0	0 11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0 12.00
13.00	Other Costs Under Agreement	0	0	0	0	0 13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0 14.00
15.00	Medical Supplies	0	58,976	58,976	0	58,976 15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0 16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0 17.00
18.00	Professional Liability Insurance	0	0	0	0	0 18.00
19.00	Other Health Care Costs	0	476,600	476,600	0	476,600 19.00
20.00	Allowable GME Costs	0	0	0	0	0 20.00
21.00	Subtotal (sum of lines 15 through 20)	0	535,576	535,576	0	535,576 21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	82,633	5,126,180	5,208,813	-24,215	5,184,598 22.00
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	0	0	0	0 23.00
24.00	Dental	0	0	0	0	0 24.00
25.00	Optometry	0	0	0	0	0 25.00
25.01	Telehealth	0	0	0	0	0 25.01
25.02	Chronic Care Management	0	0	0	0	0 25.02
26.00	All other nonreimbursable costs	0	0	0	0	0 26.00
27.00	Nonallowable GME costs	0	0	0	0	0 27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0 28.00
FACILITY OVERHEAD						
29.00	Facility Costs	0	226,419	226,419	-26,753	199,666 29.00
30.00	Administrative Costs	476,831	2,237,252	2,714,083	193,380	2,907,463 30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	476,831	2,463,671	2,940,502	166,627	3,107,129 31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	559,464	7,589,851	8,149,315	142,412	8,291,727 32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0145

Period:

Worksheet M-1

Component CCN: 14-8503

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:10 am

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC I	Cost
		6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS					
1.00	Physician	0	2,736,223		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	1,331,116		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	548,093		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	33,590		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	4,649,022		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	58,976		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	0		18.00
19.00	Other Health Care Costs	0	476,600		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	535,576		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	5,184,598		22.00
COSTS OTHER THAN RHC/FQHC SERVICES					
23.00	Pharmacy	0	0		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				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
FACILITY OVERHEAD					
29.00	Facility Costs	0	199,666		29.00
30.00	Administrative Costs	734,658	3,642,121		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	734,658	3,841,787		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	734,658	9,026,385		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0145

Period:

Worksheet M-2

Component CCN: 14-8503

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:10 am

				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	7.57	32,542	4,200	31,794		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	7.53	20,798	2,100	15,813		3.00
4.00	Subtotal (sum of lines 1 through 3)	15.10	53,340		47,607	53,340	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	15.10	53,340			53,340	8.00
9.00	Physician Services Under Agreements		0			0	9.00
							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)					5,184,598	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					5,184,598	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					3,841,787	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					3,371,649	15.00
16.00	Total overhead (sum of lines 14 and 15)					7,213,436	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					7,213,436	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					7,213,436	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					12,398,034	20.00

Health Financial Systems		ST. JOSEPHS HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0145	Period: From 07/01/2018 To 06/30/2019	Worksheet M-3	
		Component CCN: 14-8503		Date/Time Prepared: 11/26/2019 9:10 am	
		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)			12,398,034	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			734,344	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			11,663,690	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			53,340	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)			53,340	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			218.67	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)		83.45	84.70	8.00
9.00	Rate for Program covered visits (see instructions)		218.67	218.67	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		5,607	5,608	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		1,226,083	1,226,301	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	2,452,384	16.00
16.01	Total program charges (see instructions)(from contractor's records)			2,126,786	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			14,072	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			16,227	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.)			1,741,196	16.04
16.05	Total program cost (see instructions)		0	1,757,423	16.05
17.00	Primary payer amounts			109	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			259,662	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			370,611	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			1,757,314	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			193,116	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			1,950,430	22.00
23.00	Allowable bad debts (see instructions)			8,671	23.00
23.01	Adjusted reimbursable bad debts (see instructions)			5,636	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)			1,956,066	26.00
26.01	Sequestration adjustment (see instructions)			39,121	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			1,883,242	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)			33,703	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: 14-0145 Component CCN: 14-8503	Period: From 07/01/2018 To 06/30/2019	Worksheet M-4 Date/Time Prepared: 11/26/2019 9:10 am	
		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)		4,649,022	4,649,022	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.006463	0.014550	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		30,047	67,643	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		155,295	54,100	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		185,342	121,743	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		5,184,598	5,184,598	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		7,213,436	7,213,436	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.035749	0.023482	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		257,873	169,386	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		443,215	291,129	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		1,218	2,742	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		363.89	106.17	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		311	753	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		113,170	79,946	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)			734,344	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)			193,116	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0145 Component CCN: 14-8503	Period: From 07/01/2018 To 06/30/2019	Worksheet M-5 Date/Time Prepared: 11/26/2019 9:10 am	
		RHC I	Cost		
		Part B			
		mm/dd/yyyy	Amount		
		1.00	2.00		
1.00	Total interim payments paid to hospital-based RHC/FQHC		1,559,309	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		02/28/2019	280,108	3.01	
3.02		06/20/2019	43,825	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)		323,933	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		1,883,242	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		33,703	6.01	
6.02	SETTLEMENT TO PROGRAM		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,916,945	7.00	
		Contractor Number	NPR Date (Mo/Day/Yr)		
		0	1.00	2.00	
8.00	Name of Contractor				8.00