

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: 14-0166	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/26/2019 1:34 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/26/2019	Time: 1:34 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST MARYS HOSPITAL (14-0166) 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) STEVEN UMLAND

Officer or Administrator of Provider(s)

CFO-HSHS CENTRAL ILLINOIS DIVISION

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	32,370	363,681	0	0	1.00
2.00	Subprovider - IPF	0	7,945	-124		0	2.00
3.00	Subprovider - IRF	0	-34,145	-38		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	6,170	363,519	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: 14-0166		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 1:34 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1800 EAST LAKE SHORE DRIVE			PO Box:				1.00	
2.00	City: DECATUR			State: IL		Zip Code: 62521		County: MACON 2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ST MARYS HOSPITAL	140166	19500	1	07/01/1966	N
4.00	Subprovider - IPF			PSYCHIATRY UNIT	14S166	19500	4	07/01/2011	N
5.00	Subprovider - IRF			REHABILITATION UNIT	14T166	19500	5	07/01/2008	N
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,882	642	0	0	4,613	162
									24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0166		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 1:34 pm		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			13	41	0	0	72		25.00
							Urban/Rural S	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00
							Beginning:	Ending:		
							1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)									37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.									38.00
							Y/N	Y/N		
							1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	N		40.00
							V	XVIII	XIX	
							1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)						N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.						N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(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.						Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, 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: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/26/2019 1:34 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0166

Period:
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To 06/30/2019Worksheet S-2
Part I
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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.				Y		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	76.00

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				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00		
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00		
			V	XIX			
			1.00	2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				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	Respiratory	
			1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	N	109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0166	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 1:34 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	358,909	1,293,789	2,464,437	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	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			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0166		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 1:34 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: HOSPITAL SISTERS HEALTH SYSTEM			Contractor's Name: NATIONAL GOVERNMENT SERVICES			Contractor's Number: 00131		
142.00	Street: STREET: 4936 LAVERNA ROAD			PO Box:					
143.00	City: SPRINGFIELD			State: IL			Zip Code: 62794		
									1.00
144.00	Are provider based physicians' costs included in Worksheet A?								Y
									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.								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
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
									1.00
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N
				Name	County	State	Zip Code	CBSA	FTE/Campus
				0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
									1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						06/30/2019	09/30/2019	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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0166	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 1:34 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 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		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/28/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/26/2019 1:34 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICIA		RACHELL	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		211 N BROADWAY STE 600, ST LOUIS, MO	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 1:34 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	118	43,070	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)		118	43,070	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	13	4,745	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)		131	47,815	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	56	20,440		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		207			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 1:34 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,714	1,537	19,454			1.00
2.00	HMO and other (see instructions)	1,326	5,255				2.00
3.00	HMO IPF Subprovider	352	0				3.00
4.00	HMO IRF Subprovider	236	113				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	8,714	1,537	19,454			7.00
8.00	INTENSIVE CARE UNIT	1,577	219	2,717			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		126	1,561			13.00
14.00	Total (see instructions)	10,291	1,882	23,732	0.09	839.07	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	3,040	0	3,735	0.00	16.21	16.00
17.00	SUBPROVIDER - IRF	1,958	13	3,046	0.00	16.41	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.09	871.69	27.00
28.00	Observation Bed Days		609	3,001			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			318			30.00
31.00	Employee discount days - IRF			39			31.00
32.00	Labor & delivery days (see instructions)	0	162	235			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: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 1:34 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,486	477	5,585	1.00
2.00 HMO and other (see instructions)			314	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,486	477	5,585	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	183	14	244	16.00
17.00 SUBPROVIDER - IRF	0.00	0	198	1	277	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 1:34 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	52,080,944	0	52,080,944	1,813,115.06	28.72
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		7,124,259	0	7,124,259	331,590.49	21.49
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		422,113	0	422,113	5,640.50	74.84
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		285,519	0	285,519	1,637.00	174.42
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		4,410,438	0	4,410,438	96,682.25	45.62
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)		15,427,020	0	15,427,020		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,961,156	0	2,961,156		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		547,386	0	547,386		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,911,984	0	1,911,984		
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	281,521	0	281,521	6,332.49	44.46
27.00	Administrative & General	5.00	6,621,528	0	6,621,528	224,009.40	29.56

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 1:34 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		618,530	0	618,530	3,138.25	197.09	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,446,287	0	1,446,287	59,457.05	24.32	30.00
31.00	Laundry & Linen Service	8.00	39,488	0	39,488	3,100.47	12.74	31.00
32.00	Housekeeping	9.00	858,764	0	858,764	66,513.86	12.91	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,154,828	-668,248	486,580	32,796.61	14.84	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	668,248	668,248	45,144.44	14.80	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,122,141	0	1,122,141	28,759.13	39.02	38.00
39.00	Central Services and Supply	14.00	454,805	0	454,805	26,464.99	17.19	39.00
40.00	Pharmacy	15.00	2,037,889	0	2,037,889	46,284.67	44.03	40.00
41.00	Medical Records & Medical Records Library	16.00	1,276,497	0	1,276,497	52,933.16	24.12	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/26/2019 1:34 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	52,699,474	0	52,699,474	1,816,253.31	29.02	1.00
2.00	Excluded area salaries (see instructions)	7,124,259	0	7,124,259	331,590.49	21.49	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,575,215	0	45,575,215	1,484,662.82	30.70	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,118,070	0	5,118,070	103,959.75	49.23	4.00
5.00	Subtotal wage-related costs (see inst.)	17,339,004	0	17,339,004	0.00	38.04	5.00
6.00	Total (sum of lines 3 thru 5)	68,032,289	0	68,032,289	1,588,622.57	42.82	6.00
7.00	Total overhead cost (see instructions)	15,912,278	0	15,912,278	594,934.52	26.75	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
11/26/2019 1:34 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	317,469	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)	6,356,345	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)	8,101,622	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)	64,194	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	575,113	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,598,734	17.00
18.00	Medicare Taxes - Employers Portion Only	755,174	18.00
19.00	Unemployment Insurance	53,343	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	113,568	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,935,562	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: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	427,963	18,935,562	1.00
2.00	Hospital	422,113	18,935,562	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	5,850	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0166

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

Worksheet S-10

Date/Time Prepared:
11/26/2019 1:34 pm

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.212008	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		15,112,261	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		127,768,191	6.00
7.00	Medicaid cost (line 1 times line 6)		27,087,879	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)		11,975,618	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)		11,975,618	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	8,867,998	1,432,195	10,300,193
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,880,087	1,432,195	3,312,282
22.00	Payments received from patients for amounts previously written off as charity care	103,108	0	103,108
23.00	Cost of charity care (line 21 minus line 22)	1,776,979	1,432,195	3,209,174
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,780,483	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		786,797	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,210,457	27.01
28.00	Non-Medicare bad debt expense (see instructions)		2,570,026	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		968,526	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,177,700	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,153,318	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

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

Worksheet A

Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		5,869,764	5,869,764	-2,940,242	2,929,522	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,639,795	3,639,795	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	281,521	24,300,251	24,581,772	-308,157	24,273,615	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,621,528	42,304,588	48,926,116	171,316	49,097,432	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,446,287	3,171,618	4,617,905	0	4,617,905	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	39,488	583,025	622,513	0	622,513	8.00
9.00	00900	HOUSEKEEPING	858,764	498,316	1,357,080	0	1,357,080	9.00
10.00	01000	DIETARY	1,154,828	1,300,497	2,455,325	-1,593,946	861,379	10.00
11.00	01100	CAFETERIA	0	0	0	1,593,946	1,593,946	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,122,141	159,880	1,282,021	0	1,282,021	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	454,805	244,443	699,248	-100,414	598,834	14.00
15.00	01500	PHARMACY	2,037,889	5,500,467	7,538,356	-5,203,761	2,334,595	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,276,497	669,623	1,946,120	0	1,946,120	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,857,854	2,612,465	8,470,319	-591,317	7,879,002	30.00
31.00	03100	INTENSIVE CARE UNIT	1,633,507	653,978	2,287,485	-182,596	2,104,889	31.00
40.00	04000	SUBPROVIDER - IPF	873,131	8,551	881,682	-1,132	880,550	40.00
41.00	04100	SUBPROVIDER - IRF	1,028,156	400,972	1,429,128	-40,886	1,388,242	41.00
43.00	04300	NURSERY	313,728	355,374	669,102	-2,934	666,168	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,625,583	8,635,302	10,260,885	-7,903,941	2,356,944	50.00
50.02	03330	ENDOSCOPY	248,354	197,471	445,825	-132,569	313,256	50.02
51.00	05100	RECOVERY ROOM	503,010	47,587	550,597	-40,734	509,863	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,527,733	832,751	2,360,484	-200,157	2,160,327	52.00
53.00	05300	ANESTHESIOLOGY	2,657,019	1,641,168	4,298,187	-245,329	4,052,858	53.00
53.01	05301	PAIN CENTER	420,266	170,550	590,816	-153,772	437,044	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,768,154	764,275	2,532,429	-93,322	2,439,107	54.00
56.00	05600	RADIOISOTOPE	146,683	294,987	441,670	-231,230	210,440	56.00
57.00	05700	CT SCAN	519,864	599,025	1,118,889	-136,640	982,249	57.00
58.00	05800	MRI	271,325	232,600	503,925	-40,792	463,133	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,207,547	5,326,903	6,534,450	-3,662,985	2,871,465	59.00
60.00	06000	LABORATORY	2,358,550	3,257,195	5,615,745	-1,509,414	4,106,331	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	331,855	331,855	-74,129	257,726	62.00
65.00	06500	RESPIRATORY THERAPY	634,889	1,366,479	2,001,368	-75,192	1,926,176	65.00
66.00	06600	PHYSICAL THERAPY	2,020,425	37,394	2,057,819	-22,239	2,035,580	66.00
69.00	06900	ELECTROCARDIOLOGY	823,422	945,692	1,769,114	-357,938	1,411,176	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	327,755	63,992	391,747	-41,539	350,208	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	11,089,980	11,089,980	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,316,497	5,316,497	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,334,311	5,334,311	73.00
75.00	07500	ASC (NON-DISTINCT PART)	851,955	94,664	946,619	-87,796	858,823	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	186,718	14,293	201,011	-2,873	198,138	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	137,064	30,426	167,490	-51	167,439	90.02
90.03	09003	WOUND CLINIC	236,303	134,423	370,726	-31,824	338,902	90.03
90.12	09012	CTPET	27,120	109,649	136,769	-29,574	107,195	90.12
90.13	09013	RADIATION ONCOLOGY	414,718	538,863	953,581	-21,691	931,890	90.13
91.00	09100	EMERGENCY	2,943,391	3,893,179	6,836,570	-424,538	6,412,032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,616,707	2,710,105	7,326,812	-97,479	7,229,333	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		562,712	562,712	-562,712	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,474,679	121,467,352	172,942,031	0	172,942,031	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	45,557	78,329	123,886	0	123,886	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	168,327	495,533	663,860	0	663,860	192.00
194.00	07950	SENIOR SERVICES	0	612	612	0	612	194.00
194.01	07951	ADULT DAY CARE	158,403	25,953	184,356	0	184,356	194.01
194.02	07952	SPORTS MEDICINE REHAB	222,803	2,690	225,493	0	225,493	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	53,529	53,529	0	53,529	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

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

Worksheet A

Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.04	07953	CANCER CARE	68	24,273	24,341	0	24,341	194.04
194.07	07976	BLUE MOUND	2,980	64,948	67,928	0	67,928	194.07
194.08	07955	ARTHUR CLINIC	0	9,915	9,915	0	9,915	194.08
194.11	07956	2981 NORTH MAIN	341	225,775	226,116	0	226,116	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	182	26,761	26,943	0	26,943	194.13
194.15	07959	MT. ZION CLINIC	187	20,641	20,828	0	20,828	194.15
194.16	07960	CERRO GORDO	6,567	159,252	165,819	0	165,819	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	383	369,445	369,828	0	369,828	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	467	2,383	2,850	0	2,850	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	2,533	2,533	0	2,533	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
200.00		TOTAL (SUM OF LINES 118 through 199)	52,080,944	123,029,924	175,110,868	0	175,110,868	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

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

Worksheet A

Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,045,543	3,975,065	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	927,175	4,566,970	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-13,609,289	10,664,326	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-20,122,574	28,974,858	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-6,908	4,610,997	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-5,924	616,589	8.00
9.00	00900	HOUSEKEEPING	0	1,357,080	9.00
10.00	01000	DIETARY	-31,032	830,347	10.00
11.00	01100	CAFETERIA	-87,498	1,506,448	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,282,021	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	598,834	14.00
15.00	01500	PHARMACY	-45,331	2,289,264	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-80	1,946,040	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-34,364	7,844,638	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,104,889	31.00
40.00	04000	SUBPROVIDER - IPF	0	880,550	40.00
41.00	04100	SUBPROVIDER - IRF	-30,465	1,357,777	41.00
43.00	04300	NURSERY	-301,536	364,632	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-50,918	2,306,026	50.00
50.02	03330	ENDOSCOPY	0	313,256	50.02
51.00	05100	RECOVERY ROOM	0	509,863	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-404,792	1,755,535	52.00
53.00	05300	ANESTHESIOLOGY	-3,724,203	328,655	53.00
53.01	05301	PAIN CENTER	0	437,044	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-21,887	2,417,220	54.00
56.00	05600	RADIOISOTOPE	0	210,440	56.00
57.00	05700	CT SCAN	-42,051	940,198	57.00
58.00	05800	MRI	0	463,133	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,277,650	1,593,815	59.00
60.00	06000	LABORATORY	-138,334	3,967,997	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	257,726	62.00
65.00	06500	RESPIRATORY THERAPY	-1,415,983	510,193	65.00
66.00	06600	PHYSICAL THERAPY	0	2,035,580	66.00
69.00	06900	ELECTROCARDIOLOGY	-190,933	1,220,243	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,928	347,280	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	11,089,980	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,316,497	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,334,311	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	858,823	75.00
76.00	03950	TREATMENT CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-2,500	195,638	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	-80,958	86,481	90.02
90.03	09003	WOUND CLINIC	-56,474	282,428	90.03
90.12	09012	CTPET	0	107,195	90.12
90.13	09013	RADIATION ONCOLOGY	-733	931,157	90.13
91.00	09100	EMERGENCY	-3,264,768	3,147,264	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-5,037	7,224,296	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-42,982,432	129,959,599	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	123,886	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	663,860	192.00
194.00	07950	SENIOR SERVICES	0	612	194.00
194.01	07951	ADULT DAY CARE	0	184,356	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	225,493	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	53,529	194.03
194.04	07953	CANCER CARE	0	24,341	194.04
194.07	07976	BLUE MOUND	0	67,928	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

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

Worksheet A

Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.08	07955	ARTHUR CLINIC	0	9,915	194.08
194.11	07956	2981 NORTH MAIN	0	226,116	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	26,943	194.13
194.15	07959	MT. ZION CLINIC	0	20,828	194.15
194.16	07960	CERRO GORDO	0	165,819	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	369,828	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	2,850	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	2,533	194.40
194.48	07972	MRI BUILDING	0	0	194.48
200.00		TOTAL (SUM OF LINES 118 through 199)	-42,982,432	132,128,436	200.00

RECLASSIFICATIONS

Provider CCN: 14-0166

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 1:34 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,590,736		1.00
	0		0	3,590,736		
	B - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	668,248	925,698		1.00
	0		668,248	925,698		
	F - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,334,311		1.00
2.00	ASC (NON-DISTINCT PART)	75.00	0	7		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
	0		0	5,334,318		
	G - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	562,175		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	537		2.00
	0		0	562,712		
	H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	11,089,980		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	0		0	11,089,980		
	I - IMPLANT SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,316,497		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	269		2.00
3.00		0.00	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0166

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 1:34 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	_____	0.00	0	0	4.00
	0		0	5,316,766	
J - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	137,378	1.00
	0		0	137,378	
K - LEGAL EXPENSES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	308,157	1.00
	TOTALS		0	308,157	
500.00	Grand Total: Increases		668,248	27,265,745	500.00

RECLASSIFICATIONS

Provider CCN: 14-0166

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 1:34 pm

		Decreases					11/26/2019 1:34 pm	
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.			
6.00		7.00	8.00	9.00	10.00			
A - DEPRECIATION EXPENSE								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,590,736	9	1.00		
	0		0	3,590,736				
B - CAFETERIA RECLASS								
1.00	DIETARY	10.00	668,248	925,698	0	1.00		
	0		668,248	925,698				
F - CHARGEABLE DRUGS								
1.00	PHARMACY	15.00	0	5,133,658	0	1.00		
2.00	ADULTS & PEDIATRICS	30.00	0	34,475	0	2.00		
3.00	INTENSIVE CARE UNIT	31.00	0	12,667	0	3.00		
4.00	SUBPROVIDER - IPF	40.00	0	25	0	4.00		
5.00	SUBPROVIDER - IRF	41.00	0	937	0	5.00		
6.00	OPERATING ROOM	50.00	0	34,385	0	6.00		
7.00	ENDOSCOPY	50.02	0	5,707	0	7.00		
8.00	RECOVERY ROOM	51.00	0	1,426	0	8.00		
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	13,500	0	9.00		
10.00	ANESTHESIOLOGY	53.00	0	48,990	0	10.00		
11.00	PAIN CENTER	53.01	0	11,102	0	11.00		
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	654	0	12.00		
13.00	RADIOISOTOPE	56.00	0	97	0	13.00		
14.00	CT SCAN	57.00	0	1,194	0	14.00		
15.00	MRI	58.00	0	84	0	15.00		
16.00	CARDIAC CATHETERIZATION	59.00	0	6,784	0	16.00		
17.00	LABORATORY	60.00	0	72	0	17.00		
18.00	RESPIRATORY THERAPY	65.00	0	2,215	0	18.00		
19.00	WOUND CLINIC	90.03	0	427	0	19.00		
20.00	CTPET	90.12	0	19	0	20.00		
21.00	RADIATION ONCOLOGY	90.13	0	927	0	21.00		
22.00	EMERGENCY	91.00	0	24,973	0	22.00		
	0		0	5,334,318				
G - INTEREST EXPENSE								
1.00	INTEREST EXPENSE	113.00	0	562,712	9	1.00		
2.00		0.00	0	0	0	2.00		
	0		0	562,712				
H - MEDICAL SUPPLIES								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	100,414	0	1.00		
2.00	PHARMACY	15.00	0	70,103	0	2.00		
3.00	ADULTS & PEDIATRICS	30.00	0	473,958	0	3.00		
4.00	INTENSIVE CARE UNIT	31.00	0	170,198	0	4.00		
5.00	SUBPROVIDER - IPF	40.00	0	1,107	0	5.00		
6.00	SUBPROVIDER - IRF	41.00	0	37,887	0	6.00		
7.00	NURSERY	43.00	0	2,934	0	7.00		
8.00	OPERATING ROOM	50.00	0	3,960,393	0	8.00		
9.00	ENDOSCOPY	50.02	0	126,862	0	9.00		
10.00	RECOVERY ROOM	51.00	0	39,308	0	10.00		
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	186,657	0	11.00		
12.00	ANESTHESIOLOGY	53.00	0	196,339	0	12.00		
13.00	PAIN CENTER	53.01	0	142,670	0	13.00		
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	92,668	0	14.00		
15.00	RADIOISOTOPE	56.00	0	231,133	0	15.00		
16.00	CT SCAN	57.00	0	135,446	0	16.00		
17.00	MRI	58.00	0	40,708	0	17.00		
18.00	CARDIAC CATHETERIZATION	59.00	0	2,333,544	0	18.00		
19.00	LABORATORY	60.00	0	1,509,342	0	19.00		
20.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	0	74,129	0	20.00		
21.00	RESPIRATORY THERAPY	65.00	0	72,977	0	21.00		
22.00	PHYSICAL THERAPY	66.00	0	22,239	0	22.00		
23.00	ELECTROCARDIOLOGY	69.00	0	357,938	0	23.00		
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	41,539	0	24.00		
25.00	ASC (NON-DISTINCT PART)	75.00	0	87,803	0	25.00		
26.00	CARDIAC REHABILITATION	76.97	0	2,873	0	26.00		
27.00	OUTPATIENT PSYCHIATRIC	90.02	0	51	0	27.00		
28.00	WOUND CLINIC	90.03	0	31,397	0	28.00		
29.00	CTPET	90.12	0	29,555	0	29.00		
30.00	RADIATION ONCOLOGY	90.13	0	20,764	0	30.00		
31.00	EMERGENCY	91.00	0	399,565	0	31.00		
32.00	AMBULANCE SERVICES	95.00	0	97,479	0	32.00		
	0		0	11,089,980				
I - IMPLANT SUPPLIES								
1.00	ADULTS & PEDIATRICS	30.00	0	82,884	0	1.00		
2.00	SUBPROVIDER - IRF	41.00	0	2,062	0	2.00		
3.00	OPERATING ROOM	50.00	0	3,909,163	0	3.00		
4.00	CARDIAC CATHETERIZATION	59.00	0	1,322,657	0	4.00		

RECLASSIFICATIONS

Provider CCN: 14-0166

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 1:34 pm

	Decreases				wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
	0		0	5,316,766		
	J - PROPERTY INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	137,378	12	1.00
	0		0	137,378		
	K - LEGAL EXPENSES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	308,157	0	1.00
	TOTALS		0	308,157		
500.00	Grand Total: Decreases		668,248	27,265,745		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/26/2019 1:34 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,295,160	0	0	0	0	1.00
2.00	Land Improvements	5,809,092	0	0	0	0	2.00
3.00	Buildings and Fixtures	135,411,252	1,239,195	0	1,239,195	0	3.00
4.00	Building Improvements	2,570,722	0	0	0	2,567,440	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	66,351,947	2,621,198	0	2,621,198	0	6.00
7.00	HIT designated Assets	12,265,809	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	225,703,982	3,860,393	0	3,860,393	2,567,440	8.00
9.00	Reconciling Items	2,567,440	12,998,394	0	12,998,394	0	9.00
10.00	Total (line 8 minus line 9)	223,136,542	-9,138,001	0	-9,138,001	2,567,440	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,295,160	0				1.00
2.00	Land Improvements	5,809,092	0				2.00
3.00	Buildings and Fixtures	136,650,447	0				3.00
4.00	Building Improvements	3,282	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	68,973,145	0				6.00
7.00	HIT designated Assets	12,265,809	0				7.00
8.00	Subtotal (sum of lines 1-7)	226,996,935	0				8.00
9.00	Reconciling Items	15,565,834	0				9.00
10.00	Total (line 8 minus line 9)	211,431,101	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	5,869,764	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)	5,869,764	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	5,869,764				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	5,869,764				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	145,757,981	0	145,757,981	0.642894	88,319	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	81,238,954	275,376	80,963,578	0.357106	49,059	2.00
3.00	Total (sum of lines 1-2)	226,996,935	275,376	226,721,559	1.000000	137,378	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	88,319	3,932,259	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	49,059	4,517,911	0	2.00
3.00	Total (sum of lines 1-2)	0	0	137,378	8,450,170	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	-45,513	88,319	0	0	3,975,065	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	49,059	0	0	4,566,970	2.00
3.00	Total (sum of lines 1-2)	-45,513	137,378	0	0	8,542,035	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0166

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-45,513	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-8,182,065			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	3,833,164			0	12.00
13.00	Laundry and linen service	B	-5,924	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-19,291	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	0	CENTRAL SERVICES & SUPPLY	14.00	0	16.00
17.00	Sale of drugs to other than patients	B	-45,331	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-80	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		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	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)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MEDICAID TAX	A	-7,677,345	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0166

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 1:34 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 ADVERTISING SPONSORSHIP COSTS	A	-750,577	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02 PUBLIC RELATIONS	A	-628	RADIATION ONCOLOGY	90.13	0	33.02
33.03 LOBBYING COSTS	A	-27,880	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04 SELF INSURED HEALTH PREMIUMS	A	-7,442,856	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05 CRNA SALARIES	A	-2,423,831	ANESTHESIOLOGY	53.00	0	33.05
33.06 CRNA BENEFITS	A	-558,522	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.06
33.07 PURCHASED SERVICES HSHS	A	-15,077,637	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08 MEDICAL PURCHASED SERVICES HSHS	A	-85,554	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.08
33.09 MEDICAL DEFINED PENSION	A	-5,665,531	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.09
33.10 RENTAL REVENUE	B	-180	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11 MISC REVENUE	B	-96,753	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12 MISC REVENUE	B	-105	RADIATION ONCOLOGY	90.13	0	33.12
33.13 MISC REVENUE	B	-4,387	RADIOLOGY-DIAGNOSTIC	54.00	0	33.13
33.14 MISC REVENUE	B	-6,330	CARDIAC CATHETERIZATION	59.00	0	33.14
33.15 MISC REVENUE	B	-368,868	RESPIRATORY THERAPY	65.00	0	33.15
33.16 MISC REVENUE	B	-56,958	OUTPATIENT PSYCHIATRIC	90.02	0	33.16
33.17 ADVERTISING SPONSORSHIP COSTS	A	-23,966	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.17
33.18 MISC REVENUE	B	-788	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.18
33.20 MISC REVENUE	B	-6,908	OPERATION OF PLANT	7.00	0	33.20
33.21 MISC REVENUE	B	-153	LABORATORY	60.00	0	33.21
33.22 ADVERTISING SPONSORSHIP COSTS	A	-606	ELECTROENCEPHALOGRAPHY	70.00	0	33.22
33.23 DUES	A	-558	ADMINISTRATIVE & GENERAL	5.00	0	33.23
33.24 CATERED MEALS	A	-31,032	DIETARY	10.00	0	33.24
33.25 CATERED MEALS	A	-68,207	CAFETERIA	11.00	0	33.25
33.26 ASSET RE-LIFING ADJUSTMENT	A	1,091,056	CAP REL COSTS-BLDG & FIXT	1.00	9	33.26
33.27 ASSET RE-LIFING ADJUSTMENT	A	927,175	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.27
33.28 GIFTS	A	-450	ADMINISTRATIVE & GENERAL	5.00	0	33.28
33.29 LOAN FORGIVENESS	A	-153,727	ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.31 ADVERTISING SPONSORSHIP COSTS	A	-249	WOUND CLINIC	90.03	0	33.31
33.33 ADVERTISING SPONSORSHIP COSTS	A	-5,037	AMBULANCE SERVICES	95.00	0	33.33
33.34 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.34
(3)						
50.00 TOTAL (sum of lines 1 thru 49)		-42,982,432				50.00
(Transfer to Worksheet A, column 6, line 200.)						

(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: 14-0166

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 1:34 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	9,711,316	9,543,388 1.00
2.00		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - ISC	9,680,488	7,032,143 2.00
3.00		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - SSC	2,541,956	1,525,065 3.00
4.00		5.00	ADMINISTRATIVE & GENERAL	RELATED SERVICES	19,260,961	19,260,961 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				41,194,721	37,361,557 5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
	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	ST. MARYS HOSPITAL	100.00	HSHS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0166

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 1:34 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	167,928	0		1.00
2.00	2,648,345	0		2.00
3.00	1,016,891	0		3.00
4.00	0	0		4.00
5.00	3,833,164			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	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			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: 14-0166

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

Worksheet A-8-2

Date/Time Prepared:
11/26/2019 1:34 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	6,567	1,486	5,081	211,500	38	1.00
2.00	30.00	ADULTS & PEDIATRICS	127,200	0	127,200	211,500	913	2.00
3.00	41.00	SUBPROVIDER - IRF	71,083	1,138	69,945	181,300	466	3.00
4.00	43.00	NURSERY	345,764	287,639	58,125	237,100	388	4.00
5.00	50.00	OPERATING ROOM	50,918	50,918	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	404,792	404,792	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	1,300,372	1,300,372	0	239,400	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	17,500	17,500	0	271,900	0	8.00
9.00	57.00	CT SCAN	42,051	42,051	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	1,271,320	1,271,320	0	0	0	10.00
11.00	60.00	LABORATORY	138,181	138,181	0	260,300	0	11.00
12.00	65.00	RESPIRATORY THERAPY	1,062,978	1,039,578	23,400	211,500	156	12.00
13.00	69.00	ELECTROCARDIOLOGY	200,695	176,632	24,063	211,500	96	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	2,830	2,155	675	211,500	5	14.00
15.00	76.97	CARDIAC REHABILITATION	2,500	2,500	0	0	0	15.00
16.00	90.02	OUTPATIENT PSYCHIATRIC	24,000	24,000	0	0	0	16.00
17.00	90.03	WOUND CLINIC	56,225	56,225	0	211,500	0	17.00
18.00	91.00	EMERGENCY	3,269,039	3,258,664	10,375	211,500	42	18.00
200.00			8,394,015	8,075,151	318,864		2,104	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	5.00	ADMINISTRATIVE & GENERAL	3,864	193	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	92,836	4,642	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	40,618	2,031	0	0	0	3.00
4.00	43.00	NURSERY	44,228	2,211	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	57.00	CT SCAN	0	0	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	15,863	793	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	9,762	488	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	508	25	0	0	0	14.00
15.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	15.00
16.00	90.02	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	16.00
17.00	90.03	WOUND CLINIC	0	0	0	0	0	17.00
18.00	91.00	EMERGENCY	4,271	214	0	0	0	18.00
200.00			211,950	10,597	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	5.00	ADMINISTRATIVE & GENERAL	0	3,864	1,217	2,703		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	92,836	34,364	34,364		2.00
3.00	41.00	SUBPROVIDER - IRF	0	40,618	29,327	30,465		3.00
4.00	43.00	NURSERY	0	44,228	13,897	301,536		4.00
5.00	50.00	OPERATING ROOM	0	0	0	50,918		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	404,792		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	1,300,372		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	17,500		8.00
9.00	57.00	CT SCAN	0	0	0	42,051		9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,271,320		10.00
11.00	60.00	LABORATORY	0	0	0	138,181		11.00
12.00	65.00	RESPIRATORY THERAPY	0	15,863	7,537	1,047,115		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	9,762	14,301	190,933		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	508	167	2,322		14.00
15.00	76.97	CARDIAC REHABILITATION	0	0	0	2,500		15.00
16.00	90.02	OUTPATIENT PSYCHIATRIC	0	0	0	24,000		16.00
17.00	90.03	WOUND CLINIC	0	0	0	56,225		17.00
18.00	91.00	EMERGENCY	0	4,271	6,104	3,264,768		18.00
200.00			0	211,950	106,914	8,182,065		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,975,065	3,975,065			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,566,970		4,566,970		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,664,326	15,130	17,382	10,696,838	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	28,974,858	513,160	589,572	1,434,504	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	29,458	33,844	0	6.00
7.00	00700	OPERATION OF PLANT	4,610,997	333,968	383,697	313,327	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	616,589	132,469	152,194	8,555	8.00
9.00	00900	HOUSEKEEPING	1,357,080	47,725	54,832	186,044	9.00
10.00	01000	DIETARY	830,347	135,072	155,185	105,414	10.00
11.00	01100	CAFETERIA	1,506,448	32,120	36,903	144,771	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,282,021	14,879	17,095	243,103	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	598,834	81,614	93,767	98,530	14.00
15.00	01500	PHARMACY	2,289,264	31,861	36,606	441,492	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,946,040	71,417	82,051	276,543	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,844,638	684,456	786,375	1,269,057	30.00
31.00	03100	INTENSIVE CARE UNIT	2,104,889	49,528	56,903	353,886	31.00
40.00	04000	SUBPROVIDER - IPF	880,550	58,223	66,893	189,157	40.00
41.00	04100	SUBPROVIDER - IRF	1,357,777	95,926	110,210	222,742	41.00
43.00	04300	NURSERY	364,632	19,202	22,061	67,967	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,306,026	146,797	168,656	352,170	50.00
50.02	03330	ENDOSCOPY	313,256	27,697	31,821	53,804	50.02
51.00	05100	RECOVERY ROOM	509,863	18,910	21,726	108,973	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,755,535	78,944	90,699	330,971	52.00
53.00	05300	ANESTHESIOLOGY	328,655	2,629	3,020	50,525	53.00
53.01	05301	PAIN CENTER	437,044	29,266	33,624	91,047	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,417,220	119,893	137,745	383,056	54.00
56.00	05600	RADIOISOTOPE	210,440	5,533	6,357	31,778	56.00
57.00	05700	CT SCAN	940,198	4,657	5,350	112,624	57.00
58.00	05800	MRI	463,133	7,369	8,466	58,780	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,593,815	41,617	47,813	261,605	59.00
60.00	06000	LABORATORY	3,967,997	296,215	340,322	510,961	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	257,726	2,270	2,608	0	62.00
65.00	06500	RESPIRATORY THERAPY	510,193	6,317	7,258	137,544	65.00
66.00	06600	PHYSICAL THERAPY	2,035,580	114,677	131,753	437,709	66.00
69.00	06900	ELECTROCARDIOLOGY	1,220,243	31,536	36,232	178,388	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	347,280	21,981	25,254	71,005	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	11,089,980	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,316,497	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,334,311	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	858,823	0	0	184,569	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	195,638	0	0	40,451	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	86,481	29,858	34,305	29,694	90.02
90.03	09003	WOUND CLINIC	282,428	0	0	51,193	90.03
90.12	09012	CTPET	107,195	0	0	5,875	90.12
90.13	09013	RADIATION ONCOLOGY	931,157	0	0	89,845	90.13
91.00	09100	EMERGENCY	3,147,264	313,255	359,900	637,662	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	7,224,296	0	0	1,000,173	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	129,959,599	3,645,629	4,188,479	10,565,494	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	123,886	4,381	5,034	9,870	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	663,860	0	0	36,467	192.00
194.00	07950	SENIOR SERVICES	612	0	0	0	194.00
194.01	07951	ADULT DAY CARE	184,356	0	0	34,317	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
194.02	07952	SPORTS MEDICINE REHAB	225,493	0	0	48,268	273,761	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	53,529	279,984	321,674	0	655,187	194.03
194.04	07953	CANCER CARE	24,341	0	0	15	24,356	194.04
194.07	07976	BLUE MOUND	67,928	0	0	646	68,574	194.07
194.08	07955	ARTHUR CLINIC	9,915	0	0	0	9,915	194.08
194.11	07956	2981 NORTH MAIN	226,116	0	0	74	226,190	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	26,943	0	0	39	26,982	194.13
194.15	07959	MT. ZION CLINIC	20,828	0	0	41	20,869	194.15
194.16	07960	CERRO GORDO	165,819	0	0	1,423	167,242	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	369,828	0	0	0	369,828	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	2,850	0	0	83	2,933	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	101	101	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	2,533	45,071	51,783	0	99,387	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	132,128,436	3,975,065	4,566,970	10,696,838	132,128,436	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL	31,512,094					5.00
6.00	00600	MAINTENANCE & REPAIRS	19,830	83,132				6.00
7.00	00700	OPERATION OF PLANT	1,767,387	8,124	7,417,500			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	285,003	3,223	318,675	1,516,708		8.00
9.00	00900	HOUSEKEEPING	515,519	1,161	114,811	0	2,277,172	9.00
10.00	01000	DIETARY	384,057	3,286	324,939	0	105,948	10.00
11.00	01100	CAFETERIA	538,876	781	77,270	0	25,194	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	487,770	362	35,794	0	11,671	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	273,393	1,985	196,336	0	64,016	14.00
15.00	01500	PHARMACY	876,873	775	76,647	0	24,991	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	744,312	1,737	171,804	0	56,018	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,315,666	16,652	1,646,577	1,020,063	536,877	30.00
31.00	03100	INTENSIVE CARE UNIT	803,566	1,205	119,147	142,070	38,848	31.00
40.00	04000	SUBPROVIDER - IPF	374,285	1,416	140,065	195,301	45,669	40.00
41.00	04100	SUBPROVIDER - IRF	559,680	2,334	230,766	159,274	75,242	41.00
43.00	04300	NURSERY	148,440	467	46,193	0	15,062	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	931,513	3,571	353,144	0	115,144	50.00
50.02	03330	ENDOSCOPY	133,628	674	66,630	0	21,725	50.02
51.00	05100	RECOVERY ROOM	206,584	460	45,491	0	14,832	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	706,752	1,920	189,912	0	61,922	52.00
53.00	05300	ANESTHESIOLOGY	120,550	64	6,324	0	2,062	53.00
53.01	05301	PAIN CENTER	185,128	712	70,404	0	22,956	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	957,910	2,917	288,422	0	94,041	54.00
56.00	05600	RADIOISOTOPE	79,601	135	13,310	0	4,340	56.00
57.00	05700	CT SCAN	332,938	113	11,202	0	3,652	57.00
58.00	05800	MRI	168,453	179	17,726	0	5,780	58.00
59.00	05900	CARDIAC CATHETERIZATION	609,236	1,012	100,115	0	32,643	59.00
60.00	06000	LABORATORY	1,602,460	7,206	712,593	0	232,344	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	82,262	55	5,460	0	1,780	62.00
65.00	06500	RESPIRATORY THERAPY	207,160	154	15,197	0	4,955	65.00
66.00	06600	PHYSICAL THERAPY	851,968	2,790	275,875	0	89,950	66.00
69.00	06900	ELECTROCARDIOLOGY	459,358	767	75,865	0	24,736	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	145,827	535	52,878	0	17,241	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,473,961	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,665,425	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,671,005	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	326,849	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	73,956	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	56,492	726	71,829	0	23,420	90.02
90.03	09003	WOUND CLINIC	104,509	0	0	0	0	90.03
90.12	09012	CTPET	35,420	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	319,835	0	0	0	0	90.13
91.00	09100	EMERGENCY	1,396,521	7,620	753,586	0	245,711	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,576,364	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,576,322	75,118	6,624,987	1,516,708	2,018,770	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	44,849	107	10,540	0	3,436	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	219,382	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	192	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	68,501	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	85,757	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	205,241	6,811	673,546	0	219,613	194.03
194.04	07953	CANCER CARE	7,630	0	0	0	0	194.04
194.07	07976	BLUE MOUND	21,481	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	3,106	0	0	0	0	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
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To 06/30/2019Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.11	07956	2981 NORTH MAIN	70,855	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	8,452	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960	CERRO GORDO	52,390	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	115,851	0	0	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	919	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	32	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	31,134	1,096	108,427	0	35,353	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
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)	31,512,094	83,132	7,417,500	1,516,708	2,277,172	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
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Part I
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,044,248					10.00
11.00	01100	CAFETERIA	0	2,362,363				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	67,530	0	2,160,225		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	27,370	0	0	1,435,845	14.00
15.00	01500	PHARMACY	0	122,640	0	163,490	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	76,820	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,374,860	352,539	0	469,942	0	30.00
31.00	03100	INTENSIVE CARE UNIT	191,485	98,304	0	131,048	0	31.00
40.00	04000	SUBPROVIDER - IPF	263,231	52,545	0	70,047	0	40.00
41.00	04100	SUBPROVIDER - IRF	214,672	61,874	0	0	0	41.00
43.00	04300	NURSERY	0	18,880	0	25,169	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	97,828	0	130,412	0	50.00
50.02	03330	ENDOSCOPY	0	14,946	0	19,924	0	50.02
51.00	05100	RECOVERY ROOM	0	30,271	0	40,354	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	91,939	0	122,562	0	52.00
53.00	05300	ANESTHESIOLOGY	0	14,035	0	18,710	0	53.00
53.01	05301	PAIN CENTER	0	25,292	0	33,716	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	106,408	0	141,850	0	54.00
56.00	05600	RADIOISOTOPE	0	8,827	0	0	0	56.00
57.00	05700	CT SCAN	0	31,285	0	0	0	57.00
58.00	05800	MRI	0	16,328	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	72,670	0	96,875	0	59.00
60.00	06000	LABORATORY	0	141,938	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	38,208	0	50,934	0	65.00
66.00	06600	PHYSICAL THERAPY	0	121,589	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	49,554	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,724	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	968,163	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	467,682	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	51,271	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	11,237	0	14,979	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	8,249	0	10,996	0	90.02
90.03	09003	WOUND CLINIC	0	14,221	0	0	0	90.03
90.12	09012	CTPET	0	1,632	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	24,958	0	0	0	90.13
91.00	09100	EMERGENCY	0	177,133	0	236,134	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	277,833	0	370,375	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,044,248	2,325,878	0	2,147,517	1,435,845	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	2,742	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	10,130	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	9,533	0	12,708	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	13,408	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	CANCER CARE	0	4	0	0	0	194.04
194.07	07976	BLUE MOUND	0	179	0	0	0	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
194.08	07955	ARTHUR CLINIC	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	0	21	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	11	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	11	0	0	194.15
194.16	07960	CERRO GORDO	0	395	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	23	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	28	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	194.48
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,044,248	2,362,363	0	2,160,225	1,435,845

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	4,064,639					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,426,742				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	149,421	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	36,986	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	24,751	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	32,275	0	0	0	41.00
43.00	04300	NURSERY	0	13,310	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	247,995	0	0	0	50.00
50.02	03330	ENDOSCOPY	0	21,595	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	28,154	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	40,807	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	58,509	0	0	0	53.00
53.01	05301	PAIN CENTER	0	47,789	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	151,550	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	7,548	0	0	0	56.00
57.00	05700	CT SCAN	0	368,989	0	0	0	57.00
58.00	05800	MRI	0	106,085	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	140,890	0	0	0	59.00
60.00	06000	LABORATORY	0	436,201	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	12,183	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	66,495	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	110,875	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	181,831	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	31,540	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	103,128	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	140,083	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,064,639	394,083	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	15,577	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,543	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	1,750	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	5,721	0	0	0	90.03
90.12	09012	CTPET	0	7,522	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	36,756	0	0	0	90.13
91.00	09100	EMERGENCY	0	365,573	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	35,227	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,064,639	3,426,742	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	CANCER CARE	0	0	0	0	0	194.04
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
194.08	07955	ARTHUR CLINIC	0	0	0	0	0 194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	0 194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	0	0 194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0 194.15
194.16	07960	CERRO GORDO	0	0	0	0	0 194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0 194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0 194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	0 194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0 194.40
194.48	07972	MRI BUILDING	0	0	0	0	0 194.48
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	4,064,639	3,426,742	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A				
			21.00	22.00	23.00	24.00	25.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	19,467,123	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	4,127,865	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	2,362,133	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	3,122,772	0	41.00
43.00	04300	NURSERY	0	0	0	741,383	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	4,853,256	0	50.00
50.02	03330	ENDOSCOPY	0	0	0	705,700	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	1,025,618	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,471,963	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	605,083	0	53.00
53.01	05301	PAIN CENTER	0	0	0	976,978	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,801,012	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	367,869	0	56.00
57.00	05700	CT SCAN	0	0	0	1,811,008	0	57.00
58.00	05800	MRI	0	0	0	852,299	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,998,291	0	59.00
60.00	06000	LABORATORY	0	0	0	8,248,237	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	364,344	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,044,415	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,172,766	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,258,510	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	733,265	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	15,635,232	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,589,687	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,464,038	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	1,437,089	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	341,804	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	353,800	0	90.02
90.03	09003	WOUND CLINIC	0	0	0	458,072	0	90.03
90.12	09012	CTPET	0	0	0	157,644	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	1,402,551	0	90.13
91.00	09100	EMERGENCY	0	0	0	7,640,359	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	11,484,268	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	127,076,434	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	204,845	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	929,839	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	804	0	194.00
194.01	07951	ADULT DAY CARE	0	0	0	309,415	0	194.01

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A				
			21.00	22.00	23.00	24.00	25.00	
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	372,926	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,760,398	0	194.03
194.04	07953	CANCER CARE	0	0	0	31,990	0	194.04
194.07	07976	BLUE MOUND	0	0	0	90,234	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	13,021	0	194.08
194.11	07956	2981 NORTH MAIN	0	0	0	297,066	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	35,445	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	20,880	0	194.15
194.16	07960	CERRO GORDO	0	0	0	220,027	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	485,679	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	3,875	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	161	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	275,397	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	132,128,436	0	202.00

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Cost Center Description			Total	
			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
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	19,467,123	30.00
31.00	03100	INTENSIVE CARE UNIT	4,127,865	31.00
40.00	04000	SUBPROVIDER - IPF	2,362,133	40.00
41.00	04100	SUBPROVIDER - IRF	3,122,772	41.00
43.00	04300	NURSERY	741,383	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,853,256	50.00
50.02	03330	ENDOSCOPY	705,700	50.02
51.00	05100	RECOVERY ROOM	1,025,618	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,471,963	52.00
53.00	05300	ANESTHESIOLOGY	605,083	53.00
53.01	05301	PAIN CENTER	976,978	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,801,012	54.00
56.00	05600	RADIOISOTOPE	367,869	56.00
57.00	05700	CT SCAN	1,811,008	57.00
58.00	05800	MRI	852,299	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,998,291	59.00
60.00	06000	LABORATORY	8,248,237	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	364,344	62.00
65.00	06500	RESPIRATORY THERAPY	1,044,415	65.00
66.00	06600	PHYSICAL THERAPY	4,172,766	66.00
69.00	06900	ELECTROCARDIOLOGY	2,258,510	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	733,265	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	15,635,232	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,589,687	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,464,038	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,437,089	75.00
76.00	03950	TREATMENT CENTER	0	76.00
76.97	07697	CARDIAC REHABILITATION	341,804	76.97
OUTPATIENT SERVICE COST CENTERS				
90.02	09002	OUTPATIENT PSYCHIATRIC	353,800	90.02
90.03	09003	WOUND CLINIC	458,072	90.03
90.12	09012	CTPET	157,644	90.12
90.13	09013	RADIATION ONCOLOGY	1,402,551	90.13
91.00	09100	EMERGENCY	7,640,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	11,484,268	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	127,076,434	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	204,845	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	929,839	192.00
194.00	07950	SENIOR SERVICES	804	194.00
194.01	07951	ADULT DAY CARE	309,415	194.01
194.02	07952	SPORTS MEDICINE REHAB	372,926	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	1,760,398	194.03
194.04	07953	CANCER CARE	31,990	194.04
194.07	07976	BLUE MOUND	90,234	194.07
194.08	07955	ARTHUR CLINIC	13,021	194.08
194.11	07956	2981 NORTH MAIN	297,066	194.11

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Cost Center Description			Total	
			26.00	
194.13	07957	MEDICAL OFFICE BUILDING 1750	35,445	194.13
194.15	07959	MT. ZION CLINIC	20,880	194.15
194.16	07960	CERRO GORDO	220,027	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	485,679	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	3,875	194.36
194.38	07969	SCHOOL HEALTH SERVICES	161	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	275,397	194.40
194.48	07972	MRI BUILDING	0	194.48
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	132,128,436	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	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	15,130	17,382	32,512	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,876,814	513,160	589,572	3,979,546	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	29,458	33,844	63,302	6.00
7.00	00700	OPERATION OF PLANT	0	333,968	383,697	717,665	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	132,469	152,194	284,663	8.00
9.00	00900	HOUSEKEEPING	0	47,725	54,832	102,557	9.00
10.00	01000	DIETARY	0	135,072	155,185	290,257	10.00
11.00	01100	CAFETERIA	0	32,120	36,903	69,023	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	14,879	17,095	31,974	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,530	81,614	93,767	176,911	14.00
15.00	01500	PHARMACY	-15,734	31,861	36,606	52,733	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	71,417	82,051	153,468	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	684,456	786,375	1,470,831	30.00
31.00	03100	INTENSIVE CARE UNIT	0	49,528	56,903	106,431	31.00
40.00	04000	SUBPROVIDER - IPF	0	58,223	66,893	125,116	40.00
41.00	04100	SUBPROVIDER - IRF	0	95,926	110,210	206,136	41.00
43.00	04300	NURSERY	0	19,202	22,061	41,263	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	146,797	168,656	315,453	50.00
50.02	03330	ENDOSCOPY	0	27,697	31,821	59,518	50.02
51.00	05100	RECOVERY ROOM	0	18,910	21,726	40,636	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	78,944	90,699	169,643	52.00
53.00	05300	ANESTHESIOLOGY	0	2,629	3,020	5,649	53.00
53.01	05301	PAIN CENTER	0	29,266	33,624	62,890	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,812	119,893	137,745	278,450	54.00
56.00	05600	RADIOISOTOPE	0	5,533	6,357	11,890	56.00
57.00	05700	CT SCAN	0	4,657	5,350	10,007	57.00
58.00	05800	MRI	0	7,369	8,466	15,835	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	41,617	47,813	89,430	59.00
60.00	06000	LABORATORY	25,880	296,215	340,322	662,417	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	2,270	2,608	4,878	62.00
65.00	06500	RESPIRATORY THERAPY	-5,141	6,317	7,258	8,434	65.00
66.00	06600	PHYSICAL THERAPY	0	114,677	131,753	246,430	66.00
69.00	06900	ELECTROCARDIOLOGY	43,386	31,536	36,232	111,154	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	255	21,981	25,254	47,490	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	29,858	34,305	64,163	90.02
90.03	09003	WOUND CLINIC	0	0	0	0	90.03
90.12	09012	CTPET	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	2,200	0	0	2,200	90.13
91.00	09100	EMERGENCY	0	313,255	359,900	673,155	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	668,893	0	0	668,893	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,618,895	3,645,629	4,188,479	11,453,003	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	4,381	5,034	9,415	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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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	
194.03	07954	0	279,984	321,674	601,658	0	194.03
194.04	07953	0	0	0	0	0	194.04
194.07	07976	0	0	0	0	2	194.07
194.08	07955	0	0	0	0	0	194.08
194.11	07956	0	0	0	0	0	194.11
194.13	07957	0	0	0	0	0	194.13
194.15	07959	0	0	0	0	0	194.15
194.16	07960	0	0	0	0	4	194.16
194.24	07964	0	0	0	0	0	194.24
194.36	07967	0	0	0	0	0	194.36
194.38	07969	0	0	0	0	0	194.38
194.40	07977	0	45,071	51,783	96,854	0	194.40
194.48	07972	0	0	0	0	0	194.48
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,618,895	3,975,065	4,566,970	12,160,930	32,512	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL	3,983,925					5.00
6.00	00600	MAINTENANCE & REPAIRS	2,507	65,809				6.00
7.00	00700	OPERATION OF PLANT	223,440	6,431	948,488			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	36,031	2,551	40,750	364,021		8.00
9.00	00900	HOUSEKEEPING	65,174	919	14,681	0	183,896	9.00
10.00	01000	DIETARY	48,554	2,601	41,550	0	8,556	10.00
11.00	01100	CAFETERIA	68,127	619	9,881	0	2,035	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	61,666	287	4,577	0	942	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	34,563	1,572	25,106	0	5,170	14.00
15.00	01500	PHARMACY	110,858	614	9,801	0	2,018	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	94,099	1,375	21,969	0	4,524	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	419,179	13,180	210,550	244,822	43,356	30.00
31.00	03100	INTENSIVE CARE UNIT	101,590	954	15,236	34,098	3,137	31.00
40.00	04000	SUBPROVIDER - IPF	47,319	1,121	17,910	46,874	3,688	40.00
41.00	04100	SUBPROVIDER - IRF	70,757	1,847	29,508	38,227	6,076	41.00
43.00	04300	NURSERY	18,766	370	5,907	0	1,216	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	117,765	2,827	45,157	0	9,299	50.00
50.02	03330	ENDOSCOPY	16,894	533	8,520	0	1,754	50.02
51.00	05100	RECOVERY ROOM	26,117	364	5,817	0	1,198	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	89,350	1,520	24,284	0	5,001	52.00
53.00	05300	ANESTHESIOLOGY	15,240	51	809	0	167	53.00
53.01	05301	PAIN CENTER	23,405	564	9,003	0	1,854	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	121,103	2,309	36,881	0	7,594	54.00
56.00	05600	RADIOISOTOPE	10,063	107	1,702	0	350	56.00
57.00	05700	CT SCAN	42,091	90	1,432	0	295	57.00
58.00	05800	MRI	21,296	142	2,267	0	467	58.00
59.00	05900	CARDIAC CATHETERIZATION	77,022	801	12,802	0	2,636	59.00
60.00	06000	LABORATORY	202,589	5,704	91,120	0	18,763	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	10,400	44	698	0	144	62.00
65.00	06500	RESPIRATORY THERAPY	26,190	122	1,943	0	400	65.00
66.00	06600	PHYSICAL THERAPY	107,709	2,208	35,277	0	7,264	66.00
69.00	06900	ELECTROCARDIOLOGY	58,074	607	9,701	0	1,998	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,436	423	6,762	0	1,392	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	439,238	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	210,549	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	211,255	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	41,321	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,350	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	7,142	575	9,185	0	1,891	90.02
90.03	09003	WOUND CLINIC	13,212	0	0	0	0	90.03
90.12	09012	CTPET	4,478	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	40,435	0	0	0	0	90.13
91.00	09100	EMERGENCY	176,553	6,033	96,362	0	19,843	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	325,714	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,865,621	59,465	847,148	364,021	163,028	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	5,670	84	1,348	0	278	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	27,735	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	24	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	8,660	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	10,842	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	25,947	5,392	86,127	0	17,735	194.03
194.04	07953	CANCER CARE	965	0	0	0	0	194.04
194.07	07976	BLUE MOUND	2,716	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	393	0	0	0	0	194.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.11	07956	2981 NORTH MAIN	8,958	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	1,069	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960	CERRO GORDO	6,623	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	14,646	0	0	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	116	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	4	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	3,936	868	13,865	0	2,855	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
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)	3,983,925	65,809	948,488	364,021	183,896	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	391,838					10.00
11.00	01100	CAFETERIA	0	150,125				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	4,291	0	104,475		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,739	0	0	245,360	14.00
15.00	01500	PHARMACY	0	7,793	0	7,907	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,881	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	263,530	22,413	0	22,726	0	30.00
31.00	03100	INTENSIVE CARE UNIT	36,704	6,247	0	6,338	0	31.00
40.00	04000	SUBPROVIDER - IPF	50,456	3,339	0	3,388	0	40.00
41.00	04100	SUBPROVIDER - IRF	41,148	3,932	0	0	0	41.00
43.00	04300	NURSERY	0	1,200	0	1,217	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,216	0	6,307	0	50.00
50.02	03330	ENDOSCOPY	0	950	0	964	0	50.02
51.00	05100	RECOVERY ROOM	0	1,924	0	1,952	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,842	0	5,928	0	52.00
53.00	05300	ANESTHESIOLOGY	0	892	0	905	0	53.00
53.01	05301	PAIN CENTER	0	1,607	0	1,631	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,761	0	6,860	0	54.00
56.00	05600	RADIOISOTOPE	0	561	0	0	0	56.00
57.00	05700	CT SCAN	0	1,988	0	0	0	57.00
58.00	05800	MRI	0	1,038	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,618	0	4,685	0	59.00
60.00	06000	LABORATORY	0	9,019	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	2,428	0	2,463	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,726	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,149	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,253	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	165,442	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	79,918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,258	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	714	0	724	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	524	0	532	0	90.02
90.03	09003	WOUND CLINIC	0	904	0	0	0	90.03
90.12	09012	CTPET	0	104	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	1,586	0	0	0	90.13
91.00	09100	EMERGENCY	0	11,256	0	11,420	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	17,654	0	17,913	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	391,838	147,807	0	103,860	245,360	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	174	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	644	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	606	0	615	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	852	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	CANCER CARE	0	0	0	0	0	194.04
194.07	07976	BLUE MOUND	0	11	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
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Part II
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
194.08	07955	ARTHUR CLINIC	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	0	1	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	1	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	1	0	0	194.15
194.16	07960	CERRO GORDO	0	25	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	1	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	2	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	194.48
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	391,838	150,125	0	104,475	245,360

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	193,065					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	281,156				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	12,258	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,034	0			31.00
40.00	04000	SUBPROVIDER - IPF	0	2,030	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	2,648	0			41.00
43.00	04300	NURSERY	0	1,092	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	20,345	0			50.00
50.02	03330	ENDOSCOPY	0	1,772	0			50.02
51.00	05100	RECOVERY ROOM	0	2,310	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,348	0			52.00
53.00	05300	ANESTHESIOLOGY	0	4,800	0			53.00
53.01	05301	PAIN CENTER	0	3,920	0			53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,433	0			54.00
56.00	05600	RADIOISOTOPE	0	619	0			56.00
57.00	05700	CT SCAN	0	30,270	0			57.00
58.00	05800	MRI	0	8,703	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,558	0			59.00
60.00	06000	LABORATORY	0	35,823	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	999	0			62.00
65.00	06500	RESPIRATORY THERAPY	0	5,455	0			65.00
66.00	06600	PHYSICAL THERAPY	0	9,096	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	14,917	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,587	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	8,460	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,492	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	193,065	32,329	0			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,278	0			75.00
76.00	03950	TREATMENT CENTER	0	0	0			76.00
76.97	07697	CARDIAC REHABILITATION	0	455	0			76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	144	0			90.02
90.03	09003	WOUND CLINIC	0	469	0			90.03
90.12	09012	CTPET	0	617	0			90.12
90.13	09013	RADIATION ONCOLOGY	0	3,015	0			90.13
91.00	09100	EMERGENCY	0	29,990	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	2,890	0			95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	193,065	281,156	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0			190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0			192.00
194.00	07950	SENIOR SERVICES	0	0	0			194.00
194.01	07951	ADULT DAY CARE	0	0	0			194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	0			194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.03
194.04	07953	CANCER CARE	0	0	0			194.04
194.07	07976	BLUE MOUND	0	0	0			194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
194.08	07955	ARTHUR CLINIC	0	0	0		194.08
194.11	07956	2981 NORTH MAIN	0	0	0		194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0		194.13
194.15	07959	MT. ZION CLINIC	0	0	0		194.15
194.16	07960	CERRO GORDO	0	0	0		194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0		194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0		194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0		194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0		194.40
194.48	07972	MRI BUILDING	0	0	0		194.48
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	193,065	281,156	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A				
			21.00	22.00	23.00	24.00	25.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				2,726,699	0	30.00
31.00	03100	INTENSIVE CARE UNIT				314,844	0	31.00
40.00	04000	SUBPROVIDER - IPF				301,816	0	40.00
41.00	04100	SUBPROVIDER - IRF				400,956	0	41.00
43.00	04300	NURSERY				71,237	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				524,439	0	50.00
50.02	03330	ENDOSCOPY				91,068	0	50.02
51.00	05100	RECOVERY ROOM				80,649	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				305,921	0	52.00
53.00	05300	ANESTHESIOLOGY				28,666	0	53.00
53.01	05301	PAIN CENTER				105,151	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC				473,554	0	54.00
56.00	05600	RADIOISOTOPE				25,389	0	56.00
57.00	05700	CT SCAN				86,515	0	57.00
58.00	05800	MRI				49,927	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				204,347	0	59.00
60.00	06000	LABORATORY				1,026,987	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD				17,163	0	62.00
65.00	06500	RESPIRATORY THERAPY				47,853	0	65.00
66.00	06600	PHYSICAL THERAPY				417,039	0	66.00
69.00	06900	ELECTROCARDIOLOGY				200,142	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				78,559	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT				613,140	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				301,959	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				436,649	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)				46,418	0	75.00
76.00	03950	TREATMENT CENTER				0	0	76.00
76.97	07697	CARDIAC REHABILITATION				11,366	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC				84,246	0	90.02
90.03	09003	WOUND CLINIC				14,740	0	90.03
90.12	09012	CTPET				5,217	0	90.12
90.13	09013	RADIATION ONCOLOGY				47,509	0	90.13
91.00	09100	EMERGENCY				1,026,549	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				1,036,102	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	11,202,816	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN				16,999	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES				28,490	0	192.00
194.00	07950	SENIOR SERVICES				24	0	194.00
194.01	07951	ADULT DAY CARE				9,985	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A				
			21.00	22.00	23.00	24.00	25.00	
194.02	07952	SPORTS MEDICINE REHAB				11,841	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS				736,859	0	194.03
194.04	07953	CANCER CARE				965	0	194.04
194.07	07976	BLUE MOUND				2,729	0	194.07
194.08	07955	ARTHUR CLINIC				393	0	194.08
194.11	07956	2981 NORTH MAIN				8,959	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750				1,070	0	194.13
194.15	07959	MT. ZION CLINIC				1	0	194.15
194.16	07960	CERRO GORDO				6,652	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE				14,646	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD				117	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES				6	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR				118,378	0	194.40
194.48	07972	MRI BUILDING				0	0	194.48
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	12,160,930	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
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To 06/30/2019Worksheet B
Part II
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Cost Center Description			Total	
			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
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,726,699	30.00
31.00	03100	INTENSIVE CARE UNIT	314,844	31.00
40.00	04000	SUBPROVIDER - IPF	301,816	40.00
41.00	04100	SUBPROVIDER - IRF	400,956	41.00
43.00	04300	NURSERY	71,237	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	524,439	50.00
50.02	03330	ENDOSCOPY	91,068	50.02
51.00	05100	RECOVERY ROOM	80,649	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	305,921	52.00
53.00	05300	ANESTHESIOLOGY	28,666	53.00
53.01	05301	PAIN CENTER	105,151	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	473,554	54.00
56.00	05600	RADIOISOTOPE	25,389	56.00
57.00	05700	CT SCAN	86,515	57.00
58.00	05800	MRI	49,927	58.00
59.00	05900	CARDIAC CATHETERIZATION	204,347	59.00
60.00	06000	LABORATORY	1,026,987	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	17,163	62.00
65.00	06500	RESPIRATORY THERAPY	47,853	65.00
66.00	06600	PHYSICAL THERAPY	417,039	66.00
69.00	06900	ELECTROCARDIOLOGY	200,142	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	78,559	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	613,140	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	301,959	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	436,649	73.00
75.00	07500	ASC (NON-DISTINCT PART)	46,418	75.00
76.00	03950	TREATMENT CENTER	0	76.00
76.97	07697	CARDIAC REHABILITATION	11,366	76.97
OUTPATIENT SERVICE COST CENTERS				
90.02	09002	OUTPATIENT PSYCHIATRIC	84,246	90.02
90.03	09003	WOUND CLINIC	14,740	90.03
90.12	09012	CTPET	5,217	90.12
90.13	09013	RADIATION ONCOLOGY	47,509	90.13
91.00	09100	EMERGENCY	1,026,549	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	1,036,102	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,202,816	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	16,999	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	28,490	192.00
194.00	07950	SENIOR SERVICES	24	194.00
194.01	07951	ADULT DAY CARE	9,985	194.01
194.02	07952	SPORTS MEDICINE REHAB	11,841	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	736,859	194.03
194.04	07953	CANCER CARE	965	194.04
194.07	07976	BLUE MOUND	2,729	194.07
194.08	07955	ARTHUR CLINIC	393	194.08
194.11	07956	2981 NORTH MAIN	8,959	194.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description			Total	
			26.00	
194.13	07957	MEDICAL OFFICE BUILDING 1750	1,070	194.13
194.15	07959	MT. ZION CLINIC	1	194.15
194.16	07960	CERRO GORDO	6,652	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	14,646	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	117	194.36
194.38	07969	SCHOOL HEALTH SERVICES	6	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	118,378	194.40
194.48	07972	MRI BUILDING	0	194.48
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,160,930	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	476,340					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		476,340				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,813	1,813	49,375,628			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	61,493	61,493	6,621,531	-31,512,094	100,595,473	5.00
6.00	00600	MAINTENANCE & REPAIRS	3,530	3,530	0	0	63,302	6.00
7.00	00700	OPERATION OF PLANT	40,020	40,020	1,446,287	0	5,641,989	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,874	15,874	39,488	0	909,807	8.00
9.00	00900	HOUSEKEEPING	5,719	5,719	858,764	0	1,645,681	9.00
10.00	01000	DIETARY	16,186	16,186	486,580	0	1,226,018	10.00
11.00	01100	CAFETERIA	3,849	3,849	668,248	0	1,720,242	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,783	1,783	1,122,141	0	1,557,098	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,780	9,780	454,805	0	872,745	14.00
15.00	01500	PHARMACY	3,818	3,818	2,037,889	0	2,799,223	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,558	8,558	1,276,497	0	2,376,051	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	82,020	82,020	5,857,854	0	10,584,526	30.00
31.00	03100	INTENSIVE CARE UNIT	5,935	5,935	1,633,507	0	2,565,206	31.00
40.00	04000	SUBPROVIDER - IPF	6,977	6,977	873,131	0	1,194,823	40.00
41.00	04100	SUBPROVIDER - IRF	11,495	11,495	1,028,156	0	1,786,655	41.00
43.00	04300	NURSERY	2,301	2,301	313,728	0	473,862	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,591	17,591	1,625,583	0	2,973,649	50.00
50.02	03330	ENDOSCOPY	3,319	3,319	248,354	0	426,578	50.02
51.00	05100	RECOVERY ROOM	2,266	2,266	503,010	0	659,472	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,460	9,460	1,527,733	0	2,256,149	52.00
53.00	05300	ANESTHESIOLOGY	315	315	233,221	0	384,829	53.00
53.01	05301	PAIN CENTER	3,507	3,507	420,266	0	590,981	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,367	14,367	1,768,154	0	3,057,914	54.00
56.00	05600	RADIOISOTOPE	663	663	146,683	0	254,108	56.00
57.00	05700	CT SCAN	558	558	519,864	0	1,062,829	57.00
58.00	05800	MRI	883	883	271,325	0	537,748	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,987	4,987	1,207,547	0	1,944,850	59.00
60.00	06000	LABORATORY	35,496	35,496	2,358,550	0	5,115,495	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	272	272	0	0	262,604	62.00
65.00	06500	RESPIRATORY THERAPY	757	757	634,889	0	661,312	65.00
66.00	06600	PHYSICAL THERAPY	13,742	13,742	2,020,425	0	2,719,719	66.00
69.00	06900	ELECTROCARDIOLOGY	3,779	3,779	823,422	0	1,466,399	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,634	2,634	327,755	0	465,520	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	11,089,980	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,316,497	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,334,311	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	851,955	0	1,043,392	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	186,718	0	236,089	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	3,578	3,578	137,064	0	180,338	90.02
90.03	09003	WOUND CLINIC	0	0	236,303	0	333,621	90.03
90.12	09012	CTPET	0	0	27,120	0	113,070	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	414,718	0	1,021,002	90.13
91.00	09100	EMERGENCY	37,538	37,538	2,943,391	0	4,458,081	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	4,616,707	0	8,224,469	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	436,863	436,863	48,769,363	-31,512,094	97,608,234	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	525	525	45,557	0	143,171	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	168,327	0	700,327	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	612	194.00
194.01	07951	ADULT DAY CARE	0	0	158,403	0	218,673	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
194.02	07952	SPORTS MEDICINE REHAB	0	0	222,803	0	273,761	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	33,551	33,551	0	0	655,187	194.03
194.04	07953	CANCER CARE	0	0	68	0	24,356	194.04
194.07	07976	BLUE MOUND	0	0	2,980	0	68,574	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	9,915	194.08
194.11	07956	2981 NORTH MAIN	0	0	341	0	226,190	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	182	0	26,982	194.13
194.15	07959	MT. ZION CLINIC	0	0	187	-20,869	0	194.15
194.16	07960	CERRO GORDO	0	0	6,567	0	167,242	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	369,828	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	383	0	2,933	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	467	0	101	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	5,401	5,401	0	0	99,387	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,975,065	4,566,970	10,696,838		31,512,094	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.345016	9.587626	0.216642		0.313256	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			32,512		3,983,925	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000658		0.039603	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: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DA YS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
		6.00	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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	409,504				6.00
7.00	00700	OPERATION OF PLANT	40,020	369,484			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,874	15,874	29,006		8.00
9.00	00900	HOUSEKEEPING	5,719	5,719	0	347,891	9.00
10.00	01000	DIETARY	16,186	16,186	0	16,186	10.00
11.00	01100	CAFETERIA	3,849	3,849	0	3,849	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,783	1,783	0	1,783	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,780	9,780	0	9,780	14.00
15.00	01500	PHARMACY	3,818	3,818	0	3,818	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,558	8,558	0	8,558	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	82,020	82,020	19,508	82,020	30.00
31.00	03100	INTENSIVE CARE UNIT	5,935	5,935	2,717	5,935	31.00
40.00	04000	SUBPROVIDER - IPF	6,977	6,977	3,735	6,977	40.00
41.00	04100	SUBPROVIDER - IRF	11,495	11,495	3,046	11,495	41.00
43.00	04300	NURSERY	2,301	2,301	0	2,301	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,591	17,591	0	17,591	50.00
50.02	03330	ENDOSCOPY	3,319	3,319	0	3,319	50.02
51.00	05100	RECOVERY ROOM	2,266	2,266	0	2,266	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,460	9,460	0	9,460	52.00
53.00	05300	ANESTHESIOLOGY	315	315	0	315	53.00
53.01	05301	PAIN CENTER	3,507	3,507	0	3,507	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,367	14,367	0	14,367	54.00
56.00	05600	RADIOISOTOPE	663	663	0	663	56.00
57.00	05700	CT SCAN	558	558	0	558	57.00
58.00	05800	MRI	883	883	0	883	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,987	4,987	0	4,987	59.00
60.00	06000	LABORATORY	35,496	35,496	0	35,496	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	272	272	0	272	62.00
65.00	06500	RESPIRATORY THERAPY	757	757	0	757	65.00
66.00	06600	PHYSICAL THERAPY	13,742	13,742	0	13,742	66.00
69.00	06900	ELECTROCARDIOLOGY	3,779	3,779	0	3,779	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,634	2,634	0	2,634	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	3,578	3,578	0	3,578	90.02
90.03	09003	WOUND CLINIC	0	0	0	0	90.03
90.12	09012	CTPET	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	0	90.13
91.00	09100	EMERGENCY	37,538	37,538	0	37,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	370,027	330,007	29,006	308,414	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	525	525	0	525	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	33,551	33,551	0	33,551	194.03
194.04	07953	CANCER CARE	0	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
194.07	07976	BLUE MOUND	0	0	0	0	0	0 194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	0	0 194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	0	0 194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	0 194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	0 194.15
194.16	07960	CERRO GORDO	0	0	0	0	0	0 194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	0 194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	0 194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	0	0 194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	5,401	5,401	0	5,401	0	0 194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	0 194.48
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)	83,132	7,417,500	1,516,708	2,277,172	2,044,248	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.203007	20.075294	52.289457	6.545648	70.476729	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	65,809	948,488	364,021	183,896	391,838	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.160704	2.567061	12.549852	0.528602	13.508860	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: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description			CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (GROSS SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	39,254,730					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,122,141	0	26,927,149			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	454,805	0	0	16,322,405		14.00
15.00	01500	PHARMACY	2,037,889	0	2,037,889	0	100,000	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,276,497	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,857,854	0	5,857,854	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,633,507	0	1,633,507	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	873,131	0	873,131	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,028,156	0	0	0	0	41.00
43.00	04300	NURSERY	313,728	0	313,728	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,625,583	0	1,625,583	0	0	50.00
50.02	03330	ENDOSCOPY	248,354	0	248,354	0	0	50.02
51.00	05100	RECOVERY ROOM	503,010	0	503,010	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,527,733	0	1,527,733	0	0	52.00
53.00	05300	ANESTHESIOLOGY	233,221	0	233,221	0	0	53.00
53.01	05301	PAIN CENTER	420,266	0	420,266	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,768,154	0	1,768,154	0	0	54.00
56.00	05600	RADIOISOTOPE	146,683	0	0	0	0	56.00
57.00	05700	CT SCAN	519,864	0	0	0	0	57.00
58.00	05800	MRI	271,325	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,207,547	0	1,207,547	0	0	59.00
60.00	06000	LABORATORY	2,358,550	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	634,889	0	634,889	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,020,425	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	823,422	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	327,755	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	11,005,908	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,316,497	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100,000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	851,955	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	186,718	0	186,718	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	137,064	0	137,064	0	0	90.02
90.03	09003	WOUND CLINIC	236,303	0	0	0	0	90.03
90.12	09012	CTPET	27,120	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	414,718	0	0	0	0	90.13
91.00	09100	EMERGENCY	2,943,391	0	2,943,391	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,616,707	0	4,616,707	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,648,465	0	26,768,746	16,322,405	100,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	45,557	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	168,327	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	158,403	0	158,403	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	222,803	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description			CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (GROSS SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
194.04	07953	CANCER CARE	68	0	0	0	0	194.04
194.07	07976	BLUE MOUND	2,980	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	341	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	182	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	187	0	0	0	0	194.15
194.16	07960	CERRO GORDO	6,567	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	383	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	467	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
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)	2,362,363	0	2,160,225	1,435,845	4,064,639	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.060180	0.000000	0.080225	0.087968	40.646390	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	150,125	0	104,475	245,360	193,065	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.003824	0.000000	0.003880	0.015032	1.930650	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: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES A (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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	599,395,859					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0			100	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,136,280	0	0	0	100	30.00
31.00	03100	INTENSIVE CARE UNIT	6,469,403	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	4,329,418	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,645,442	0	0	0	0	41.00
43.00	04300	NURSERY	2,328,219	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,378,546	0	0	0	0	50.00
50.02	03330	ENDOSCOPY	3,777,245	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	4,924,560	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,137,810	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	10,234,259	0	0	0	0	53.00
53.01	05301	PAIN CENTER	8,359,138	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,508,731	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	1,320,257	0	0	0	0	56.00
57.00	05700	CT SCAN	64,542,379	0	0	0	0	57.00
58.00	05800	MRI	18,556,100	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,644,019	0	0	0	0	59.00
60.00	06000	LABORATORY	76,299,704	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	2,130,970	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	11,631,079	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	19,393,934	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	31,805,283	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,516,919	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	18,038,848	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,502,835	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,931,738	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	2,724,721	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	969,531	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	306,153	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	1,000,702	0	0	0	0	90.03
90.12	09012	CTPET	1,315,735	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	6,429,257	0	0	0	0	90.13
91.00	09100	EMERGENCY	63,944,852	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,161,792	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	599,395,859	0	0	0	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES A (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	CANCER CARE	0	0	0	0	0	194.04
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,426,742	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005717	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	281,156	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000469	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	23.00	
		SERVICES-OTHER PRGM COSTS A			
		(ASSIGNED TIME)			
		22.00			
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
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
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
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.02	03330	ENDOSCOPY	0	0	50.02
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
53.01	05301	PAIN CENTER	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	90.03
90.12	09012	CTPET	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	90.13
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet B-1
Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)		
			SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)			
			22.00			
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.03
194.04	07953	CANCER CARE	0	0		194.04
194.07	07976	BLUE MOUND	0	0		194.07
194.08	07955	ARTHUR CLINIC	0	0		194.08
194.11	07956	2981 NORTH MAIN	0	0		194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0		194.13
194.15	07959	MT. ZION CLINIC	0	0		194.15
194.16	07960	CERRO GORDO	0	0		194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0		194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0		194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0		194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0		194.40
194.48	07972	MRI BUILDING	0	0		194.48
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 1:34 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,467,123		19,467,123	34,364	19,501,487	30.00
31.00	03100	INTENSIVE CARE UNIT	4,127,865		4,127,865	0	4,127,865	31.00
40.00	04000	SUBPROVIDER - IPF	2,362,133		2,362,133	0	2,362,133	40.00
41.00	04100	SUBPROVIDER - IRF	3,122,772		3,122,772	29,327	3,152,099	41.00
43.00	04300	NURSERY	741,383		741,383	13,897	755,280	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,853,256		4,853,256	0	4,853,256	50.00
50.02	03330	ENDOSCOPY	705,700		705,700	0	705,700	50.02
51.00	05100	RECOVERY ROOM	1,025,618		1,025,618	0	1,025,618	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,471,963		3,471,963	0	3,471,963	52.00
53.00	05300	ANESTHESIOLOGY	605,083		605,083	0	605,083	53.00
53.01	05301	PAIN CENTER	976,978		976,978	0	976,978	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,801,012		4,801,012	0	4,801,012	54.00
56.00	05600	RADIOISOTOPE	367,869		367,869	0	367,869	56.00
57.00	05700	CT SCAN	1,811,008		1,811,008	0	1,811,008	57.00
58.00	05800	MRI	852,299		852,299	0	852,299	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,998,291		2,998,291	0	2,998,291	59.00
60.00	06000	LABORATORY	8,248,237		8,248,237	0	8,248,237	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	364,344		364,344	0	364,344	62.00
65.00	06500	RESPIRATORY THERAPY	1,044,415	0	1,044,415	7,537	1,051,952	65.00
66.00	06600	PHYSICAL THERAPY	4,172,766	0	4,172,766	0	4,172,766	66.00
69.00	06900	ELECTROCARDIOLOGY	2,258,510		2,258,510	14,301	2,272,811	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	733,265		733,265	167	733,432	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	15,635,232		15,635,232	0	15,635,232	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,589,687		7,589,687	0	7,589,687	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,464,038		11,464,038	0	11,464,038	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,437,089		1,437,089	0	1,437,089	75.00
76.00	03950	TREATMENT CENTER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	341,804		341,804	0	341,804	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	353,800		353,800	0	353,800	90.02
90.03	09003	WOUND CLINIC	458,072		458,072	0	458,072	90.03
90.12	09012	CTPET	157,644		157,644	0	157,644	90.12
90.13	09013	RADIATION ONCOLOGY	1,402,551		1,402,551	0	1,402,551	90.13
91.00	09100	EMERGENCY	7,640,359		7,640,359	6,104	7,646,463	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	2,606,278		2,606,278	0	2,606,278	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	11,484,268		11,484,268	0	11,484,268	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	129,682,712	0	129,682,712	105,697	129,788,409	200.00
201.00		Less Observation Beds	2,606,278		2,606,278		2,606,278	201.00
202.00		Total (see instructions)	127,076,434	0	127,076,434	105,697	127,182,131	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
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			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,548,523		23,548,523			30.00
31.00	03100	INTENSIVE CARE UNIT	5,828,866		5,828,866			31.00
40.00	04000	SUBPROVIDER - IPF	3,900,762		3,900,762			40.00
41.00	04100	SUBPROVIDER - IRF	5,086,486		5,086,486			41.00
43.00	04300	NURSERY	2,097,702		2,097,702			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,517,925	24,860,621	43,378,546	0.111881	0.000000	50.00
50.02	03330	ENDOSCOPY	299,060	3,478,185	3,777,245	0.186829	0.000000	50.02
51.00	05100	RECOVERY ROOM	1,781,126	3,143,434	4,924,560	0.208266	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,428,073	1,709,737	7,137,810	0.486419	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,546,925	6,687,334	10,234,259	0.059123	0.000000	53.00
53.01	05301	PAIN CENTER	14,025	8,345,113	8,359,138	0.116875	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,237,670	20,271,061	26,508,731	0.181111	0.000000	54.00
56.00	05600	RADIOISOTOPE	376,682	943,575	1,320,257	0.278634	0.000000	56.00
57.00	05700	CT SCAN	16,447,379	48,095,000	64,542,379	0.028059	0.000000	57.00
58.00	05800	MRI	4,055,397	14,500,703	18,556,100	0.045931	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,156,406	16,487,613	24,644,019	0.121664	0.000000	59.00
60.00	06000	LABORATORY	29,842,376	46,457,328	76,299,704	0.108103	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	1,438,001	692,969	2,130,970	0.170976	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	9,064,438	2,566,641	11,631,079	0.089795	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	10,774,594	8,619,340	19,393,934	0.215158	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	5,529,722	26,275,561	31,805,283	0.071011	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	411,479	5,105,440	5,516,919	0.132912	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	8,314,499	9,724,349	18,038,848	0.866753	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,838,650	10,664,185	24,502,835	0.309747	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,027,481	31,904,257	68,931,738	0.166310	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	24,895	2,699,826	2,724,721	0.527426	0.000000	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,932	967,599	969,531	0.352546	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	6,179	299,974	306,153	1.155631	0.000000	90.02
90.03	09003	WOUND CLINIC	194,725	805,977	1,000,702	0.457751	0.000000	90.03
90.12	09012	CTPET	16,856	1,298,879	1,315,735	0.119814	0.000000	90.12
90.13	09013	RADIATION ONCOLOGY	9,516	6,419,741	6,429,257	0.218151	0.000000	90.13
91.00	09100	EMERGENCY	13,691,595	50,253,257	63,944,852	0.119484	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,335,870	3,110,554	4,446,424	0.586151	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	6,161,792	6,161,792	1.863787	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	236,845,815	362,550,045	599,395,860			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	236,845,815	362,550,045	599,395,860			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet C
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.111881		50.00
50.02	03330	ENDOSCOPY	0.186829		50.02
51.00	05100	RECOVERY ROOM	0.208266		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.486419		52.00
53.00	05300	ANESTHESIOLOGY	0.059123		53.00
53.01	05301	PAIN CENTER	0.116875		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.181111		54.00
56.00	05600	RADIOISOTOPE	0.278634		56.00
57.00	05700	CT SCAN	0.028059		57.00
58.00	05800	MRI	0.045931		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.121664		59.00
60.00	06000	LABORATORY	0.108103		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.170976		62.00
65.00	06500	RESPIRATORY THERAPY	0.090443		65.00
66.00	06600	PHYSICAL THERAPY	0.215158		66.00
69.00	06900	ELECTROCARDIOLOGY	0.071460		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132942		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.866753		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.309747		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166310		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.527426		75.00
76.00	03950	TREATMENT CENTER	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.352546		76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	1.155631		90.02
90.03	09003	WOUND CLINIC	0.457751		90.03
90.12	09012	CTPET	0.119814		90.12
90.13	09013	RADIATION ONCOLOGY	0.218151		90.13
91.00	09100	EMERGENCY	0.119579		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.586151		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	1.863787		95.00
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: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
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			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE	Total Costs	
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,467,123		19,467,123	34,364	19,501,487	30.00
31.00	03100	INTENSIVE CARE UNIT	4,127,865		4,127,865	0	4,127,865	31.00
40.00	04000	SUBPROVIDER - IPF	2,362,133		2,362,133	0	2,362,133	40.00
41.00	04100	SUBPROVIDER - IRF	3,122,772		3,122,772	29,327	3,152,099	41.00
43.00	04300	NURSERY	741,383		741,383	13,897	755,280	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,853,256		4,853,256	0	4,853,256	50.00
50.02	03330	ENDOSCOPY	705,700		705,700	0	705,700	50.02
51.00	05100	RECOVERY ROOM	1,025,618		1,025,618	0	1,025,618	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,471,963		3,471,963	0	3,471,963	52.00
53.00	05300	ANESTHESIOLOGY	605,083		605,083	0	605,083	53.00
53.01	05301	PAIN CENTER	976,978		976,978	0	976,978	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,801,012		4,801,012	0	4,801,012	54.00
56.00	05600	RADIOISOTOPE	367,869		367,869	0	367,869	56.00
57.00	05700	CT SCAN	1,811,008		1,811,008	0	1,811,008	57.00
58.00	05800	MRI	852,299		852,299	0	852,299	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,998,291		2,998,291	0	2,998,291	59.00
60.00	06000	LABORATORY	8,248,237		8,248,237	0	8,248,237	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	364,344		364,344	0	364,344	62.00
65.00	06500	RESPIRATORY THERAPY	1,044,415	0	1,044,415	7,537	1,051,952	65.00
66.00	06600	PHYSICAL THERAPY	4,172,766	0	4,172,766	0	4,172,766	66.00
69.00	06900	ELECTROCARDIOLOGY	2,258,510		2,258,510	14,301	2,272,811	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	733,265		733,265	167	733,432	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	15,635,232		15,635,232	0	15,635,232	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,589,687		7,589,687	0	7,589,687	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,464,038		11,464,038	0	11,464,038	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,437,089		1,437,089	0	1,437,089	75.00
76.00	03950	TREATMENT CENTER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	341,804		341,804	0	341,804	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	353,800		353,800	0	353,800	90.02
90.03	09003	WOUND CLINIC	458,072		458,072	0	458,072	90.03
90.12	09012	CTPET	157,644		157,644	0	157,644	90.12
90.13	09013	RADIATION ONCOLOGY	1,402,551		1,402,551	0	1,402,551	90.13
91.00	09100	EMERGENCY	7,640,359		7,640,359	6,104	7,646,463	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	2,606,278		2,606,278		2,606,278	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	11,484,268		11,484,268	0	11,484,268	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	129,682,712	0	129,682,712	105,697	129,788,409	200.00
201.00		Less Observation Beds	2,606,278		2,606,278		2,606,278	201.00
202.00		Total (see instructions)	127,076,434	0	127,076,434	105,697	127,182,131	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
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			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,548,523		23,548,523			30.00
31.00	03100	INTENSIVE CARE UNIT	5,828,866		5,828,866			31.00
40.00	04000	SUBPROVIDER - IPF	3,900,762		3,900,762			40.00
41.00	04100	SUBPROVIDER - IRF	5,086,486		5,086,486			41.00
43.00	04300	NURSERY	2,097,702		2,097,702			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,517,925	24,860,621	43,378,546	0.111881	0.000000	50.00
50.02	03330	ENDOSCOPY	299,060	3,478,185	3,777,245	0.186829	0.000000	50.02
51.00	05100	RECOVERY ROOM	1,781,126	3,143,434	4,924,560	0.208266	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,428,073	1,709,737	7,137,810	0.486419	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,546,925	6,687,334	10,234,259	0.059123	0.000000	53.00
53.01	05301	PAIN CENTER	14,025	8,345,113	8,359,138	0.116875	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,237,670	20,271,061	26,508,731	0.181111	0.000000	54.00
56.00	05600	RADIOISOTOPE	376,682	943,575	1,320,257	0.278634	0.000000	56.00
57.00	05700	CT SCAN	16,447,379	48,095,000	64,542,379	0.028059	0.000000	57.00
58.00	05800	MRI	4,055,397	14,500,703	18,556,100	0.045931	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,156,406	16,487,613	24,644,019	0.121664	0.000000	59.00
60.00	06000	LABORATORY	29,842,376	46,457,328	76,299,704	0.108103	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	1,438,001	692,969	2,130,970	0.170976	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	9,064,438	2,566,641	11,631,079	0.089795	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	10,774,594	8,619,340	19,393,934	0.215158	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	5,529,722	26,275,561	31,805,283	0.071011	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	411,479	5,105,440	5,516,919	0.132912	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	8,314,499	9,724,349	18,038,848	0.866753	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,838,650	10,664,185	24,502,835	0.309747	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,027,481	31,904,257	68,931,738	0.166310	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	24,895	2,699,826	2,724,721	0.527426	0.000000	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,932	967,599	969,531	0.352546	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	6,179	299,974	306,153	1.155631	0.000000	90.02
90.03	09003	WOUND CLINIC	194,725	805,977	1,000,702	0.457751	0.000000	90.03
90.12	09012	CTPET	16,856	1,298,879	1,315,735	0.119814	0.000000	90.12
90.13	09013	RADIATION ONCOLOGY	9,516	6,419,741	6,429,257	0.218151	0.000000	90.13
91.00	09100	EMERGENCY	13,691,595	50,253,257	63,944,852	0.119484	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,335,870	3,110,554	4,446,424	0.586151	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,161,792	6,161,792	1.863787	0.000000	95.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	236,845,815	362,550,045	599,395,860			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	236,845,815	362,550,045	599,395,860			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.02	03330	ENDOSCOPY	0.000000			50.02
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
53.01	05301	PAIN CENTER	0.000000			53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	TREATMENT CENTER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000			90.02
90.03	09003	WOUND CLINIC	0.000000			90.03
90.12	09012	CTPET	0.000000			90.12
90.13	09013	RADIATION ONCOLOGY	0.000000			90.13
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
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: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/26/2019 1:34 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,726,699	0	2,726,699	22,455	121.43	30.00
31.00	INTENSIVE CARE UNIT	314,844		314,844	2,717	115.88	31.00
40.00	SUBPROVIDER - IPF	301,816	0	301,816	3,735	80.81	40.00
41.00	SUBPROVIDER - IRF	400,956	0	400,956	3,046	131.63	41.00
43.00	NURSERY	71,237		71,237	1,561	45.64	43.00
200.00	Total (lines 30 through 199)	3,815,552		3,815,552	33,514		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,714	1,058,141				30.00
31.00	INTENSIVE CARE UNIT	1,577	182,743				31.00
40.00	SUBPROVIDER - IPF	3,040	245,662				40.00
41.00	SUBPROVIDER - IRF	1,958	257,732				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	15,289	1,744,278				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	524,439	43,378,546	0.012090	9,746,526	117,835	50.00
50.02	03330	ENDOSCOPY	91,068	3,777,245	0.024110	181,432	4,374	50.02
51.00	05100	RECOVERY ROOM	80,649	4,924,560	0.016377	978,429	16,024	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	305,921	7,137,810	0.042859	85,759	3,676	52.00
53.00	05300	ANESTHESIOLOGY	28,666	10,234,259	0.002801	1,514,507	4,242	53.00
53.01	05301	PAIN CENTER	105,151	8,359,138	0.012579	4,437	56	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	473,554	26,508,731	0.017864	3,708,719	66,253	54.00
56.00	05600	RADIOISOTOPE	25,389	1,320,257	0.019230	232,883	4,478	56.00
57.00	05700	CT SCAN	86,515	64,542,379	0.001340	9,521,123	12,758	57.00
58.00	05800	MRI	49,927	18,556,100	0.002691	2,379,771	6,404	58.00
59.00	05900	CARDIAC CATHETERIZATION	204,347	24,644,019	0.008292	4,885,143	40,508	59.00
60.00	06000	LABORATORY	1,026,987	76,299,704	0.013460	15,405,451	207,357	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	17,163	2,130,970	0.008054	534,423	4,304	62.00
65.00	06500	RESPIRATORY THERAPY	47,853	11,631,079	0.004114	5,652,861	23,256	65.00
66.00	06600	PHYSICAL THERAPY	417,039	19,393,934	0.021504	2,542,040	54,664	66.00
69.00	06900	ELECTROCARDIOLOGY	200,142	31,805,283	0.006293	3,221,907	20,275	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	78,559	5,516,919	0.014240	228,145	3,249	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	613,140	18,038,848	0.033990	4,340,335	147,528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	301,959	24,502,835	0.012323	7,173,880	88,404	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	436,649	68,931,738	0.006335	18,530,468	117,391	73.00
75.00	07500	ASC (NON-DISTINCT PART)	46,418	2,724,721	0.017036	2,631	45	75.00
76.00	03950	TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	11,366	969,531	0.011723	276	3	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	84,246	306,153	0.275176	609	168	90.02
90.03	09003	WOUND CLINIC	14,740	1,000,702	0.014730	138,683	2,043	90.03
90.12	09012	CTPET	5,217	1,315,735	0.003965	16,654	66	90.12
90.13	09013	RADIATION ONCOLOGY	47,509	6,429,257	0.007390	1,293	10	90.13
91.00	09100	EMERGENCY	1,026,549	63,944,852	0.016054	7,207,924	115,716	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	364,410	4,446,424	0.081956	791,454	64,864	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,715,572	552,771,729		99,027,763	1,125,951	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0166		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/26/2019 1:34 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
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	22,455	0.00	8,714		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	2,717	0.00	1,577		31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	3,735	0.00	3,040		40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	3,046	0.00	1,958		41.00		
43.00	04300	NURSERY	0	0	1,561	0.00	0		43.00		
200.00	Total (lines 30 through 199)		0	0	33,514		15,289		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
200.00	Total (lines 30 through 199)		0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0166		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 1:34 pm	
			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
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
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
53.01	05301	PAIN CENTER	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	0	0	0	90.03
90.12	09012	CTPET	0	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 1:34 pm

				Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
			4.00	5.00	6.00	7.00	8.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	43,378,546	0.000000	50.00	
50.02	03330	ENDOSCOPY	0	0	0	3,777,245	0.000000	50.02	
51.00	05100	RECOVERY ROOM	0	0	0	4,924,560	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,137,810	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	10,234,259	0.000000	53.00	
53.01	05301	PAIN CENTER	0	0	0	8,359,138	0.000000	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	26,508,731	0.000000	54.00	
56.00	05600	RADIOISOTOPE	0	0	0	1,320,257	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	64,542,379	0.000000	57.00	
58.00	05800	MRI	0	0	0	18,556,100	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	24,644,019	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	76,299,704	0.000000	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	2,130,970	0.000000	62.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,631,079	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	19,393,934	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,805,283	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,516,919	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	18,038,848	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,502,835	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	68,931,738	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	2,724,721	0.000000	75.00	
76.00	03950	TREATMENT CENTER	0	0	0	0	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	969,531	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	306,153	0.000000	90.02	
90.03	09003	WOUND CLINIC	0	0	0	1,000,702	0.000000	90.03	
90.12	09012	CTPET	0	0	0	1,315,735	0.000000	90.12	
90.13	09013	RADIATION ONCOLOGY	0	0	0	6,429,257	0.000000	90.13	
91.00	09100	EMERGENCY	0	0	0	63,944,852	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	4,446,424	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	0	0	0	552,771,729		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	9,746,526	0	7,567,553	0	50.00
50.02	03330	ENDOSCOPY	0.000000	181,432	0	1,417,808	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	978,429	0	1,047,114	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	85,759	0	7,495	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,514,507	0	2,200,896	0	53.00
53.01	05301	PAIN CENTER	0.000000	4,437	0	3,992,892	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,708,719	0	6,091,195	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	232,883	0	853,496	0	56.00
57.00	05700	CT SCAN	0.000000	9,521,123	0	16,382,834	0	57.00
58.00	05800	MRI	0.000000	2,379,771	0	5,380,679	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	4,885,143	0	11,108,565	0	59.00
60.00	06000	LABORATORY	0.000000	15,405,451	0	7,541,833	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	534,423	0	119,225	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	5,652,861	0	1,049,488	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,542,040	0	274,216	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,221,907	0	12,544,715	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	228,145	0	2,171,469	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	4,340,335	0	3,274,869	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,173,880	0	6,171,803	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	18,530,468	0	14,431,318	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	2,631	0	412,591	0	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	276	0	609,408	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000	609	0	137,762	0	90.02
90.03	09003	WOUND CLINIC	0.000000	138,683	0	409,727	0	90.03
90.12	09012	CTPET	0.000000	16,654	0	837,828	0	90.12
90.13	09013	RADIATION ONCOLOGY	0.000000	1,293	0	3,494,264	0	90.13
91.00	09100	EMERGENCY	0.000000	7,207,924	0	9,889,428	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	791,454	0	1,429,242	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		99,027,763	0	120,849,713	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/26/2019 1:34 pm

			Title XVIII		Hospital		PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.111881	7,567,553	0	0	846,665	50.00
50.02	03330	ENDOSCOPY	0.186829	1,417,808	0	0	264,888	50.02
51.00	05100	RECOVERY ROOM	0.208266	1,047,114	0	0	218,078	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.486419	7,495	0	0	3,646	52.00
53.00	05300	ANESTHESIOLOGY	0.059123	2,200,896	0	0	130,124	53.00
53.01	05301	PAIN CENTER	0.116875	3,992,892	0	0	466,669	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.181111	6,091,195	0	0	1,103,182	54.00
56.00	05600	RADIOISOTOPE	0.278634	853,496	0	0	237,813	56.00
57.00	05700	CT SCAN	0.028059	16,382,834	0	0	459,686	57.00
58.00	05800	MRI	0.045931	5,380,679	0	0	247,140	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.121664	11,108,565	16,829	0	1,351,512	59.00
60.00	06000	LABORATORY	0.108103	7,541,833	0	0	815,295	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.170976	119,225	0	0	20,385	62.00
65.00	06500	RESPIRATORY THERAPY	0.089795	1,049,488	0	0	94,239	65.00
66.00	06600	PHYSICAL THERAPY	0.215158	274,216	0	0	59,000	66.00
69.00	06900	ELECTROCARDIOLOGY	0.071011	12,544,715	0	0	890,813	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132912	2,171,469	0	0	288,614	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.866753	3,274,869	0	0	2,838,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.309747	6,171,803	0	0	1,911,697	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166310	14,431,318	438	107,059	2,400,072	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.527426	412,591	0	0	217,611	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.352546	609,408	0	0	214,844	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	1.155631	137,762	0	0	159,202	90.02
90.03	09003	WOUND CLINIC	0.457751	409,727	0	0	187,553	90.03
90.12	09012	CTPET	0.119814	837,828	0	0	100,384	90.12
90.13	09013	RADIATION ONCOLOGY	0.218151	3,494,264	0	0	762,277	90.13
91.00	09100	EMERGENCY	0.119484	9,889,428	0	124	1,181,628	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.586151	1,429,242	0	0	837,752	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1.863787		0			95.00
200.00		Subtotal (see instructions)		120,849,713	17,267	107,183	18,309,272	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		120,849,713	17,267	107,183	18,309,272	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0166		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/26/2019 1:34 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Costs					
				Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
				6.00	7.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0				50.00
50.02	03330	ENDOSCOPY		0	0				50.02
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
53.01	05301	PAIN CENTER		0	0				53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0				54.00
56.00	05600	RADIOISOTOPE		0	0				56.00
57.00	05700	CT SCAN		0	0				57.00
58.00	05800	MRI		0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	2,047		0				59.00
60.00	06000	LABORATORY		0	0				60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0	0				62.00
65.00	06500	RESPIRATORY THERAPY		0	0				65.00
66.00	06600	PHYSICAL THERAPY		0	0				66.00
69.00	06900	ELECTROCARDIOLOGY		0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73		17,805				73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0				75.00
76.00	03950	TREATMENT CENTER		0	0				76.00
76.97	07697	CARDIAC REHABILITATION		0	0				76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0	0				90.02
90.03	09003	WOUND CLINIC		0	0				90.03
90.12	09012	CTPET		0	0				90.12
90.13	09013	RADIATION ONCOLOGY		0	0				90.13
91.00	09100	EMERGENCY		0	15				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0	0				92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0					95.00
200.00		Subtotal (see instructions)	2,120		17,820				200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	2,120		17,820				202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0166

Period:

Worksheet D

Component CCN: 14-S166

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 1:34 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	524,439	43,378,546	0.012090	3,976	48	50.00
50.02	03330 ENDOSCOPY	91,068	3,777,245	0.024110	0	0	50.02
51.00	05100 RECOVERY ROOM	80,649	4,924,560	0.016377	8,349	137	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	305,921	7,137,810	0.042859	0	0	52.00
53.00	05300 ANESTHESIOLOGY	28,666	10,234,259	0.002801	5,146	14	53.00
53.01	05301 PAIN CENTER	105,151	8,359,138	0.012579	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	473,554	26,508,731	0.017864	50,598	904	54.00
56.00	05600 RADIOISOTOPE	25,389	1,320,257	0.019230	3,436	66	56.00
57.00	05700 CT SCAN	86,515	64,542,379	0.001340	148,465	199	57.00
58.00	05800 MRI	49,927	18,556,100	0.002691	25,929	70	58.00
59.00	05900 CARDIAC CATHETERIZATION	204,347	24,644,019	0.008292	15,408	128	59.00
60.00	06000 LABORATORY	1,026,987	76,299,704	0.013460	632,212	8,510	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	17,163	2,130,970	0.008054	2,585	21	62.00
65.00	06500 RESPIRATORY THERAPY	47,853	11,631,079	0.004114	83,949	345	65.00
66.00	06600 PHYSICAL THERAPY	417,039	19,393,934	0.021504	361,923	7,783	66.00
69.00	06900 ELECTROCARDIOLOGY	200,142	31,805,283	0.006293	43,488	274	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	78,559	5,516,919	0.014240	3,682	52	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	613,140	18,038,848	0.033990	50,875	1,729	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	301,959	24,502,835	0.012323	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	436,649	68,931,738	0.006335	1,108,819	7,024	73.00
75.00	07500 ASC (NON-DISTINCT PART)	46,418	2,724,721	0.017036	29	0	75.00
76.00	03950 TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	11,366	969,531	0.011723	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002 OUTPATIENT PSYCHIATRIC	84,246	306,153	0.275176	43	12	90.02
90.03	09003 WOUND CLINIC	14,740	1,000,702	0.014730	180	3	90.03
90.12	09012 CTPET	5,217	1,315,735	0.003965	40	0	90.12
90.13	09013 RADIATION ONCOLOGY	47,509	6,429,257	0.007390	0	0	90.13
91.00	09100 EMERGENCY	1,026,549	63,944,852	0.016054	224,422	3,603	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	4,446,424	0.000000	4,994	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	6,351,162	552,771,729		2,778,548	30,922	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 1:34 pm	
				Title XVIII		Subprovider - IPF		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
50.02	03330	ENDOSCOPY		0	0	0	0	0	50.02
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
53.01	05301	PAIN CENTER		0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC		0	0	0	0	0	90.03
90.12	09012	CTPET		0	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY		0	0	0	0	0	90.13
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0		0			92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 1:34 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	43,378,546	0.000000	50.00
50.02	03330	ENDOSCOPY		0	0	0	3,777,245	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	4,924,560	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	7,137,810	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	10,234,259	0.000000	53.00
53.01	05301	PAIN CENTER		0	0	0	8,359,138	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	26,508,731	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	1,320,257	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	64,542,379	0.000000	57.00
58.00	05800	MRI		0	0	0	18,556,100	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	24,644,019	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	76,299,704	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0	0	0	2,130,970	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	11,631,079	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	19,393,934	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	31,805,283	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	5,516,919	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0	0	0	18,038,848	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	24,502,835	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	68,931,738	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	2,724,721	0.000000	75.00
76.00	03950	TREATMENT CENTER		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	969,531	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0	0	0	306,153	0.000000	90.02
90.03	09003	WOUND CLINIC		0	0	0	1,000,702	0.000000	90.03
90.12	09012	CTPET		0	0	0	1,315,735	0.000000	90.12
90.13	09013	RADIATION ONCOLOGY		0	0	0	6,429,257	0.000000	90.13
91.00	09100	EMERGENCY		0	0	0	63,944,852	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0	0	0	4,446,424	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	552,771,729		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 1:34 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	3,976	0	0	0	50.00
50.02	03330	ENDOSCOPY		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	8,349	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	5,146	0	0	0	53.00
53.01	05301	PAIN CENTER		0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	50,598	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	3,436	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	148,465	0	2,646	0	57.00
58.00	05800	MRI		0.000000	25,929	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	15,408	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	632,212	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0.000000	2,585	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0.000000	83,949	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	361,923	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	43,488	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	3,682	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0.000000	50,875	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	1,108,819	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	29	0	0	0	75.00
76.00	03950	TREATMENT CENTER		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0.000000	43	0	0	0	90.02
90.03	09003	WOUND CLINIC		0.000000	180	0	0	0	90.03
90.12	09012	CTPET		0.000000	40	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY		0.000000	0	0	0	0	90.13
91.00	09100	EMERGENCY		0.000000	224,422	0	1,504	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0.000000	4,994	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			2,778,548	0	4,150	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/26/2019 1:34 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.111881	0	0	0	0	0	50.00
50.02	03330	ENDOSCOPY	0.186829	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.208266	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.486419	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059123	0	0	0	0	0	53.00
53.01	05301	PAIN CENTER	0.116875	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.181111	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.278634	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.028059	2,646	0	0	0	74	57.00
58.00	05800	MRI	0.045931	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.121664	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.108103	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.170976	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.089795	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.215158	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.071011	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132912	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.866753	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.309747	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166310	0	0	0	5,353	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.527426	0	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.352546	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC	1.155631	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0.457751	0	0	0	0	0	90.03
90.12	09012	CTPET	0.119814	0	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0.218151	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.119484	1,504	0	0	0	180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.586151	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	1.863787		0				95.00
200.00		Subtotal (see instructions)		4,150	0		5,353	254	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0		0		201.00
202.00		Net Charges (line 200 - line 201)		4,150	0		5,353	254	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0166

Period:

Worksheet D

Component CCN: 14-S166

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/26/2019 1:34 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.02	03330	ENDOSCOPY	0	0	50.02
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
53.01	05301	PAIN CENTER	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	890	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	90.03
90.12	09012	CTPET	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	90.13
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	0	890	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	890	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0166

Period:

Worksheet D

Component CCN: 14-T166

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 1:34 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	524,439	43,378,546	0.012090	7,492	91	50.00
50.02	03330	ENDOSCOPY	91,068	3,777,245	0.024110	2,565	62	50.02
51.00	05100	RECOVERY ROOM	80,649	4,924,560	0.016377	2,507	41	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	305,921	7,137,810	0.042859	0	0	52.00
53.00	05300	ANESTHESIOLOGY	28,666	10,234,259	0.002801	2,425	7	53.00
53.01	05301	PAIN CENTER	105,151	8,359,138	0.012579	608	8	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	473,554	26,508,731	0.017864	63,119	1,128	54.00
56.00	05600	RADIOISOTOPE	25,389	1,320,257	0.019230	3,436	66	56.00
57.00	05700	CT SCAN	86,515	64,542,379	0.001340	123,041	165	57.00
58.00	05800	MRI	49,927	18,556,100	0.002691	64,758	174	58.00
59.00	05900	CARDIAC CATHETERIZATION	204,347	24,644,019	0.008292	2,352	20	59.00
60.00	06000	LABORATORY	1,026,987	76,299,704	0.013460	436,873	5,880	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	17,163	2,130,970	0.008054	4,269	34	62.00
65.00	06500	RESPIRATORY THERAPY	47,853	11,631,079	0.004114	160,101	659	65.00
66.00	06600	PHYSICAL THERAPY	417,039	19,393,934	0.021504	4,206,190	90,450	66.00
69.00	06900	ELECTROCARDIOLOGY	200,142	31,805,283	0.006293	50,447	317	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	78,559	5,516,919	0.014240	2,306	33	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	613,140	18,038,848	0.033990	88,255	3,000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	301,959	24,502,835	0.012323	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	436,649	68,931,738	0.006335	985,866	6,245	73.00
75.00	07500	ASC (NON-DISTINCT PART)	46,418	2,724,721	0.017036	110	2	75.00
76.00	03950	TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	11,366	969,531	0.011723	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	84,246	306,153	0.275176	43	12	90.02
90.03	09003	WOUND CLINIC	14,740	1,000,702	0.014730	3,494	51	90.03
90.12	09012	CTPET	5,217	1,315,735	0.003965	40	0	90.12
90.13	09013	RADIATION ONCOLOGY	47,509	6,429,257	0.007390	0	0	90.13
91.00	09100	EMERGENCY	1,026,549	63,944,852	0.016054	143	2	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	4,446,424	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,351,162	552,771,729		6,210,440	108,447	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 1:34 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.02	03330	ENDOSCOPY		0	0	0	0	0	50.02
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
53.01	05301	PAIN CENTER		0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC		0	0	0	0	0	90.03
90.12	09012	CTPET		0	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY		0	0	0	0	0	90.13
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 1:34 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	43,378,546	0.000000	50.00
50.02	03330	ENDOSCOPY		0	0	0	3,777,245	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	4,924,560	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	7,137,810	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	10,234,259	0.000000	53.00
53.01	05301	PAIN CENTER		0	0	0	8,359,138	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	26,508,731	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	1,320,257	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	64,542,379	0.000000	57.00
58.00	05800	MRI		0	0	0	18,556,100	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	24,644,019	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	76,299,704	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0	0	0	2,130,970	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	11,631,079	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	19,393,934	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	31,805,283	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	5,516,919	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0	0	0	18,038,848	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	24,502,835	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	68,931,738	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	2,724,721	0.000000	75.00
76.00	03950	TREATMENT CENTER		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	969,531	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0	0	0	306,153	0.000000	90.02
90.03	09003	WOUND CLINIC		0	0	0	1,000,702	0.000000	90.03
90.12	09012	CTPET		0	0	0	1,315,735	0.000000	90.12
90.13	09013	RADIATION ONCOLOGY		0	0	0	6,429,257	0.000000	90.13
91.00	09100	EMERGENCY		0	0	0	63,944,852	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0	0	0	4,446,424	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	552,771,729		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 1:34 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	7,492		0	0	50.00
50.02	03330	ENDOSCOPY		0.000000	2,565		0	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	2,507		0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0		0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	2,425		0	0	53.00
53.01	05301	PAIN CENTER		0.000000	608		0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	63,119		0	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	3,436		0	0	56.00
57.00	05700	CT SCAN		0.000000	123,041		0	0	57.00
58.00	05800	MRI		0.000000	64,758		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	2,352		0	0	59.00
60.00	06000	LABORATORY		0.000000	436,873		0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0.000000	4,269		0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0.000000	160,101		0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	4,206,190		0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	50,447		0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	2,306		0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0.000000	88,255		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	985,866		0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	110		0	0	75.00
76.00	03950	TREATMENT CENTER		0.000000	0		0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0		0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0.000000	43		0	0	90.02
90.03	09003	WOUND CLINIC		0.000000	3,494		0	0	90.03
90.12	09012	CTPET		0.000000	40		0	0	90.12
90.13	09013	RADIATION ONCOLOGY		0.000000	0		0	0	90.13
91.00	09100	EMERGENCY		0.000000	143		0	376	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0.000000	0		0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			6,210,440		0	376	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/26/2019 1:34 pm	
				Title XVIII		Subprovider - IRF		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	0.111881	0	0	0	0	0	50.00
50.02	03330	ENDOSCOPY	0.186829	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.208266	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.486419	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059123	0	0	0	0	0	53.00
53.01	05301	PAIN CENTER	0.116875	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.181111	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.278634	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.028059	0	0	0	0	0	57.00
58.00	05800	MRI	0.045931	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.121664	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.108103	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.170976	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.089795	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.215158	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.071011	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132912	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.866753	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.309747	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166310	0	0	0	1,652	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.527426	0	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.352546	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC	1.155631	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0.457751	0	0	0	0	0	90.03
90.12	09012	CTPET	0.119814	0	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0.218151	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.119484	376	0	0	0	45	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.586151	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	1.863787		0				95.00
200.00		Subtotal (see instructions)		376	0		1,652	45	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0		0		201.00
202.00		Net Charges (line 200 - line 201)		376	0		1,652	45	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0166

Period:

Worksheet D

Component CCN: 14-T166

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/26/2019 1:34 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.02	03330	ENDOSCOPY	0	0	50.02
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
53.01	05301	PAIN CENTER	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	275	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	90.03
90.12	09012	CTPET	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	90.13
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	0	275	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	275	202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0166

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

Worksheet D-1

Date/Time Prepared:

11/26/2019 1:34 pm

Title XVIII		Hospital	PPS
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	22,455	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	22,455	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)	19,454	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	8,714	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)	19,501,487	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)	19,501,487	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)	19,501,487	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)	868.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	7,567,848	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)	7,567,848	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0166

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,127,865	2,717	1,519.27	1,577	2,395,889	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)					16,702,462	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,666,199	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,240,884	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,125,951	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,366,835	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,299,364	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,001	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					868.47	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,606,278	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0166

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 1:34 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,726,699	19,501,487	0.139820	2,606,278	364,410	90.00
91.00 Nursing School cost	0	19,501,487	0.000000	2,606,278	0	91.00
92.00 Allied health cost	0	19,501,487	0.000000	2,606,278	0	92.00
93.00 All other Medical Education	0	19,501,487	0.000000	2,606,278	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0166

Period:

Worksheet D-1

Component CCN: 14-S166

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 1:34 pm

Title XVIII

Subprovider -
IPF

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)	3,735	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,735	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)	3,735	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,040	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,362,133	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,362,133	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,362,133	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)	632.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,922,587	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)	1,922,587	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 1:34 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					436,107	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,358,694	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					245,662	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					30,922	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					276,584	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,082,110	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 1:34 pm	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	301,816	2,362,133	0.127773	0	0	90.00
91.00 Nursing School cost	0	2,362,133	0.000000	0	0	91.00
92.00 Allied health cost	0	2,362,133	0.000000	0	0	92.00
93.00 All other Medical Education	0	2,362,133	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 1:34 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,046	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,046	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)		3,046	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,958	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)		3,152,099	21.00	
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00	
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00	
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00	
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00	
26.00	Total swing-bed cost (see instructions)		0	26.00	
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,152,099	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)		3,152,099	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)		1,034.83	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,026,197	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)		2,026,197	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0166

Period:

Worksheet D-1

Component CCN: 14-T166

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 1:34 pm

Title XVIII

Subprovider -

PPS

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,234,681	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,260,878	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					257,732	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					108,447	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					366,179	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,894,699	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/26/2019 1:34 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	400,956	3,152,099	0.127203	0	0	90.00
91.00	Nursing School cost	0	3,152,099	0.000000	0	0	91.00
92.00	Allied health cost	0	3,152,099	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,152,099	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0166	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 1:34 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		10,787,188	30.00
31.00	03100	INTENSIVE CARE UNIT		3,382,575	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.111881	9,746,526	50.00
50.02	03330	ENDOSCOPY	0.186829	181,432	50.02
51.00	05100	RECOVERY ROOM	0.208266	978,429	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.486419	85,759	52.00
53.00	05300	ANESTHESIOLOGY	0.059123	1,514,507	53.00
53.01	05301	PAIN CENTER	0.116875	4,437	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.181111	3,708,719	54.00
56.00	05600	RADIOISOTOPE	0.278634	232,883	56.00
57.00	05700	CT SCAN	0.028059	9,521,123	57.00
58.00	05800	MRI	0.045931	2,379,771	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.121664	4,885,143	59.00
60.00	06000	LABORATORY	0.108103	15,405,451	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.170976	534,423	62.00
65.00	06500	RESPIRATORY THERAPY	0.090443	5,652,861	65.00
66.00	06600	PHYSICAL THERAPY	0.215158	2,542,040	66.00
69.00	06900	ELECTROCARDIOLOGY	0.071460	3,221,907	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132942	228,145	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.866753	4,340,335	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.309747	7,173,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166310	18,530,468	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.527426	2,631	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.352546	276	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	1.155631	609	90.02
90.03	09003	WOUND CLINIC	0.457751	138,683	90.03
90.12	09012	CTPET	0.119814	16,654	90.12
90.13	09013	RADIATION ONCOLOGY	0.218151	1,293	90.13
91.00	09100	EMERGENCY	0.119579	7,207,924	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.586151	791,454	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		99,027,763	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)		99,027,763	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 1:34 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		3,057,180		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.111881	3,976	445	50.00
50.02	03330 ENDOSCOPY	0.186829	0	0	50.02
51.00	05100 RECOVERY ROOM	0.208266	8,349	1,739	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.486419	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.059123	5,146	304	53.00
53.01	05301 PAIN CENTER	0.116875	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.181111	50,598	9,164	54.00
56.00	05600 RADIOISOTOPE	0.278634	3,436	957	56.00
57.00	05700 CT SCAN	0.028059	148,465	4,166	57.00
58.00	05800 MRI	0.045931	25,929	1,191	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.121664	15,408	1,875	59.00
60.00	06000 LABORATORY	0.108103	632,212	68,344	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.170976	2,585	442	62.00
65.00	06500 RESPIRATORY THERAPY	0.090443	83,949	7,593	65.00
66.00	06600 PHYSICAL THERAPY	0.215158	361,923	77,871	66.00
69.00	06900 ELECTROCARDIOLOGY	0.071460	43,488	3,108	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.132942	3,682	489	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.866753	50,875	44,096	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.309747	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.166310	1,108,819	184,408	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.527426	29	15	75.00
76.00	03950 TREATMENT CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.352546	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002 OUTPATIENT PSYCHIATRIC	1.155631	43	50	90.02
90.03	09003 WOUND CLINIC	0.457751	180	82	90.03
90.12	09012 CTPET	0.119814	40	5	90.12
90.13	09013 RADIATION ONCOLOGY	0.218151	0	0	90.13
91.00	09100 EMERGENCY	0.119579	224,422	26,836	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.586151	4,994	2,927	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,778,548	436,107	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		2,778,548		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 1:34 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		3,236,661		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.111881	7,492	838	50.00
50.02	03330 ENDOSCOPY	0.186829	2,565	479	50.02
51.00	05100 RECOVERY ROOM	0.208266	2,507	522	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.486419	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.059123	2,425	143	53.00
53.01	05301 PAIN CENTER	0.116875	608	71	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.181111	63,119	11,432	54.00
56.00	05600 RADIOISOTOPE	0.278634	3,436	957	56.00
57.00	05700 CT SCAN	0.028059	123,041	3,452	57.00
58.00	05800 MRI	0.045931	64,758	2,974	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.121664	2,352	286	59.00
60.00	06000 LABORATORY	0.108103	436,873	47,227	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.170976	4,269	730	62.00
65.00	06500 RESPIRATORY THERAPY	0.090443	160,101	14,480	65.00
66.00	06600 PHYSICAL THERAPY	0.215158	4,206,190	904,995	66.00
69.00	06900 ELECTROCARDIOLOGY	0.071460	50,447	3,605	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.132942	2,306	307	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.866753	88,255	76,495	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.309747	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.166310	985,866	163,959	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.527426	110	58	75.00
76.00	03950 TREATMENT CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.352546	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002 OUTPATIENT PSYCHIATRIC	1.155631	43	50	90.02
90.03	09003 WOUND CLINIC	0.457751	3,494	1,599	90.03
90.12	09012 CTPET	0.119814	40	5	90.12
90.13	09013 RADIATION ONCOLOGY	0.218151	0	0	90.13
91.00	09100 EMERGENCY	0.119579	143	17	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.586151	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,210,440	1,234,681	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		6,210,440		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/26/2019 1:34 pm

		Title XVIII	Hospital	PPS	
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			20,472,201	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)			379,643	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			2,788,591	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			122.78	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)			4.38	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)			4.38	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.09	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)			0.09	12.00
13.00	Total allowable FTE count for the prior year.			0.20	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.			0.26	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.18	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			0.18	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.001466	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.002119	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.001466	21.00
22.00	IME payment adjustment (see instructions)			16,398	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			2,234	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)			-4.29	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)			16,398	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			2,234	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.28	30.00
31.00	Percentage of Medicaid patient days (see instructions)			30.06	31.00
32.00	Sum of lines 30 and 31			35.34	32.00
33.00	Allowable disproportionate share percentage (see instructions)			18.37	33.00
34.00	Disproportionate share adjustment (see instructions)			940,186	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 1:34 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)		0.000225014	0.000160557	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,522,601	1,328,268	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		383,779	993,471	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,377,250		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)		23,185,678		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)			23,187,912	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,860,733	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).			5,799	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)			25,054,444	59.00
60.00	Primary payer payments			3,136	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			25,051,308	61.00
62.00	Deductibles billed to program beneficiaries			2,347,072	62.00
63.00	Coinsurance billed to program beneficiaries			88,400	63.00
64.00	Allowable bad debts (see instructions)			564,574	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			366,973	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			535,303	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			22,982,809	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)			101,385	70.93
70.94	HRR adjustment amount (see instructions)			-235,836	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 1:34 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		22,848,358	71.00	
71.01	Sequestration adjustment (see instructions)		456,967	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		22,359,021	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)		32,370	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,506,259	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	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 1:34 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	20,472,201	0	0	20,472,201	20,472,201
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00	379,643	0	0	379,643	379,643
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	2,788,591	0	0	2,788,591	2,788,591
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.001466	0.001466	0.001466	0.001466	0.001466
6.00	IME payment adjustment (see instructions)	22.00	16,398	0	0	16,398	16,398
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,234	0	0	2,234	2,234
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	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	16,398	0	0	16,398	16,398
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,234	0	0	2,234	2,234
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1837	0.1837	0.1837	0.1837	0.1837
11.00	Disproportionate share adjustment (see instructions)	34.00	940,186	0	0	940,186	940,186
11.01	Uncompensated care payments	36.00	1,377,250	0	383,779	993,471	1,377,250
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	23,185,678	0	383,779	22,801,899	23,185,678
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	23,187,912	0	383,779	22,804,133	23,187,912
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,860,733	0	0	1,860,733	1,860,733
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: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 1:34 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	383,779	24,664,866	25,048,645
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,645,200	0	0	1,645,200	1,645,200
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	92,143	0	0	92,143	92,143
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	0.0008	0.0008	0.0008	0.0008	
23.00	Indirect medical education adjustment (see instructions)	6.00	1,316	0	0	1,316	1,316
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0742	0.0742	0.0742	0.0742	
25.00	Disproportionate share adjustment (see instructions)	11.00	122,074	0	0	122,074	122,074
26.00	Total prospective capital payments (see instructions)	12.00	1,860,733	0	0	1,860,733	1,860,733
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/26/2019 1:34 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	20,472,201		20,472,201	20,472,201	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	379,643	0	379,643	379,643	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	2,788,591	0	2,788,591	2,788,591	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.001466	0.001466	0.001466		5.00
6.00	IME payment adjustment (see instructions)	22.00	16,398	0	16,398	16,398	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,234	0	2,234	2,234	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	16,398	0	16,398	16,398	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,234	0	2,234	2,234	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1837	0.1837	0.1837		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	940,186	0	940,186	940,186	11.00
11.01	Uncompensated care payments	36.00	1,377,250	383,779	993,471	1,377,250	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	23,185,678	383,779	22,801,899	23,185,678	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	23,187,912	383,779	22,804,133	23,187,912	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,860,733	0	1,860,733	1,860,733	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			383,779	24,664,866	25,048,645	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/26/2019 1:34 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,645,200	0	1,645,200	1,645,200	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	92,143	0	92,143	92,143	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	0.0008	0.0008	0.0008		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,316	0	1,316	1,316	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0742	0.0742	0.0742		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	122,074	0	122,074	122,074	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,860,733	0	1,860,733	1,860,733	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	101,385	0	101,385	101,385	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	-235,836	0	-235,836	-235,836	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: 14-0166	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 1:34 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,940	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,309,272	2.00
3.00	OPPS payments		17,096,321	3.00
4.00	Outlier payment (see instructions)		58,198	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)		19,940	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		124,450	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)		124,450	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)		124,450	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		104,510	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)		19,940	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)		17,154,519	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		3,366	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,248,604	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)		13,922,489	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,290	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)		13,925,779	30.00
31.00	Primary payer payments		14,923	31.00
32.00	Subtotal (line 30 minus line 31)		13,910,856	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)		632,073	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		410,847	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		555,037	36.00
37.00	Subtotal (see instructions)		14,321,703	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		14,321,703	40.00
40.01	Sequestration adjustment (see instructions)		286,434	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		13,671,588	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		363,681	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 1:34 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		890	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		254	2.00
3.00	OPPS payments		647	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		890	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		5,353	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		5,353	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		5,353	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,463	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)		890	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)		647	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)		21	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)		1,516	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)		1,516	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,516	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,516	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)		1,516	40.00
40.01	Sequestration adjustment (see instructions)		30	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		1,610	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-124	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 1:34 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		275	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		45	2.00
3.00	OPPS payments		135	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		275	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,652	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)		1,652	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,652	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,377	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)		275	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)		135	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)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		410	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)		410	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		410	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		410	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)		410	40.00
40.01	Sequestration adjustment (see instructions)		8	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		440	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-38	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: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/26/2019 1:34 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		22,354,967		13,746,900	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	02/13/2019	36,022	06/19/2019	5,410	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	06/19/2019	31,968	02/13/2019	80,722	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)		4,054		-75,312	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)		22,359,021		13,671,588	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		32,370		363,681	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		22,391,391		14,035,269	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: 14-0166
 Component CCN: 14-S166

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/26/2019 1:34 pm

		Title XVIII		Subprovider - IPF		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,266,389		1,610	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,266,389		1,610	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		7,945		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		124	6.02
7.00	Total Medicare program liability (see instructions)		2,274,334		1,486	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: 14-0166
 Component CCN: 14-T166

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/26/2019 1:34 pm

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,730,405		440		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0		3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	02/13/2019	6,554		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)		6,554		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,736,959		440		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		34,145		38		6.02
7.00	Total Medicare program liability (see instructions)		2,702,814		402		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: 14-0166	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part II Date/Time Prepared: 11/26/2019 1:34 pm	
		Title XVIII	Hospital	PPS	
				1.00	
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS					
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION					
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12				4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168				7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)				10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH					
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
31.00	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)				32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 11/26/2019 1:34 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		2,532,219	1.00
2.00	Net IPF PPS Outlier Payments		2,077	2.00
3.00	Net IPF PPS ECT Payments		851	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		10.232877	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,535,147	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		2,535,147	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,535,147	18.00
19.00	Deductibles		164,848	19.00
20.00	Subtotal (line 18 minus line 19)		2,370,299	20.00
21.00	Coinurance		57,656	21.00
22.00	Subtotal (line 20 minus line 21)		2,312,643	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		12,470	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		8,106	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		11,255	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,320,749	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		2,320,749	31.00
31.01	Sequestration adjustment (see instructions)		46,415	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		2,266,389	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		7,945	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		2,077	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 11/26/2019 1:34 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,643,945 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0199 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			49,971 3.00
4.00	Outlier Payments			98,093 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			8.345205 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,792,009 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,792,009 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,792,009 19.00
20.00	Deductibles			32,520 20.00
21.00	Subtotal (line 19 minus line 20)			2,759,489 21.00
22.00	Coinsurance			2,387 22.00
23.00	Subtotal (line 21 minus line 22)			2,757,102 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,340 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			871 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,340 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,757,973 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,757,973 32.00
32.01	Sequestration adjustment (see instructions)			55,159 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,736,959 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-34,145 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			98,093 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0166	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/26/2019 1:34 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.19	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			4.17	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			2.02	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.09	6.00
7.00	Enter the lesser of line 5 or line 6			0.09	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.09	0.00	0.09	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.09	0.00	0.09	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.09	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.20	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.26	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.18	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.18	0.00		17.00
18.00	Per resident amount	87,037.27	87,037.27		18.00
19.00	Approved amount for resident costs	15,667	0	15,667	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			15,667	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	15,289	1,914		26.00
27.00	Total Inpatient Days (see instructions)	29,187	29,187		27.00
28.00	Ratio of inpatient days to total inpatient days	0.523829	0.065577		28.00
29.00	Program direct GME amount	8,207	1,027		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		145		30.00
31.00	Net Program direct GME amount			9,089	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0166	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/26/2019 1:34 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			32,285,771	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			3,136	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			32,282,635	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			18,330,676	42.00
43.00	Primary payer payments (see instructions)			14,923	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			18,315,753	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			50,598,388	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.638017	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.361983	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			9,089	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			5,799	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			3,290	50.00

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

Provider CCN: 14-0166

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

Worksheet G

Date/Time Prepared:
11/26/2019 1:34 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,508,902	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	65,803,743	0	0	0	4.00
5.00	Other receivable	3,781,934	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-36,243,914	0	0	0	6.00
7.00	Inventory	2,690,578	0	0	0	7.00
8.00	Prepaid expenses	1,552,811	0	0	0	8.00
9.00	Other current assets	51,480	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	40,145,534	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,295,160	0	0	0	12.00
13.00	Land improvements	5,809,092	0	0	0	13.00
14.00	Accumulated depreciation	-4,573,411	0	0	0	14.00
15.00	Buildings	93,185,532	0	0	0	15.00
16.00	Accumulated depreciation	-48,002,700	0	0	0	16.00
17.00	Leasehold improvements	278,658	0	0	0	17.00
18.00	Accumulated depreciation	-275,986	0	0	0	18.00
19.00	Fixed equipment	43,464,915	0	0	0	19.00
20.00	Accumulated depreciation	-30,312,488	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	81,238,954	0	0	0	23.00
24.00	Accumulated depreciation	-66,708,156	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	15,565,834	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	92,965,404	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	10,394,807	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	10,394,807	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	143,505,745	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,935,458	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,466,748	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	12,635,635	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	950,268	0	0	0	43.00
44.00	Other current liabilities	11,494,268	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	36,482,377	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	87,128,024	0	0	0	46.00
47.00	Notes payable	15,464,871	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	102,592,895	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	139,075,272	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	4,430,473				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)	4,430,473	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	143,505,745	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0166

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

Worksheet G-1

Date/Time Prepared:
11/26/2019 1:34 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		35,273,371		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-25,166,582				2.00
3.00	Total (sum of line 1 and line 2)		10,106,789		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)		10,106,789		0		11.00
12.00	TRANSFERS	5,676,316		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)		5,676,316		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		4,430,473		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	TRANSFERS		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: 14-0166

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2019 1:34 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	25,953,161		25,953,161	1.00
2.00	SUBPROVIDER - IPF	3,900,762		3,900,762	2.00
3.00	SUBPROVIDER - IRF	5,153,154		5,153,154	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)	35,007,077		35,007,077	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,857,735		5,857,735	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)	5,857,735		5,857,735	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	40,864,812		40,864,812	17.00
18.00	Ancillary services	183,543,176	303,821,759	487,364,935	18.00
19.00	Outpatient services	15,362,803	63,319,607	78,682,410	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	6,161,792	6,161,792	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL SERVICES	4,850,366	6,394,954	11,245,320	27.00
27.01	ADULT DAY CARE & SPORT MED REHAB REV	0	199,872	199,872	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	244,621,157	379,897,984	624,519,141	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		175,110,868		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)		175,110,868		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0166

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

Worksheet G-3

Date/Time Prepared:
11/26/2019 1:34 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	624,519,141	1.00
2.00	Less contractual allowances and discounts on patients' accounts	476,865,465	2.00
3.00	Net patient revenues (line 1 minus line 2)	147,653,676	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	175,110,868	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-27,457,192	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	5,924	13.00
14.00	Revenue from meals sold to employees and guests	19,291	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	80	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	141,828	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,433,763	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	687,864	24.00
24.01	INVESTMENT INCOME NON-OP	39,739	24.01
25.00	Total other income (sum of lines 6-24)	2,328,489	25.00
26.00	Total (line 5 plus line 25)	-25,128,703	26.00
27.00	SWAP PYMTS	148	27.00
27.01	BANK CHARGES	37,731	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	37,879	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-25,166,582	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0166	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/26/2019 1:34 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,645,200	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		92,143	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		62.26	3.00
4.00	Number of interns & residents (see instructions)		0.18	4.00
5.00	Indirect medical education percentage (see instructions)		0.08	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)		1,316	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.28	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.06	8.00
9.00	Sum of lines 7 and 8		35.34	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.42	10.00
11.00	Disproportionate share adjustment (see instructions)		122,074	11.00
12.00	Total prospective capital payments (see instructions)		1,860,733	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