

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: 16-0057	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/25/2019 1:33 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/25/2019	Time: 1:33 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GREAT RIVER MEDICAL CENTER (16-0057) for the cost reporting period beginning 07/01/2018 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) JEREMY ALEXANDER
Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
Title

(Dated when report is electronically signed.)
Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-50,625	10,292	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-55,362	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-105,987	10,292	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 16-0057		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 1:33 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1221 SOUTH GEAR AVENUE			PO Box:				1.00		
2.00	City: WEST BURLINGTON			State: IA		Zip Code: 52655		County: DES MOINES		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		GREAT RIVER MEDICAL CENTER	160057	99916	1	07/01/1965	N	P	P
4.00	Subprovider - IPF									
5.00	Subprovider - IRF		GREAT RIVER MEDICAL CENTER	16T057	99916	5	07/01/1985	N	P	P
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF		GREAT RIVER MEDICAL CENTER	165110	99916		05/01/1977	N	P	P
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		GREAT RIVER MEDICAL CENTER	167136	99916		11/08/1984	N	P	P
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		GREAT RIVER MEDICAL CENTER	161567	99916		03/06/2002			
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)						2			21.00
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N		23.00	

Worksheet S-2
Part I
Date/Time Prepared:
11/25/2019 1:33 pm

MCRIF32 - 15.9.167.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0057		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 1:33 pm			
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
			1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under \$413.85? (see instructions)		N				60.00		
			Y/N	IME	Direct GME	IME	Direct GME		
			1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00		
61.01	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. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	76.00

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

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			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,746,145	7,430	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.06	122.00
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		HB0937	140.00

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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: GREAT RIVER HEALTH SYSTEM		Contractor's Name: WPS		Contractor's Number: 05001				141.00
142.00	Street: 1221 S. GEAR AVENUE		PO Box:						142.00
143.00	City: WEST BURLINGTON		State: IA		Zip Code: 52655				143.00
									1.00
144.00	Are provider based physicians' costs included in Worksheet A?								Y
									1.00
									2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00
									1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N
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)					04/01/2018	06/30/2018		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: 16-0057		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 1:33 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A	10/23/2019	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			Y			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					N	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	09/04/2019	Y	09/04/2019
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/25/2019 1:33 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEVIN	WELLEN		41.00
42.00	Enter the employer/company name of the cost report preparer.	CLIFTONLARSONALLEN			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-925-4446	KEVIN.WELLEN@CLACONNECT.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0057	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 1:33 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 1:33 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	124	45,260	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)		124	45,260	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		136	49,640	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	11	4,015		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	160	58,400		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	6	2,190			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		313				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 1:33 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,884	500	20,753			1.00
2.00	HMO and other (see instructions)	2,427	3,605				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	292	101				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	10,884	500	20,753			7.00
8.00	INTENSIVE CARE UNIT	1,208	58	2,178			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		357	1,242			13.00
14.00	Total (see instructions)	12,092	915	24,173	0.00	545.57	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,580	15	2,417	0.00	11.60	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	3,816	0	4,535	0.00	15.76	19.00
20.00	NURSING FACILITY		40	47,564	0.00	111.39	20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	6,679	0	15,140	0.00	27.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	563	0	1,220	0.00	24.34	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)				0.00	735.66	27.00
28.00	Observation Bed Days		246	1,317			28.00
29.00	Ambulance Trips	581					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	7	53			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 1:33 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	2,863	342	7,914	1.00
2.00 HMO and other (see instructions)			502	1,525		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				189		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	2,863	342	7,914	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	134	56	441	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 1:33 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	75,508,238	0	75,508,238	2,601,147.83	29.03
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	905,623	20,890	926,513	31,825.85	29.11
10.00	Excluded area salaries (see instructions)		10,853,495	682,017	11,535,512	419,698.87	27.49
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		610,636	0	610,636	8,676.12	70.38
12.00	Contract labor: Top level management and other management and administrative services		397,563	0	397,563	10,497.70	37.87
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		2,170,084	0	2,170,084	10,981.76	197.61
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)		16,016,828	0	16,016,828		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,364,308	0	3,364,308		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		583,727	0	583,727		
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	750,393	0	750,393	22,072.07	34.00
27.00	Administrative & General	5.00	10,598,528	-702,907	9,895,621	323,448.89	30.59

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 1:33 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.)		287,358	0	287,358	1,910.50	150.41	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,176,280	0	2,176,280	72,353.47	30.08	30.00
31.00	Laundry & Linen Service	8.00	94,399	0	94,399	5,035.81	18.75	31.00
32.00	Housekeeping	9.00	2,020,534	0	2,020,534	118,742.34	17.02	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,770,798	0	1,770,798	95,903.13	18.46	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,112,566	0	2,112,566	47,402.92	44.57	38.00
39.00	Central Services and Supply	14.00	909,869	0	909,869	49,267.16	18.47	39.00
40.00	Pharmacy	15.00	2,274,952	0	2,274,952	44,504.02	51.12	40.00
41.00	Medical Records & Medical Records Library	16.00	1,994,887	0	1,994,887	77,631.89	25.70	41.00
42.00	Social Service	17.00	480,665	0	480,665	12,377.53	38.83	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/25/2019 1:33 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)	75,795,596	0	75,795,596	2,603,058.33	29.12	1.00
2.00	Excluded area salaries (see instructions)	11,759,118	702,907	12,462,025	451,524.72	27.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)	64,036,478	-702,907	63,333,571	2,151,533.61	29.44	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,178,283	0	3,178,283	30,155.58	105.40	4.00
5.00	Subtotal wage-related costs (see inst.)	16,600,555	0	16,600,555	0.00	26.21	5.00
6.00	Total (sum of lines 3 thru 5)	83,815,316	-702,907	83,112,409	2,181,689.19	38.10	6.00
7.00	Total overhead cost (see instructions)	25,471,229	-702,907	24,768,322	870,649.73	28.45	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 16-0057	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2019 1:33 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		3,334,831	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		344,822	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)		8,995,722	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		254,966	9.00
10.00	Dental, Hearing and Vision Plan		464,134	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		179,427	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		73,520	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		5,466,175	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		36,755	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		182,070	22.00
23.00	Tuition Reimbursement		48,714	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		19,381,136	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/25/2019 1:33 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	610,636	19,381,136	1.00
2.00	Hospital	610,636	19,381,136	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 16-0057 Component CCN: 16-7136		Period: From 07/01/2018 To 06/30/2019		Worksheet S-4 Date/Time Prepared: 11/25/2019 1:33 pm		
						Home Health Agency I		PPS		
						1.00				
0.00	County				DES MOINES				0.00	
				Title V	Title XVIII	Title XIX	Other	Total		
				1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA										
1.00	Home Health Aide Hours				0	1,106	4,043	169	5,318	1.00
2.00	Unduplicated Census Count (see instructions)				0.00	332.00	0.00	91.00	423.00	2.00
						Number of Employees (Full Time Equivalent)				
				Enter the number of hours in your normal work week		Staff	Contract	Total		
				0		1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES										
3.00	Administrator and Assistant Administrator(s)				40.00	0.00	0.00	0.00	3.00	
4.00	Director(s) and Assistant Director(s)					0.00	0.00	0.00	4.00	
5.00	Other Administrative Personnel					2.76	0.00	2.76	5.00	
6.00	Direct Nursing Service					11.32	0.00	11.32	6.00	
7.00	Nursing Supervisor					1.10	0.00	1.10	7.00	
8.00	Physical Therapy Service					3.47	0.00	3.47	8.00	
9.00	Physical Therapy Supervisor					0.00	0.00	0.00	9.00	
10.00	Occupational Therapy Service					1.52	0.00	1.52	10.00	
11.00	Occupational Therapy Supervisor					0.00	0.00	0.00	11.00	
12.00	Speech Pathology Service					0.20	0.00	0.20	12.00	
13.00	Speech Pathology Supervisor					0.00	0.00	0.00	13.00	
14.00	Medical Social Service					0.02	0.00	0.02	14.00	
15.00	Medical Social Service Supervisor					0.00	0.00	0.00	15.00	
16.00	Home Health Aide					4.11	0.00	4.11	16.00	
17.00	Home Health Aide Supervisor					0.00	0.00	0.00	17.00	
18.00	Other (specify)					0.00	0.00	0.00	18.00	
HOME HEALTH AGENCY CBSA CODES										
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					1			19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).				99916				20.00	
				Full Episodes						
				Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
				1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA										
21.00	Skilled Nursing Visits				1,821	414	61	39	2,335	21.00
22.00	Skilled Nursing Visit Charges				316,125	71,380	10,560	6,805	404,870	22.00
23.00	Physical Therapy Visits				1,806	167	25	56	2,054	23.00
24.00	Physical Therapy Visit Charges				369,231	31,905	4,850	10,870	416,856	24.00
25.00	Occupational Therapy Visits				876	107	5	14	1,002	25.00
26.00	Occupational Therapy Visit Charges				167,685	20,625	965	2,710	191,985	26.00
27.00	Speech Pathology Visits				78	27	0	0	105	27.00
28.00	Speech Pathology Visit Charges				13,875	5,245	0	0	19,120	28.00
29.00	Medical Social Service Visits				15	2	0	0	17	29.00
30.00	Medical Social Service Visit Charges				3,195	426	0	0	3,621	30.00
31.00	Home Health Aide Visits				980	172	5	9	1,166	31.00
32.00	Home Health Aide Visit Charges				95,942	16,856	490	882	114,170	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)				5,576	889	96	118	6,679	33.00
34.00	Other Charges				0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)				966,053	146,437	16,865	21,267	1,150,622	35.00
36.00	Total Number of Episodes (standard/non outlier)				331		32	8	371	36.00
37.00	Total Number of Outlier Episodes					23		1	24	37.00
38.00	Total Non-Routine Medical Supply Charges				1,975	1,520	135	5	3,635	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 16-0057

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

Worksheet S-7

Date/Time Prepared:
11/25/2019 1:33 pm

		1.00		2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00	
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00	
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	11	0	11 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	40	0	40 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	23	0	23 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	14	0	14 12.00
13.00		RUB	9	0	9 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	44	0	44 15.00
16.00		RVB	196	0	196 16.00
17.00		RVA	114	0	114 17.00
18.00		RHC	263	0	263 18.00
19.00		RHB	886	0	886 19.00
20.00		RHA	762	0	762 20.00
21.00		RMC	274	0	274 21.00
22.00		RMB	585	0	585 22.00
23.00		RMA	237	0	237 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	26	0	26 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	25	0	25 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	18	0	18 35.00
36.00		HB1	112	0	112 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	14	0	14 39.00
40.00		LD1	9	0	9 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	46	0	46 42.00
43.00		LB2	7	0	7 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	5	0	5 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	18	0	18 52.00
53.00		CA2	7	0	7 53.00
54.00		CA1	67	0	67 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 16-0057

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

Worksheet S-7

Date/Time Prepared:
11/25/2019 1:33 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	4	0	4	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		3,816	0	3,816	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			99916	99916	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		2,765,862			207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 16-0057

Period:

Worksheet S-9

Hospice CCN: 16-1567

From 07/01/2018
To 06/30/2019PARTS I THROUGH IV
Date/Time Prepared:
11/25/2019 1:33 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	13,679	0	938	14,617	11.00
12.00	Hospice Inpatient Respite Care	199	0	33	232	12.00
13.00	Hospice General Inpatient Care	364	0	94	458	13.00
14.00	Total Hospice Days	14,242	0	1,065	15,307	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 16-0057

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

Worksheet S-10

Date/Time Prepared:
11/25/2019 1:33 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)		0.372646	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		24,169,887	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		76,226,286	6.00
7.00	Medicaid cost (line 1 times line 6)		28,405,421	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)		4,235,534	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		58,788	9.00
10.00	Stand-alone CHIP charges		185,405	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		69,090	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		10,302	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)		356,703	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		132,924	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		132,924	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)		4,378,760	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)	4,172,620	42,100,088	46,272,708
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,554,910	42,100,088	43,654,998
22.00	Payments received from patients for amounts previously written off as charity care	0	60,684	60,684
23.00	Cost of charity care (line 21 minus line 22)	1,554,910	42,039,404	43,594,314
			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)		3,838,334	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		0	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		0	27.01
28.00	Non-Medicare bad debt expense (see instructions)		3,838,334	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,430,340	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		45,024,654	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		49,403,414	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

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

Worksheet A

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,091,422	4,091,422	113,166	4,204,588
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN		1,071,032	1,071,032	19,744	1,090,776
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER		10,179	10,179	1,481	11,660
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY		30,150	30,150	1,005	31,155
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY		0	0	0	0
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN		0	0	0	0
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP		209,489	209,489	2,880	212,369
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB		679,445	679,445	0	679,445
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO		726	726	0	726
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,556,850	9,556,850	83,241	9,640,091
3.00	00300	OTHER CAP REL COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	750,393	-689,780	60,613	2,728,850	2,789,463
5.01	00590	ADMINISTRATIVE AND GENERAL	238,449	79,253	317,702	-55,216	262,486
5.02	00550	DATA PROCESSING	3,838,285	10,619,622	14,457,907	-94,370	14,363,537
5.03	00560	PURCHASING RECEIVING AND STORES	318,375	377,630	696,005	-11,027	684,978
5.04	00570	ADMITTING	1,400,265	630,281	2,030,546	-60,976	1,969,570
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,383,811	1,747,867	3,131,678	-91,676	3,040,002
5.06	00591	OTHER A&G	3,419,343	11,668,356	15,087,699	-1,016,180	14,071,519
7.00	00700	OPERATION OF PLANT	2,176,280	4,020,133	6,196,413	-76,555	6,119,858
7.01	00701	OPERATION OF PLANT KLEIN	0	363,635	363,635	0	363,635
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0
7.04	00704	OPERATION OF PLANT CANCER	0	47,935	47,935	0	47,935
7.05	00705	OPERATION OF PLANT REHAB	0	173,921	173,921	0	173,921
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	63,527	63,527	0	63,527
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	94,399	620,897	715,296	-5,328	709,968
9.00	00900	HOUSEKEEPING	1,786,520	1,066,707	2,853,227	-112,859	2,740,368
9.01	00901	HOUSEKEEPING KLEIN	234,014	163,968	397,982	-12,779	385,203
10.00	01000	DIETARY	1,311,046	1,414,074	2,725,120	-73,060	2,652,060
10.01	01001	DIETARY KLEIN	459,752	646,996	1,106,748	-28,413	1,078,335
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,112,566	1,066,144	3,178,710	-50,156	3,128,554
14.00	01400	CENTRAL SERVICE & SUPPLY	909,869	710,453	1,620,322	-52,128	1,568,194
15.00	01500	PHARMACY	2,274,952	1,021,773	3,296,725	-47,088	3,249,637
16.00	01600	MEDICAL RECORDS & LIBRARY	1,994,887	1,290,825	3,285,712	-82,140	3,203,572
17.00	01700	SOCIAL SERVICE	480,665	91,782	572,447	-13,096	559,351
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,065,021	3,023,149	12,088,170	-336,005	11,752,165
31.00	03100	INTENSIVE CARE UNIT	2,726,545	503,418	3,229,963	-48,165	3,181,798
41.00	04100	SUBPROVIDER - IRF	806,327	236,555	1,042,882	-25,452	1,017,430
43.00	04300	NURSERY	328,536	91,899	420,435	-10,267	410,168
44.00	04400	SKILLED NURSING FACILITY	905,623	227,646	1,133,269	-4,309	1,128,960
45.00	04500	NURSING FACILITY	5,139,717	1,460,965	6,600,682	-275,527	6,325,155
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,788,312	2,766,120	8,554,432	-161,871	8,392,561
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,499,923	1,355,573	2,855,496	-54,255	2,801,241
55.00	05500	RADIOLOGY-THERAPEUTIC	636,138	978,928	1,615,066	-16,916	1,598,150
56.00	05600	RADIOISOTOPE	149,391	29,034	178,425	-4,157	174,268
57.00	05700	CT SCAN	531,832	362,279	894,111	-16,422	877,689
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	305,788	226,425	532,213	-10,030	522,183
59.00	05900	CARDIAC CATHETERIZATION	848,428	577,993	1,426,421	-24,028	1,402,393
60.00	06000	LABORATORY	2,640,558	3,008,540	5,649,098	-104,441	5,544,657
64.00	06400	INTRAVENOUS THERAPY	470,034	175,724	645,758	-12,308	633,450
65.00	06500	RESPIRATORY THERAPY	1,160,999	492,229	1,653,228	-39,352	1,613,876
66.00	06600	PHYSICAL THERAPY	450,241	134,693	584,934	-13,527	571,407
67.00	06700	OCCUPATIONAL THERAPY	402,398	133,180	535,578	-11,040	524,538
68.00	06800	SPEECH PATHOLOGY	118,394	25,354	143,748	-2,185	141,563
69.00	06900	ELECTROCARDIOLOGY	449,246	147,940	597,186	-12,653	584,533
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,577,776	12,577,776	0	12,577,776
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,365,490	6,365,490	0	6,365,490
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,540,601	16,540,601	0	16,540,601
76.00	03040	AUDIOLOGY	0	0	0	0	0
76.01	03280	EKG AND EEG	302,833	80,480	383,313	-10,364	372,949
76.02	03950	O/P REHAB SERVICES	1,854,937	1,806,350	3,661,287	-54,474	3,606,813
76.03	03951	SPORTS FITNESS	1,103,888	420,222	1,524,110	-48,241	1,475,869
76.04	03952	LIFE CENTER	1,308,591	1,170,217	2,478,808	-45,037	2,433,771
76.06	03480	ONCOLOGY	870,845	349,567	1,220,412	-27,121	1,193,291
76.07	03954	OP REHAB SERVICES	0	84	84	-84	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,012,901	8,296,736	10,309,637	-158,868	10,150,769

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

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

Worksheet A

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY	3,539,470	1,101,399	4,640,869	-111,759	4,529,110	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	483,671	188,394	672,065	-21,784	650,281	95.00
101.00	10100	HOME HEALTH AGENCY	1,689,416	584,003	2,273,419	150,042	2,423,461	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,751,153	1,751,153	0	1,751,153	113.00
116.00	11600	HOSPICE	1,480,217	649,156	2,129,373	173,353	2,302,726	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,254,091	120,684,564	194,938,655	-269,927	194,668,728	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	5,068	5,068	0	5,068	194.00
194.01	07951	DAYCARE	336,786	159,601	496,387	-33,317	463,070	194.01
194.02	07952	MARKETING	45,581	535,526	581,107	72,529	653,636	194.02
194.03	07953	OUTREACH REHAB	606,466	167,955	774,421	-15,520	758,901	194.03
194.04	07954	SWITCHBOARD	0	0	0	40,370	40,370	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	265,314	11,365	276,679	205,865	482,544	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	75,508,238	121,564,079	197,072,317	0	197,072,317	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

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

Worksheet A

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	521,744	4,726,332	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	0	1,090,776	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	0	11,660	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	31,155	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	395,396	395,396	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	528,004	528,004	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	212,369	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	133,761	813,206	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	27,673	28,399	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-17,936	9,622,155	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-40,388	2,749,075	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	-18,942	243,544	5.01
5.02	00550	DATA PROCESSING	-1,173,084	13,190,453	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-133,462	551,516	5.03
5.04	00570	ADMITTING	-18,218	1,951,352	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-183,259	2,856,743	5.05
5.06	00591	OTHER A&G	-836,246	13,235,273	5.06
7.00	00700	OPERATION OF PLANT	-597,062	5,522,796	7.00
7.01	00701	OPERATION OF PLANT KLEIN	-18,360	345,275	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	274,815	274,815	7.02
7.03	00703	OPERATION OF PLANT MERCY	263,226	263,226	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	47,935	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	173,921	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	63,527	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	27,008	27,008	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	709,968	8.00
9.00	00900	HOUSEKEEPING	-22,133	2,718,235	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	385,203	9.01
10.00	01000	DIETARY	-1,671,829	980,231	10.00
10.01	01001	DIETARY KLEIN	-36	1,078,299	10.01
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	366,916	3,495,470	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	-11,747	1,556,447	14.00
15.00	01500	PHARMACY	-97,847	3,151,790	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-124,684	3,078,888	16.00
17.00	01700	SOCIAL SERVICE	0	559,351	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-359,013	11,393,152	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,181,798	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,017,430	41.00
43.00	04300	NURSERY	0	410,168	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,128,960	44.00
45.00	04500	NURSING FACILITY	631,773	6,956,928	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-24,407	8,368,154	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,450	2,799,791	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-138,120	1,460,030	55.00
56.00	05600	RADIOISOTOPE	0	174,268	56.00
57.00	05700	CT SCAN	0	877,689	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	522,183	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,402,393	59.00
60.00	06000	LABORATORY	-4,377	5,540,280	60.00
64.00	06400	INTRAVENOUS THERAPY	0	633,450	64.00
65.00	06500	RESPIRATORY THERAPY	-4,614	1,609,262	65.00
66.00	06600	PHYSICAL THERAPY	-82,311	489,096	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	524,538	67.00
68.00	06800	SPEECH PATHOLOGY	0	141,563	68.00
69.00	06900	ELECTROCARDIOLOGY	0	584,533	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,577,776	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,365,490	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-1,800	16,538,801	73.00
76.00	03040	AUDIOLOGY	0	0	76.00
76.01	03280	EKG AND EEG	0	372,949	76.01
76.02	03950	O/P REHAB SERVICES	-27,098	3,579,715	76.02
76.03	03951	SPORTS FITNESS	-31,056	1,444,813	76.03
76.04	03952	LIFE CENTER	-705,718	1,728,053	76.04
76.06	03480	ONCOLOGY	-136,686	1,056,605	76.06
76.07	03954	OP REHAB SERVICES	0	0	76.07
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-4,167,203	5,983,566	90.00
91.00	09100	EMERGENCY	0	4,529,110	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

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

Worksheet A

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-20,087	630,194	95.00
101.00	10100	HOME HEALTH AGENCY	-794	2,422,667	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-1,751,153	0	113.00
116.00	11600	HOSPICE	-125	2,302,601	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,250,929	185,417,799	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	5,068	194.00
194.01	07951	DAYCARE	0	463,070	194.01
194.02	07952	MARKETING	0	653,636	194.02
194.03	07953	OUTREACH REHAB	0	758,901	194.03
194.04	07954	SWITCHBOARD	0	40,370	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	194.05
194.06	07956	OTHER NONREIMB	0	482,544	194.06
194.07	07957	MEALS ON WHEELS	0	0	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,250,929	187,821,388	200.00

RECLASSIFICATIONS

Provider CCN: 16-0057

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 1:33 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - MARKETING SALARIES					
1.00	MARKETING	194.02	57,672	18,432		1.00
	0		57,672	18,432		
	B - SWITCHBOARD EXPENSE					
1.00	SWITCHBOARD	194.04	31,785	10,564		1.00
	0		31,785	10,564		
	C - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	221,517		1.00
	0		0	221,517		
	D - PHYSICIAN RECRUITMENT					
1.00	OTHER NONREIMB	194.06	178,159	32,683		1.00
	0		178,159	32,683		
	E - SNF EXPENSES					
1.00	SKILLED NURSING FACILITY	44.00	20,890	8,475		1.00
	0		20,890	8,475		
	F - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,728,850		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
	0		0	2,728,850		
	G - HOME HEALTH HOSPICE ADMIN					
1.00	HOME HEALTH AGENCY	101.00	208,940	533		1.00
2.00	HOSPICE	116.00	226,351	577		2.00
	TOTALS		435,291	1,110		

RECLASSIFICATIONS

Provider CCN: 16-0057

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 1:33 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	H - ZERO OUT CLOSED COST CENTER				
1.00	SUBPROVIDER - IRF	41.00	0	84	1.00
	TOTALS		0	84	
500.00	Grand Total: Increases		723,797	3,021,715	500.00

RECLASSIFICATIONS

Provider CCN: 16-0057

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 1:33 pm

	Decreases						11/25/2019 1:33 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - MARKETING SALARIES						
1.00	OTHER A&G	5.06	57,672	18,432	0		1.00
	0		57,672	18,432			
	B - SWITCHBOARD EXPENSE						
1.00	ADMINISTRATIVE AND GENERAL	5.01	31,785	10,564	0		1.00
	0		31,785	10,564			
	C - PROPERTY INSURANCE						
1.00	OTHER A&G	5.06	0	221,517	12		1.00
	0		0	221,517			
	D - PHYSICIAN RECRUITMENT						
1.00	OTHER A&G	5.06	178,159	32,683	0		1.00
	0		178,159	32,683			
	E - SNF EXPENSES						
1.00	NURSING FACILITY	45.00	20,890	8,475	0		1.00
	0		20,890	8,475			
	F - EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE AND GENERAL	5.01	0	12,867	0		1.00
2.00	DATA PROCESSING	5.02	0	94,370	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	11,027	0		3.00
4.00	ADMITTING	5.04	0	60,976	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	91,676	0		5.00
6.00	OTHER A&G	5.06	0	71,316	0		6.00
7.00	OPERATION OF PLANT	7.00	0	76,555	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	5,328	0		8.00
9.00	HOUSEKEEPING	9.00	0	112,859	0		9.00
10.00	HOUSEKEEPING KLEIN	9.01	0	12,779	0		10.00
11.00	DIETARY	10.00	0	73,060	0		11.00
12.00	DIETARY KLEIN	10.01	0	28,413	0		12.00
13.00	NURSING ADMINISTRATION	13.00	0	50,156	0		13.00
14.00	CENTRAL SERVICE & SUPPLY	14.00	0	52,128	0		14.00
15.00	PHARMACY	15.00	0	47,088	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	82,140	0		16.00
17.00	SOCIAL SERVICE	17.00	0	13,096	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	336,005	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	48,165	0		19.00
20.00	SUBPROVIDER - IRF	41.00	0	25,536	0		20.00
21.00	NURSERY	43.00	0	10,267	0		21.00
22.00	SKILLED NURSING FACILITY	44.00	0	33,674	0		22.00
23.00	NURSING FACILITY	45.00	0	246,162	0		23.00
24.00	OPERATING ROOM	50.00	0	161,871	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	54,255	0		25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	0	16,916	0		26.00
27.00	RADIOISOTOPE	56.00	0	4,157	0		27.00
28.00	CT SCAN	57.00	0	16,422	0		28.00
29.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,030	0		29.00
30.00	CARDIAC CATHETERIZATION	59.00	0	24,028	0		30.00
31.00	LABORATORY	60.00	0	104,441	0		31.00
32.00	INTRAVENOUS THERAPY	64.00	0	12,308	0		32.00
33.00	RESPIRATORY THERAPY	65.00	0	39,352	0		33.00
34.00	PHYSICAL THERAPY	66.00	0	13,527	0		34.00
35.00	OCCUPATIONAL THERAPY	67.00	0	11,040	0		35.00
36.00	SPEECH PATHOLOGY	68.00	0	2,185	0		36.00
37.00	ELECTROCARDIOLOGY	69.00	0	12,653	0		37.00
38.00	EKG AND EEG	76.01	0	10,364	0		38.00
39.00	O/P REHAB SERVICES	76.02	0	54,474	0		39.00
40.00	SPORTS FITNESS	76.03	0	48,241	0		40.00
41.00	LIFE CENTER	76.04	0	45,037	0		41.00
42.00	ONCOLOGY	76.06	0	27,121	0		42.00
43.00	CLINIC	90.00	0	158,868	0		43.00
44.00	EMERGENCY	91.00	0	111,759	0		44.00
45.00	AMBULANCE SERVICES	95.00	0	21,784	0		45.00
46.00	HOME HEALTH AGENCY	101.00	0	59,431	0		46.00
47.00	HOSPICE	116.00	0	53,575	0		47.00
48.00	DAYCARE	194.01	0	33,317	0		48.00
49.00	MARKETING	194.02	0	3,575	0		49.00
50.00	OUTREACH REHAB	194.03	0	15,520	0		50.00
51.00	SWITCHBOARD	194.04	0	1,979	0		51.00
52.00	OTHER NONREIMB	194.06	0	4,977	0		52.00
	0		0	2,728,850			

RECLASSIFICATIONS

Provider CCN: 16-0057

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 1:33 pm

	Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	G - HOME HEALTH HOSPICE ADMIN						
1.00	OTHER A&G	5.06	435,291	1,110	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		435,291	1,110			
	H - ZERO OUT CLOSED COST CENTER						
1.00	OP REHAB SERVICES	76.07	0	84	0		1.00
	TOTALS		0	84			
500.00	Grand Total: Decreases		723,797	3,021,715			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/25/2019 1:33 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,946,488	0	0	0	0	1.00	
2.00	Land Improvements	11,972,330	0	0	0	0	2.00	
3.00	Buildings and Fixtures	126,596,893	469,878	0	469,878	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	60,756,967	2,370,615	0	2,370,615	0	5.00	
6.00	Movable Equipment	110,833,950	9,856,643	0	9,856,643	8,856	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	315,106,628	12,697,136	0	12,697,136	8,856	8.00	
9.00	Reconciling Items	2,194,462	6,770,047	0	6,770,047	4,965,664	9.00	
10.00	Total (line 8 minus line 9)	312,912,166	5,927,089	0	5,927,089	-4,956,808	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,946,488	0				1.00	
2.00	Land Improvements	11,972,330	0				2.00	
3.00	Buildings and Fixtures	127,066,771	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	63,127,582	0				5.00	
6.00	Movable Equipment	120,681,737	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	327,794,908	0				8.00	
9.00	Reconciling Items	3,998,845	0				9.00	
10.00	Total (line 8 minus line 9)	323,796,063	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/25/2019 1:33 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	4,091,422	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	1,071,032	0	0	0	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	10,179	0	0	0	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	30,150	0	0	0	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	209,489	0	0	0	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	679,445	0	0	0	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	726	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	9,556,850	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,649,293	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	4,091,422				1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	1,071,032				1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	10,179				1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	30,150				1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0				1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0				1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	209,489				1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	679,445				1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	726				1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,556,850				2.00
3.00	Total (sum of lines 1-2)	0	15,649,293				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/25/2019 1:33 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	169,501,444	0	169,501,444	0.510865	113,166	1.00	
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	29,573,241	0	29,573,241	0.089131	19,744	1.01	
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	2,218,680	0	2,218,680	0.006687	1,481	1.02	
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1,505,464	0	1,505,464	0.004537	1,005	1.03	
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0.000000	0	1.04	
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0.000000	0	1.05	
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	4,314,342	0	4,314,342	0.013003	2,880	1.06	
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0.000000	0	1.07	
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0.000000	0	1.08	
2.00	CAP REL COSTS-MVBLE EQUIP	124,680,582	0	124,680,582	0.375777	83,241	2.00	
3.00	Total (sum of lines 1-2)	331,793,753	0	331,793,753	1.000000	221,517	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	113,166	4,613,166	0	1.00	
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	0	19,744	1,071,032	0	1.01	
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	1,481	10,179	0	1.02	
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	1,005	30,150	0	1.03	
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	395,396	0	1.04	
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	528,004	0	1.05	
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	2,880	209,489	0	1.06	
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	813,206	0	1.07	
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	28,399	0	1.08	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	83,241	9,538,914	0	2.00	
3.00	Total (sum of lines 1-2)	0	0	221,517	17,237,935	0	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
		11.00	12.00	13.00	14.00	15.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	113,166	0	0	4,726,332	1.00	
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	19,744	0	0	1,090,776	1.01	
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	1,481	0	0	11,660	1.02	
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	1,005	0	0	31,155	1.03	
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	395,396	1.04	
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	528,004	1.05	
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	2,880	0	0	212,369	1.06	
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	813,206	1.07	
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	28,399	1.08	
2.00	CAP REL COSTS-MVBLE EQUIP	0	83,241	0	0	9,622,155	2.00	
3.00	Total (sum of lines 1-2)	0	221,517	0	0	17,459,452	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0057

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT - KLEIN (chapter 2)			0CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-BLDG & FIXT - CANCER (chapter 2)			0CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-BLDG & FIXT - LAUNDRY (chapter 2)			0CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-BLDG & FIXT - MERCY (chapter 2)			0CAP REL COSTS-BLDG & FIXT - MERCY	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-BLDG & FIXT - EASTMAN (chapter 2)			0CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	0	1.05
1.06	Investment income - CAP REL COSTS-BLDG & FIXT - HHA/HOSP (chapter 2)			0CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	1.06
1.07	Investment income - CAP REL COSTS-BLDG & FIXT - REHAB (chapter 2)			0CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0	1.07
1.08	Investment income - CAP REL COSTS-BLDG & FIXT - WAPELLO (chapter 2)			0CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	0	1.08
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-576,441	DIETARY	10.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,584,089			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	2,147,291			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,024,177	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-15,820	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-124,684	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0057

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0 CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT - KLEIN			0 CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-BLDG & FIXT - CANCER			0 CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-BLDG & FIXT - LAUNDRY			0 CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-BLDG & FIXT - MERCY			0 CAP REL COSTS-BLDG & FIXT - MERCY	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-BLDG & FIXT - EASTMAN			0 CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-BLDG & FIXT - HHA/HOSP			0 CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-BLDG & FIXT - REHAB			0 CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-BLDG & FIXT - WAPELLO			0 CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	0	26.08
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0 CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	MISC INCOME - EMPLOYEE BENEFITS	B	-6,811	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	MISC INCOME - DATA PROCESSING	B	-1,136,364	DATA PROCESSING	5.02	0	33.01
33.02	MISC INCOME - PURCHASING RECEIVING A			0	0.00	0	33.02
33.03	MISC INCOME - BUSINESS OFFICE	B	-124,282	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.03
33.04	MISC INCOME - OTHER A&G	B	-154,363	OTHER A&G	5.06	0	33.04
33.05	MISC INCOME - OPERATION OF PLANT	B	-8,993	OPERATION OF PLANT	7.00	0	33.05
33.06	MISC INCOME - HOUSEKEEPING	B	-22,133	HOUSEKEEPING	9.00	0	33.06
33.07	MISC INCOME - DIETARY	B	-71,211	DIETARY	10.00	0	33.07
33.08	MISC INCOME - DIETARY - KLEIN	B	-36	DIETARY KLEIN	10.01	0	33.08
33.09	MISC INCOME - NURSING ADMIN	B	-23,681	NURSING ADMINISTRATION	13.00	0	33.09
33.10	MISC INCOME - ADULTS AND PEDIATRICS	B	-357,748	ADULTS & PEDIATRICS	30.00	0	33.10
33.11	MISC INCOME - NURSERY			0	0.00	0	33.11
33.12	MISC INCOME - OR	B	-16,261	OPERATING ROOM	50.00	0	33.12
33.13	MISC INCOME - RESPIRATORY THERAPY	B	-1,450	RADIOLOGY-DIAGNOSTIC	54.00	0	33.13
33.14	MISC INCOME - LABORATORY	B	-4,261	LABORATORY	60.00	0	33.14
33.15	MISC INCOME - O/P REHAB SERVICES	B	-2,047	O/P REHAB SERVICES	76.02	0	33.15
33.16	MISC INCOME - SPORTS FITNESS	B	-31,056	SPORTS FITNESS	76.03	0	33.16
33.17	MISC INCOME - LIFE CENTER	B	-1,920	LIFE CENTER	76.04	0	33.17
33.18	MISC INCOME - CLINICS	B	-2,013	CLINIC	90.00	0	33.18
33.19	MISC INCOME - AMBULANCE	B	-20,087	AMBULANCE SERVICES	95.00	0	33.19
33.20	MISC INCOME - HOME HEALTH AGENCY	B	-794	HOME HEALTH AGENCY	101.00	0	33.20
33.21	MISC INCOME - HOSPICE	B	-125	HOSPICE	116.00	0	33.21

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0057

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 1:33 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		
34.00 DISCOUNTS - PURCHASING RECEIVING AND	B	-120,853	PURCHASING RECEIVING AND STORES	5.03		0	34.00
34.01 DISCOUNTS - OTHER A&G	B	-1,729	OTHER A&G	5.06		0	34.01
34.02 DISCOUNTS - OPERATION OF PLANT		0		0.00		0	34.02
34.03 DISCOUNTS - RADIOLOGY-DIAGNOSTIC		0		0.00		0	34.03
34.04 DISCOUNTS - CLINICS	B	-584	CLINIC	90.00		0	34.04
35.00 RENTAL INCOME - PAIN MANAGEMENT	B	-4,200	O/P REHAB SERVICES	76.02		0	35.00
35.01 RENTAL INCOME - FARMLAND	B	-10,703	OTHER A&G	5.06		0	35.01
35.02 RENTAL INCOME - CANCER CENTER		0		0.00		0	35.02
35.03 RENTAL INCOME - LABOR DELIVERY	B	-1,265	ADULTS & PEDIATRICS	30.00		0	35.03
35.04 RENTAL INCOME - LAUNDRY BLDG.	B	-6,182	OPERATION OF PLANT	7.00		0	35.04
36.00 RELATED PARTY SERVICE REVENUE	B	-432,308	OPERATION OF PLANT	7.00		0	36.00
36.01 340B INCOME	B	-82,027	PHARMACY	15.00		0	36.01
37.00 INTEREST EXPENSE	A	-1,751,153	INTEREST EXPENSE	113.00		0	37.00
37.01 DIALYSIS DEPRECIATION	A	-51,159	CAP REL COSTS-BLDG & FIXT	1.00		9	37.01
37.02 HELICOPTER DEPRECIATION	A	-44,531	CAP REL COSTS-BLDG & FIXT	1.00		9	37.02
37.03 CAPITALIZED COSTS	A	63,900	CAP REL COSTS-BLDG & FIXT	1.00		9	37.03
37.04 CAPITALIZED INTEREST ON UNNECESSARY	A	-92,437	CAP REL COSTS-BLDG & FIXT	1.00		9	37.04
37.05 USEFUL LIFE ADJUSTMENTS	A	658,715	CAP REL COSTS-BLDG & FIXT	1.00		9	37.05
37.06 ICF DEPRECIATION	A	419,130	NURSING FACILITY	45.00		0	37.06
37.07 DAYCARE DEPRECIATION	A	-51,270	CAP REL COSTS-BLDG & FIXT	1.00		9	37.07
37.08 TV DEPRECIATION EXPENSE	A	-17,936	CAP REL COSTS-MVBLE EQUIP	2.00		9	37.08
37.09 PHONE COST OFFSET	A	-18,942	ADMINISTRATIVE AND GENERAL	5.01		0	37.09
38.00 CABLE TV	A	-1,272	ONCOLOGY	76.06		0	38.00
38.01 CABLE TV		0		0.00		0	38.01
38.02 CABLE TV	A	-1,531	O/P REHAB SERVICES	76.02		0	38.02
38.03 CABLE TV	A	-18,360	OPERATION OF PLANT KLEIN	7.01		0	38.03
38.04 CABLE TV	A	-21,309	OPERATION OF PLANT	7.00		0	38.04
38.05 CABLE TV	A	105	OPERATION OF PLANT	7.00		0	38.05
38.06 CABLE TV	A	-460	CLINIC	90.00		0	38.06
38.07 CABLE TV	A	-498	CLINIC	90.00		0	38.07
39.00 CABLE TV		0	CENTRAL SERVICE & SUPPLY	14.00		0	39.00
39.01 REMOVE MARKUP ON HMES TRANSACTIONS	A	-11,747	CENTRAL SERVICE & SUPPLY	14.00		0	39.01
39.02 AHA/IHA DUES - LOBBYING EXPENSES	A	-26,460	OTHER A&G	5.06		0	39.02
39.03 ALCOHOL	A	-37,798	OTHER A&G	5.06		0	39.03
39.04 ADMINISTRATIVE COST REDUCTIONS	A	-57,805	OTHER A&G	5.06		0	39.04
40.00 AMORTIZATION OF BOND COSTS	A	-95,505	OTHER A&G	5.06		0	40.00
41.00 OFFSET RENTAL COSTS - PETERSON, OTHE	A	-91,879	OPERATION OF PLANT	7.00		0	41.00
41.01 OFFSET RENTAL COSTS - PETERSON, OTHE	A	-2,188	OTHER A&G	5.06		0	41.01
41.02 OFFSET RENTAL COSTS - HCR		0		0.00		0	41.02
42.00 OFFSET RENTAL COSTS - HCR	A	-36,720	DATA PROCESSING	5.02		0	42.00
42.01 OFFSET RENTAL COSTS - HCR	A	-7,620	PURCHASING RECEIVING AND STORES	5.03		0	42.01
42.02 OFFSET RENTAL COSTS - HCR	A	-18,218	ADMITTING	5.04		0	42.02
42.03 OFFSET RENTAL COSTS - HCR	A	-58,977	CASHIERING/ACCOUNTS RECEIVABLE	5.05		0	42.03
42.04 OFFSET RENTAL COSTS - HCR	A	-108,381	OTHER A&G	5.06		0	42.04
42.05 OFFSET RENTAL COSTS - HCR	A	-36,496	OPERATION OF PLANT	7.00		0	42.05
42.06 OFFSET RENTAL COSTS - HCR	A	-16,405	NURSING ADMINISTRATION	13.00		0	42.06
42.07 OFFSET RENTAL COSTS - HCR	A	-8,146	OPERATING ROOM	50.00		0	42.07
42.08 OFFSET RENTAL COSTS - HCR	A	-116	LABORATORY	60.00		0	42.08
42.09 OFFSET RENTAL COSTS - HCR	A	-19,320	O/P REHAB SERVICES	76.02		0	42.09
42.10 OFFSET RENTAL COSTS - HCR	A	-135,414	ONCOLOGY	76.06		0	42.10
42.11 OFFSET RENTAL COSTS - HCR	A	-426,091	CLINIC	90.00		0	42.11
43.00 PHYSICIAN COSTS	A	-246,672	OTHER A&G	5.06		0	43.00
44.00 CONTRIBUTIONS - ADMIN	A	5,000	OTHER A&G	5.06		0	44.00
44.01 CONTRIBUTIONS - PUBLIC RELATIONS	A	-61,556	OTHER A&G	5.06		0	44.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,250,929					50.00

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

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0057

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 16-0057

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 1:33 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.03	PURCHASING RECEIVING AND STO	HEALTH ENTERPRISES - PURCHAS	11,641	16,630	1.00
2.00	5.06	OTHER A&G	HEALTH ENTERPRISES - A&G	6,800	8,500	2.00
3.00	73.00	DRUGS CHARGED TO PATIENTS	HEALTH ENTERPRISES - PHARMAC	7,200	9,000	3.00
3.01	5.06	OTHER A&G	GRHS HO - OPERATING	3,120,206	3,156,592	3.01
3.02	13.00	NURSING ADMINISTRATION	GRHS HO - NURSING ADMIN	407,002	0	3.02
3.03	45.00	NURSING FACILITY	GRHS HO - NURSING ADMIN KLIE	212,643	0	3.03
3.04	1.00	CAP REL COSTS-BLDG & FIXT	GRHS HO - CAPITAL	38,526	0	3.04
3.05	1.07	CAP REL COSTS-BLDG & FIXT -	HCR - REHAB BLDG - CAPITAL	133,761	0	3.05
3.06	1.08	CAP REL COSTS-BLDG & FIXT -	HCR - WAPELLO BLDG - CAPITA	27,673	0	3.06
3.07	1.04	CAP REL COSTS-BLDG & FIXT -	HCR - MERCY MOB - CAPITAL	395,396	0	3.07
3.08	1.05	CAP REL COSTS-BLDG & FIXT -	HCR - EASTMAN MOB - CAPITAL	528,004	0	3.08
4.00	7.07	OPERATION OF PLANT WAPELLO	HCR - WAPELLO BLDG - PLANT 0	27,008	0	4.00
4.01	7.02	OPERATION OF PLANT EASTMAN	HCR - EASTMAN MOB - PLANT OT	274,815	0	4.01
4.02	7.03	OPERATION OF PLANT MERCY	HCR - MERCY MOB - PLANT OTHE	263,226	0	4.02
4.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HCHC - HR OVERHEAD ALLOCATIO	0	33,577	4.03
4.04	66.00	PHYSICAL THERAPY	HCHC - REHAB OVERHEAD ALLOCA	0	82,311	4.04
5.00	0			5,453,901	3,306,610	5.00

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

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

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

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

6.00	C		0.00	HLTH ENTERPRISE	0.00	6.00
7.00	C		0.00	HENRY COUNTY HC	0.00	7.00
8.00	B		0.00	GREAT RIVER HS	100.00	8.00
9.00	C		0.00	HLTH CARE REALT	0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 16-0057

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 1:33 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	-4,989	0		1.00
2.00	-1,700	0		2.00
3.00	-1,800	0		3.00
3.01	-36,386	0		3.01
3.02	407,002	0		3.02
3.03	212,643	0		3.03
3.04	38,526	9		3.04
3.05	133,761	9		3.05
3.06	27,673	9		3.06
3.07	395,396	9		3.07
3.08	528,004	9		3.08
4.00	27,008	0		4.00
4.01	274,815	0		4.01
4.02	263,226	0		4.02
4.03	-33,577	0		4.03
4.04	-82,311	0		4.04
5.00	2,147,291			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	PHARMACY		6.00
7.00	HOSPITAL		7.00
8.00	HOME OFFICE		8.00
9.00	REALTY COMPANY		9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0057

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

Worksheet A-8-2

Date/Time Prepared:
11/25/2019 1:33 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	55.00	RADIOLOGY-THERAPEUTIC	138,120	138,120	0	0	0	1.00
2.00	65.00	RESPIRATORY THERAPY	4,614	4,614	0	0	0	2.00
3.00	76.02	O/P REHAB SERVICES	0	0	0	211,500	0	3.00
4.00	76.04	LIFE CENTER	703,798	703,798	0	0	0	4.00
5.00	76.04	LIFE CENTER	0	0	0	0	0	5.00
6.00	76.06	ONCOLOGY	0	0	0	0	0	6.00
7.00	90.00	CLINIC	3,737,557	3,737,557	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,584,089	4,584,089	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	1.00
2.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	2.00
3.00	76.02	O/P REHAB SERVICES	0	0	0	0	0	3.00
4.00	76.04	LIFE CENTER	0	0	0	0	0	4.00
5.00	76.04	LIFE CENTER	0	0	0	0	0	5.00
6.00	76.06	ONCOLOGY	0	0	0	0	0	6.00
7.00	90.00	CLINIC	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	138,120		1.00
2.00	65.00	RESPIRATORY THERAPY	0	0	0	4,614		2.00
3.00	76.02	O/P REHAB SERVICES	0	0	0	0		3.00
4.00	76.04	LIFE CENTER	0	0	0	703,798		4.00
5.00	76.04	LIFE CENTER	0	0	0	0		5.00
6.00	76.06	ONCOLOGY	0	0	0	0		6.00
7.00	90.00	CLINIC	0	0	0	3,737,557		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	4,584,089		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			CAPITAL RELATED COSTS					
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,726,332	4,726,332				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	1,090,776	0	1,090,776			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	11,660	0	0	11,660		1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	31,155	0	0	0	31,155	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	395,396	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	528,004	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	212,369	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	813,206	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	28,399	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,622,155					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,749,075	91,263	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	243,544	2,841	0	0	0	5.01
5.02	00550	DATA PROCESSING	13,190,453	99,679	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	551,516	120,231	0	0	0	5.03
5.04	00570	ADMITTING	1,951,352	25,996	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,856,743	22,504	0	0	0	5.05
5.06	00591	OTHER A&G	13,235,273	162,355	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	5,522,796	172,810	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	345,275	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	274,815	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	263,226	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	47,935	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	173,921	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	63,527	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	27,008	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	709,968	16,322	0	0	31,155	8.00
9.00	00900	HOUSEKEEPING	2,718,235	23,415	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	385,203	0	0	0	0	9.01
10.00	01000	DIETARY	980,231	172,050	0	0	0	10.00
10.01	01001	DIETARY KLEIN	1,078,299	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,495,470	91,686	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	1,556,447	106,523	0	0	0	14.00
15.00	01500	PHARMACY	3,151,790	27,374	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,078,888	84,247	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	559,351	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,393,152	1,371,882	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,181,798	98,725	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	1,017,430	59,205	0	0	0	41.00
43.00	04300	NURSERY	410,168	25,693	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,128,960	0	94,742	0	0	44.00
45.00	04500	NURSING FACILITY	6,956,928	0	993,678	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,368,154	508,202	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,799,791	38,870	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,460,030	0	0	11,660	0	55.00
56.00	05600	RADIOISOTOPE	174,268	56,363	0	0	0	56.00
57.00	05700	CT SCAN	877,689	22,211	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	522,183	33,046	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,402,393	169,100	0	0	0	59.00
60.00	06000	LABORATORY	5,540,280	115,817	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	633,450	59,324	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,609,262	39,683	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	489,096	98,552	1,201	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	524,538	0	1,002	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	141,563	0	153	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	584,533	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,577,776	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,365,490	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,538,801	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	372,949	48,967	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	3,579,715	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	1,444,813	0	0	0	0	76.03
76.04	03952	LIFE CENTER	1,728,053	0	0	0	0	76.04
76.06	03480	ONCOLOGY	1,056,605	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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11/25/2019 1:33 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
				0	1.00	1.01	1.02	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,983,566	307,530	0	0	0	90.00
91.00	09100	EMERGENCY	4,529,110	203,881	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	630,194	35,030	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	2,422,667	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,302,601	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	185,417,799	4,511,377	1,090,776	11,660	31,155	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,702	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	5,068	0	0	0	0	194.00
194.01	07951	DAYCARE	463,070	121,370	0	0	0	194.01
194.02	07952	MARKETING	653,636	47,611	0	0	0	194.02
194.03	07953	OUTREACH REHAB	758,901	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	40,370	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	482,544	24,272	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	187,821,388	4,726,332	1,090,776	11,660	31,155	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
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Part I
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Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	395,396					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	528,004				1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	212,369			1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	813,206		1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	28,399	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER A&G	0	0	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,734	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	11,758	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	584,385	0	76.04
76.06	03480	ONCOLOGY	224,507	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	170,889	520,270	0	228,821	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
			1.04	1.05	1.06	1.07	1.08	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	108,592	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	103,777	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	395,396	528,004	212,369	813,206	11,758	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	16,641	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	395,396	528,004	212,369	813,206	28,399	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	
			2.00	4.00	5.01	5A.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,622,155					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	145,667	2,986,005				4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	279	14,088	260,752			5.01
5.02	00550	DATA PROCESSING	4,153,575	103,262	9,546	17,556,515	17,556,515	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	103,008	12,065	2,728	789,548	81,413	5.03
5.04	00570	ADMITTING	16,561	66,730	3,955	2,064,594	212,886	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	25,842	100,324	5,864	3,011,277	310,502	5.05
5.06	00591	OTHER A&G	124,982	78,025	8,592	13,609,227	1,403,288	5.06
7.00	00700	OPERATION OF PLANT	317,618	83,780	20,184	6,117,188	630,762	7.00
7.01	00701	OPERATION OF PLANT KLEIN	147,144	0	0	492,419	50,775	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	274,815	28,337	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	263,226	27,142	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	2,728	50,663	5,224	7.04
7.05	00705	OPERATION OF PLANT REHAB	31,854	0	136	205,911	21,232	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	63,527	6,550	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	27,008	2,785	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	2,916	5,828	0	766,189	79,004	8.00
9.00	00900	HOUSEKEEPING	18,781	123,491	1,637	2,885,559	297,539	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	13,991	0	399,194	41,162	9.01
10.00	01000	DIETARY	54,214	79,951	3,273	1,289,719	132,987	10.00
10.01	01001	DIETARY KLEIN	1,990	31,089	0	1,111,378	114,598	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	510,583	54,882	9,001	4,161,622	429,117	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	145,893	57,049	2,046	1,867,958	192,611	14.00
15.00	01500	PHARMACY	73,496	51,535	2,455	3,306,650	340,959	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,321	89,873	9,274	3,270,603	337,242	16.00
17.00	01700	SOCIAL SERVICE	0	14,329	1,227	574,907	59,280	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	123,595	367,654	12,410	13,268,693	1,368,175	30.00
31.00	03100	INTENSIVE CARE UNIT	71,757	52,715	2,591	3,407,586	351,366	31.00
41.00	04100	SUBPROVIDER - IRF	4,698	27,935	546	1,109,814	114,436	41.00
43.00	04300	NURSERY	25,639	11,246	0	472,746	48,746	43.00
44.00	04400	SKILLED NURSING FACILITY	4,141	37,953	1,227	1,267,023	130,647	44.00
45.00	04500	NURSING FACILITY	41,885	268,246	13,092	8,273,829	853,139	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	784,897	177,121	14,456	9,852,830	1,015,955	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	560,932	59,361	9,955	3,468,909	357,690	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	489,786	18,519	0	1,987,729	204,961	55.00
56.00	05600	RADIOISOTOPE	93,187	4,551	0	328,369	33,859	56.00
57.00	05700	CT SCAN	208,980	17,965	0	1,126,845	116,192	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	225,109	10,981	0	791,319	81,595	58.00
59.00	05900	CARDIAC CATHETERIZATION	410,929	26,297	8,319	2,017,038	207,983	59.00
60.00	06000	LABORATORY	124,379	114,292	6,001	5,900,769	608,446	60.00
64.00	06400	INTRAVENOUS THERAPY	31,827	13,462	1,091	739,154	76,216	64.00
65.00	06500	RESPIRATORY THERAPY	29,301	43,058	546	1,721,850	177,545	65.00
66.00	06600	PHYSICAL THERAPY	115	14,810	0	615,532	63,469	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,089	0	537,629	55,437	67.00
68.00	06800	SPEECH PATHOLOGY	7,361	2,384	0	151,461	15,618	68.00
69.00	06900	ELECTROCARDIOLOGY	13,853	13,847	0	612,233	63,129	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,577,776	1,296,932	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,365,490	656,365	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,538,801	1,705,358	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	5,361	11,342	136	438,755	45,241	76.01
76.02	03950	O/P REHAB SERVICES	6,082	59,602	19,365	3,664,764	377,885	76.02
76.03	03951	SPORTS FITNESS	10,694	52,787	0	1,508,294	155,525	76.03
76.04	03952	LIFE CENTER	82,319	49,271	0	2,444,028	252,011	76.04
76.06	03480	ONCOLOGY	31,228	29,669	3,819	1,345,828	138,772	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	173,029	173,845	2,455	7,560,405	779,576	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	4.00	5.01	5A.01	5.02	
91.00	09100	EMERGENCY	88,918	122,287	5,455	4,949,651	510,373	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	39,465	23,841	273	728,803	75,149	95.00
101.00	10100	HOME HEALTH AGENCY	7,440	65,020	9,274	2,612,993	269,434	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	32,214	58,615	0	2,497,207	257,495	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,611,845	2,921,057	193,657	185,043,850	17,270,115	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	21,702	2,238	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	5,068	523	194.00
194.01	07951	DAYCARE	10,310	36,460	1,091	632,301	65,198	194.01
194.02	07952	MARKETING	0	3,901	0	705,148	72,710	194.02
194.03	07953	OUTREACH REHAB	0	16,978	0	775,879	80,003	194.03
194.04	07954	SWITCHBOARD	0	2,167	66,004	108,541	11,192	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	5,442	0	528,899	54,536	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,622,155	2,986,005	260,752	187,821,388	17,556,515	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER A&G	
			5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	870,961					5.03
5.04	00570	ADMITTING	124	2,277,604				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	456	0	3,322,235			5.05
5.06	00591	OTHER A&G	3,055	0	0	15,015,570	15,015,570	5.06
7.00	00700	OPERATION OF PLANT	826	0	0	6,748,776	586,421	7.00
7.01	00701	OPERATION OF PLANT KLEIN	22	0	0	543,216	47,202	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	303,152	26,342	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	290,368	25,231	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	55,887	4,856	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	227,143	19,737	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	70,077	6,089	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	29,793	2,589	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	3,611	0	0	848,804	73,755	8.00
9.00	00900	HOUSEKEEPING	8,958	0	0	3,192,056	277,367	9.00
9.01	00901	HOUSEKEEPING KLEIN	1,693	0	0	442,049	38,411	9.01
10.00	01000	DIETARY	1,308	0	0	1,424,014	123,737	10.00
10.01	01001	DIETARY KLEIN	6	0	0	1,225,982	106,529	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,010	0	0	4,591,749	398,991	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	9,447	0	0	2,070,016	179,870	14.00
15.00	01500	PHARMACY	8,757	0	0	3,656,366	317,713	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	279	0	0	3,608,124	313,521	16.00
17.00	01700	SOCIAL SERVICE	49	0	0	634,236	55,111	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,668	202,673	285,388	15,159,597	1,317,263	30.00
31.00	03100	INTENSIVE CARE UNIT	16,396	36,815	51,841	3,864,004	335,755	31.00
41.00	04100	SUBPROVIDER - IRF	71	17,062	24,025	1,265,408	109,955	41.00
43.00	04300	NURSERY	1,228	7,603	10,705	541,028	47,012	43.00
44.00	04400	SKILLED NURSING FACILITY	212	13,215	18,609	1,429,706	124,231	44.00
45.00	04500	NURSING FACILITY	6,517	0	68,465	9,201,950	799,585	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	442,028	434,150	611,424	12,356,387	1,073,684	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,306	86,974	122,470	4,045,349	351,513	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	778	63,298	89,131	2,345,897	203,842	55.00
56.00	05600	RADIOISOTOPE	21,325	25,670	36,147	445,370	38,700	56.00
57.00	05700	CT SCAN	6,678	123,659	174,127	1,547,501	134,467	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,761	81,875	115,290	1,072,840	93,222	58.00
59.00	05900	CARDIAC CATHETERIZATION	102,583	90,805	127,865	2,546,274	221,253	59.00
60.00	06000	LABORATORY	104,716	215,282	303,143	7,132,356	619,752	60.00
64.00	06400	INTRAVENOUS THERAPY	3,219	36,250	51,044	905,883	78,715	64.00
65.00	06500	RESPIRATORY THERAPY	7,712	59,064	83,170	2,049,341	178,073	65.00
66.00	06600	PHYSICAL THERAPY	1,800	13,260	18,671	712,732	61,931	66.00
67.00	06700	OCCUPATIONAL THERAPY	46	10,756	15,146	619,014	53,788	67.00
68.00	06800	SPEECH PATHOLOGY	60	3,347	4,713	175,199	15,224	68.00
69.00	06900	ELECTROCARDIOLOGY	60	44,470	62,619	782,511	67,995	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,787	41,944	13,946,439	1,211,848	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	61,105	86,044	7,169,004	622,936	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	295,869	416,619	18,956,647	1,647,154	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	891	12,725	17,918	515,530	44,796	76.01
76.02	03950	O/P REHAB SERVICES	1,301	0	46,537	4,090,487	355,435	76.02
76.03	03951	SPORTS FITNESS	1,187	3,177	4,474	1,672,657	145,342	76.03
76.04	03952	LIFE CENTER	23,328	35,873	50,514	2,805,754	243,800	76.04
76.06	03480	ONCOLOGY	3,473	11,686	16,455	1,516,214	131,748	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,076	69,808	98,298	8,515,163	739,908	90.00
91.00	09100	EMERGENCY	25,449	150,379	211,752	5,847,604	508,116	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER A&G	
			5.03	5.04	5.05	5A.05	5.06	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	601	9,838	13,853	828,244	71,969	95.00
101.00	10100	HOME HEALTH AGENCY	836	11,949	16,826	2,912,038	253,036	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,058	19,180	27,008	2,804,948	243,730	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	869,965	2,277,604	3,322,235	184,756,454	14,749,250	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	23,940	2,080	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	70	0	0	5,661	492	194.00
194.01	07951	DAYCARE	912	0	0	698,411	60,687	194.01
194.02	07952	MARKETING	12	0	0	777,870	67,591	194.02
194.03	07953	OUTREACH REHAB	2	0	0	855,884	74,370	194.03
194.04	07954	SWITCHBOARD	0	0	0	119,733	10,404	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	583,435	50,696	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	870,961	2,277,604	3,322,235	187,821,388	15,015,570	202.00

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Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	
			7.00	7.01	7.02	7.03	7.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT	7,335,197					7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	590,418				7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	329,494			7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	315,599		7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	60,743	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	345,325	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	41,766	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	306,887	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	163,541	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	190,005	0	0	0	0	14.00
15.00	01500	PHARMACY	48,826	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	150,271	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,447,025	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	176,096	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	105,603	0	0	0	0	41.00
43.00	04300	NURSERY	45,828	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	51,282	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	537,861	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	906,480	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,332	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	4,826	0	60,743	55.00
56.00	05600	RADIOISOTOPE	100,535	0	0	0	0	56.00
57.00	05700	CT SCAN	39,618	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58,944	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	301,625	0	0	0	0	59.00
60.00	06000	LABORATORY	206,584	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	105,816	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	70,783	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	175,787	650	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	542	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	83	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	87,342	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.06	03480	ONCOLOGY	0	0	0	179,198	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	548,542	0	324,668	136,401	0	90.00
91.00	09100	EMERGENCY	363,664	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

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Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	
			7.00	7.01	7.02	7.03	7.04	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	62,484	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,118,709	590,418	329,494	315,599	60,743	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	216,488	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,335,197	590,418	329,494	315,599	60,743	202.00

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Cost Center Description			OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.05	7.06	7.07	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB	246,880					7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	76,166				7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	32,382			7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,267,884		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	3,511,189	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	92,700	0	9.01
10.00	01000	DIETARY	0	0	0	0	5,637	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	10,147	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	3,436	13,530	14.00
15.00	01500	PHARMACY	0	0	0	0	230,009	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	10,147	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	10,147	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	327,945	1,012,662	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	45,832	135,299	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	761	33,825	41.00
43.00	04300	NURSERY	0	0	0	5,896	9,020	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	8,069	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	84,630	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	192,137	901,996	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	89,037	77,797	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,274	108,240	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	31,121	0	59.00
60.00	06000	LABORATORY	0	0	0	471	60,885	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,522	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	135,299	65.00
66.00	06600	PHYSICAL THERAPY	0	0	13,407	552	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	4,740	10,147	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	59,375	372,073	76.02
76.03	03951	SPORTS FITNESS	0	0	0	45,964	0	76.03
76.04	03952	LIFE CENTER	177,413	0	0	2,174	40,590	76.04
76.06	03480	ONCOLOGY	0	0	0	2,766	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	69,467	0	0	18,936	0	90.00
91.00	09100	EMERGENCY	0	0	0	125,695	250,304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.05	7.06	7.07	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	38,946	0	0	83,435	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	37,220	0	5,768	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	246,880	76,166	13,407	1,163,801	3,511,189	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	97,014	0	194.05
194.06	07956	OTHER NONREIMB	0	0	18,975	7,069	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	246,880	76,166	32,382	1,267,884	3,511,189	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	
			9.01	10.00	10.01	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN	573,160					9.01
10.00	01000	DIETARY	0	1,860,275				10.00
10.01	01001	DIETARY KLEIN	0	0	1,332,511			10.01
11.00	01100	CAFETERIA	0	1,285,497	0	1,285,497		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	37,692	5,202,120	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	41,396	142,489	14.00
15.00	01500	PHARMACY	0	0	0	37,394	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	65,213	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	10,397	55,170	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	341,912	0	266,776	1,415,413	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,325	0	38,251	202,892	31.00
41.00	04100	SUBPROVIDER - IRF	0	33,301	0	20,270	107,572	41.00
43.00	04300	NURSERY	0	0	0	8,160	43,247	43.00
44.00	04400	SKILLED NURSING FACILITY	51,584	0	119,926	0	141,870	44.00
45.00	04500	NURSING FACILITY	521,576	0	1,212,585	0	1,036,950	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	66	0	128,522	681,879	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	43,074	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	13,438	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,303	0	56.00
57.00	05700	CT SCAN	0	0	0	13,036	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	7,968	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	606	0	19,082	101,216	59.00
60.00	06000	LABORATORY	0	0	0	82,932	439,956	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,260	0	9,768	51,850	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	31,244	165,769	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,178	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,500	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,590	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,048	53,298	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	8,230	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	41,361	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	38,303	0	76.03
76.04	03952	LIFE CENTER	0	0	0	35,752	0	76.04
76.06	03480	ONCOLOGY	0	0	0	21,528	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	126,145	0	90.00
91.00	09100	EMERGENCY	0	6,108	0	88,733	470,782	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	
			9.01	10.00	10.01	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	17,299	91,767	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	3,914	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,287	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	573,160	1,686,362	1,332,511	1,285,497	5,202,120	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	173,913	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	573,160	1,860,275	1,332,511	1,285,497	5,202,120	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY KLEIN						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,640,742					14.00
15.00	01500	PHARMACY	27,738	4,318,046				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	883	0	4,148,159			16.00
17.00	01700	SOCIAL SERVICE	155	0	0	765,216		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	109,808	169	356,353	167,077	22,922,000	30.00
31.00	03100	INTENSIVE CARE UNIT	51,932	54	64,731	17,535	4,946,706	31.00
41.00	04100	SUBPROVIDER - IRF	226	0	29,999	19,459	1,726,379	41.00
43.00	04300	NURSERY	3,889	4	13,367	9,999	727,450	43.00
44.00	04400	SKILLED NURSING FACILITY	0	71,957	23,236	36,510	2,058,371	44.00
45.00	04500	NURSING FACILITY	0	42,496	85,489	382,926	13,906,048	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,400,103	48,035	763,273	0	18,452,562	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,477	966	152,923	0	4,859,468	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,465	0	111,295	0	2,863,020	55.00
56.00	05600	RADIOISOTOPE	67,546	28,445	45,135	0	729,034	56.00
57.00	05700	CT SCAN	21,153	1,142	217,426	0	1,974,343	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,744	2	143,958	0	1,385,678	58.00
59.00	05900	CARDIAC CATHETERIZATION	324,923	26,755	159,660	0	3,732,515	59.00
60.00	06000	LABORATORY	331,680	655	378,524	0	9,253,795	60.00
64.00	06400	INTRAVENOUS THERAPY	10,195	40	63,737	0	1,232,786	64.00
65.00	06500	RESPIRATORY THERAPY	24,427	152	103,851	0	2,758,939	65.00
66.00	06600	PHYSICAL THERAPY	5,702	0	23,314	0	1,002,253	66.00
67.00	06700	OCCUPATIONAL THERAPY	146	0	18,912	0	698,902	67.00
68.00	06800	SPEECH PATHOLOGY	188	0	5,885	0	198,169	68.00
69.00	06900	ELECTROCARDIOLOGY	189	0	78,190	0	992,231	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	52,373	0	15,210,660	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	107,440	0	7,899,380	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	520,217	0	21,124,018	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	2,821	0	22,374	0	695,980	76.01
76.02	03950	O/P REHAB SERVICES	4,120	206	58,110	0	4,981,167	76.02
76.03	03951	SPORTS FITNESS	3,759	0	5,587	0	1,911,612	76.03
76.04	03952	LIFE CENTER	73,890	20,269	63,074	0	3,462,716	76.04
76.06	03480	ONCOLOGY	11,002	4,002,156	20,546	0	5,885,158	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	22,414	0	122,741	0	10,624,385	90.00
91.00	09100	EMERGENCY	80,609	78	264,407	0	8,006,100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,905	84	17,298	0	1,091,050	95.00
101.00	10100	HOME HEALTH AGENCY	2,647	715	21,010	121,888	3,437,629	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,853	73,666	33,724	9,822	3,223,018	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,637,589	4,318,046	4,148,159	765,216	183,973,522	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	26,020	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	220	0	0	0	6,373	194.00
194.01	07951	DAYCARE	2,890	0	0	0	978,476	194.01
194.02	07952	MARKETING	38	0	0	0	845,499	194.02
194.03	07953	OUTREACH REHAB	5	0	0	0	930,259	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	130,137	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	97,014	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	660,175	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	173,913	194.07
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,640,742	4,318,046	4,148,159	765,216	187,821,388	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN		1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER		1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY		1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY		1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN		1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP		1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB		1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00500	ADMINISTRATIVE AND GENERAL		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00591	OTHER A&G		5.06
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT KLEIN		7.01
7.02	00702	OPERATION OF PLANT EASTMAN		7.02
7.03	00703	OPERATION OF PLANT MERCY		7.03
7.04	00704	OPERATION OF PLANT CANCER		7.04
7.05	00705	OPERATION OF PLANT REHAB		7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE		7.06
7.07	00707	OPERATION OF PLANT WAPELLO		7.07
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING KLEIN		9.01
10.00	01000	DIETARY		10.00
10.01	01001	DIETARY KLEIN		10.01
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 22,922,000	30.00
31.00	03100	INTENSIVE CARE UNIT	0 4,946,706	31.00
41.00	04100	SUBPROVIDER - IRF	0 1,726,379	41.00
43.00	04300	NURSERY	0 727,450	43.00
44.00	04400	SKILLED NURSING FACILITY	0 2,058,371	44.00
45.00	04500	NURSING FACILITY	0 13,906,048	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 18,452,562	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 4,859,468	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0 2,863,020	55.00
56.00	05600	RADIOISOTOPE	0 729,034	56.00
57.00	05700	CT SCAN	0 1,974,343	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0 1,385,678	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 3,732,515	59.00
60.00	06000	LABORATORY	0 9,253,795	60.00
64.00	06400	INTRAVENOUS THERAPY	0 1,232,786	64.00
65.00	06500	RESPIRATORY THERAPY	0 2,758,939	65.00
66.00	06600	PHYSICAL THERAPY	0 1,002,253	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 698,902	67.00
68.00	06800	SPEECH PATHOLOGY	0 198,169	68.00
69.00	06900	ELECTROCARDIOLOGY	0 992,231	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 15,210,660	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 7,899,380	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 21,124,018	73.00
76.00	03040	AUDIOLOGY	0 0	76.00
76.01	03280	EKG AND EEG	0 695,980	76.01
76.02	03950	O/P REHAB SERVICES	0 4,981,167	76.02
76.03	03951	SPORTS FITNESS	0 1,911,612	76.03
76.04	03952	LIFE CENTER	0 3,462,716	76.04
76.06	03480	ONCOLOGY	0 5,885,158	76.06
76.07	03954	OP REHAB SERVICES	0 0	76.07
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0 10,624,385	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
91.00	09100	EMERGENCY	0	8,006,100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	1,091,050	95.00
101.00	10100	HOME HEALTH AGENCY	0	3,437,629	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	3,223,018	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	183,973,522	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,020	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	6,373	194.00
194.01	07951	DAYCARE	0	978,476	194.01
194.02	07952	MARKETING	0	845,499	194.02
194.03	07953	OUTREACH REHAB	0	930,259	194.03
194.04	07954	SWITCHBOARD	0	130,137	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	97,014	194.05
194.06	07956	OTHER NONREIMB	0	660,175	194.06
194.07	07957	MEALS ON WHEELS	0	173,913	194.07
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	187,821,388	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	356	91,263	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	2,841	0	0	0	5.01
5.02	00550	DATA PROCESSING	3,226,493	99,679	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	7,620	120,231	0	0	0	5.03
5.04	00570	ADMITTING	54,587	25,996	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	245,200	22,504	0	0	0	5.05
5.06	00591	OTHER A&G	300,847	162,355	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	70,839	172,810	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	16,322	0	0	31,155	8.00
9.00	00900	HOUSEKEEPING	0	23,415	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	172,050	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	56,029	91,686	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	6,530	106,523	0	0	0	14.00
15.00	01500	PHARMACY	15,765	27,374	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	138,132	84,247	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,020	1,371,882	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,562	98,725	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	1,572	59,205	0	0	0	41.00
43.00	04300	NURSERY	0	25,693	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	94,742	0	0	44.00
45.00	04500	NURSING FACILITY	4,499	0	993,678	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,862	508,202	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	185,690	38,870	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,271	0	0	11,660	0	55.00
56.00	05600	RADIOISOTOPE	0	56,363	0	0	0	56.00
57.00	05700	CT SCAN	0	22,211	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	33,046	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,333	169,100	0	0	0	59.00
60.00	06000	LABORATORY	83,750	115,817	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	59,324	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	39,683	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	98,552	1,201	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,002	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	153	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	608	48,967	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	19,320	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	45,600	0	0	0	0	76.04
76.06	03480	ONCOLOGY	135,414	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			Directly Assigned New Capital Related Costs 0	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
				1.00	1.01	1.02	1.03	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	435,654	307,530	0	0	90.00	
91.00	09100	EMERGENCY	4,800	203,881	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	35,030	0	0	95.00	
101.00	10100	HOME HEALTH AGENCY	7,451	0	0	0	101.00	
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00	
116.00	11600	HOSPICE	76,641	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,212,445	4,511,377	1,090,776	11,660	118.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,702	0	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	194.00	
194.01	07951	DAYCARE	0	121,370	0	0	194.01	
194.02	07952	MARKETING	0	47,611	0	0	194.02	
194.03	07953	OUTREACH REHAB	0	0	0	0	194.03	
194.04	07954	SWITCHBOARD	0	0	0	0	194.04	
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	194.05	
194.06	07956	OTHER NONREIMB	0	24,272	0	0	194.06	
194.07	07957	MEALS ON WHEELS	0	0	0	0	194.07	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers		0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	5,212,445	4,726,332	1,090,776	11,660	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	
		MERCY	EASTMAN	HHA/HOSP	REHAB	WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00591	OTHER A&G	0	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,734	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	584,385	76.04
76.06	03480	ONCOLOGY	224,507	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	170,889	520,270	0	228,821	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
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Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	108,592	0	101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	103,777	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	395,396	528,004	212,369	813,206	118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	16,641	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	395,396	528,004	212,369	813,206	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
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Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	2A	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	145,667	237,286	237,286			4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	279	3,120	1,119	4,239		5.01
5.02	00550	DATA PROCESSING	4,153,575	7,479,747	8,206	155	7,488,108	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	103,008	230,859	959	44	34,724	5.03
5.04	00570	ADMITTING	16,561	97,144	5,303	64	90,799	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	25,842	293,546	7,972	95	132,433	5.05
5.06	00591	OTHER A&G	124,982	588,184	6,200	140	598,520	5.06
7.00	00700	OPERATION OF PLANT	317,618	561,267	6,658	328	269,028	7.00
7.01	00701	OPERATION OF PLANT KLEIN	147,144	147,144	0	0	21,656	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	12,086	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	11,576	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	44	2,228	7.04
7.05	00705	OPERATION OF PLANT REHAB	31,854	31,854	0	2	9,056	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	2,794	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	1,188	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	2,916	50,393	463	0	33,696	8.00
9.00	00900	HOUSEKEEPING	18,781	42,196	9,813	27	126,904	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	1,112	0	17,556	9.01
10.00	01000	DIETARY	54,214	226,264	6,353	53	56,721	10.00
10.01	01001	DIETARY KLEIN	1,990	1,990	2,471	0	48,877	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	510,583	658,298	4,361	146	183,024	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	145,893	258,946	4,533	33	82,151	14.00
15.00	01500	PHARMACY	73,496	116,635	4,095	40	145,423	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,321	230,700	7,142	151	143,838	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,139	20	25,284	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	123,595	1,535,497	29,216	202	583,544	30.00
31.00	03100	INTENSIVE CARE UNIT	71,757	179,044	4,189	42	149,862	31.00
41.00	04100	SUBPROVIDER - IRF	4,698	65,475	2,220	9	48,809	41.00
43.00	04300	NURSERY	25,639	51,332	894	0	20,791	43.00
44.00	04400	SKILLED NURSING FACILITY	4,141	98,883	3,016	20	55,722	44.00
45.00	04500	NURSING FACILITY	41,885	1,040,062	21,316	213	363,875	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	784,897	1,327,961	14,075	235	433,318	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	560,932	785,492	4,717	162	152,559	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	489,786	511,451	1,472	0	87,418	55.00
56.00	05600	RADIOISOTOPE	93,187	149,550	362	0	14,441	56.00
57.00	05700	CT SCAN	208,980	231,191	1,428	0	49,558	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	225,109	258,155	873	0	34,801	58.00
59.00	05900	CARDIAC CATHETERIZATION	410,929	583,362	2,090	135	88,707	59.00
60.00	06000	LABORATORY	124,379	323,946	9,082	98	259,510	60.00
64.00	06400	INTRAVENOUS THERAPY	31,827	91,151	1,070	18	32,507	64.00
65.00	06500	RESPIRATORY THERAPY	29,301	68,984	3,422	9	75,725	65.00
66.00	06600	PHYSICAL THERAPY	115	111,626	1,177	0	27,070	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,002	961	0	23,644	67.00
68.00	06800	SPEECH PATHOLOGY	7,361	7,514	189	0	6,661	68.00
69.00	06900	ELECTROCARDIOLOGY	13,853	13,853	1,100	0	26,925	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	553,158	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	279,948	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	727,390	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	5,361	54,936	901	2	19,296	76.01
76.02	03950	O/P REHAB SERVICES	6,082	25,402	4,736	315	161,173	76.02
76.03	03951	SPORTS FITNESS	10,694	10,694	4,195	0	66,333	76.03
76.04	03952	LIFE CENTER	82,319	712,304	3,915	0	107,486	76.04
76.06	03480	ONCOLOGY	31,228	391,149	2,358	62	59,188	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	173,029	1,836,193	13,815	40	332,499	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

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Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	2A	4.00	5.01	5.02	
91.00	09100	EMERGENCY	88,918	297,599	9,718	89	217,681	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	39,465	74,495	1,895	4	32,052	95.00
101.00	10100	HOME HEALTH AGENCY	7,440	123,483	5,167	151	114,917	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	32,214	212,632	4,658	0	109,825	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,611,845	22,429,991	232,126	3,148	7,365,955	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,702	0	0	954	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	223	194.00
194.01	07951	DAYCARE	10,310	131,680	2,897	18	27,808	194.01
194.02	07952	MARKETING	0	47,611	310	0	31,012	194.02
194.03	07953	OUTREACH REHAB	0	0	1,349	0	34,122	194.03
194.04	07954	SWITCHBOARD	0	0	172	1,073	4,774	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	40,913	432	0	23,260	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,622,155	22,671,897	237,286	4,239	7,488,108	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER A&G	OPERATION OF PLANT	
			5.03	5.04	5.05	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	266,586					5.03
5.04	00570	ADMITTING	38	193,348				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	140	0	434,186			5.05
5.06	00591	OTHER A&G	935	0	0	1,193,979		5.06
7.00	00700	OPERATION OF PLANT	253	0	0	46,627	884,161	7.00
7.01	00701	OPERATION OF PLANT KLEIN	7	0	0	3,753	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	2,094	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	2,006	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	386	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	1,569	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	484	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	206	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	1,105	0	0	5,864	41,624	8.00
9.00	00900	HOUSEKEEPING	2,742	0	0	22,054	5,034	9.00
9.01	00901	HOUSEKEEPING KLEIN	518	0	0	3,054	0	9.01
10.00	01000	DIETARY	400	0	0	9,839	36,991	10.00
10.01	01001	DIETARY KLEIN	2	0	0	8,470	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	309	0	0	31,724	19,713	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,892	0	0	14,302	22,903	14.00
15.00	01500	PHARMACY	2,680	0	0	25,262	5,885	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	85	0	0	24,929	18,113	16.00
17.00	01700	SOCIAL SERVICE	15	0	0	4,382	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,611	17,222	37,285	104,738	294,956	30.00
31.00	03100	INTENSIVE CARE UNIT	5,018	3,128	6,773	26,696	21,226	31.00
41.00	04100	SUBPROVIDER - IRF	22	1,450	3,139	8,743	12,729	41.00
43.00	04300	NURSERY	376	646	1,399	3,738	5,524	43.00
44.00	04400	SKILLED NURSING FACILITY	65	1,123	2,431	9,878	0	44.00
45.00	04500	NURSING FACILITY	1,995	0	8,945	63,576	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	135,297	36,705	80,024	85,370	109,264	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,849	7,390	16,000	27,949	8,357	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	238	5,379	11,645	16,208	0	55.00
56.00	05600	RADIOISOTOPE	6,527	2,181	4,723	3,077	12,118	56.00
57.00	05700	CT SCAN	2,044	10,508	22,749	10,692	4,775	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	845	6,957	15,062	7,412	7,105	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,399	7,716	16,705	17,592	36,357	59.00
60.00	06000	LABORATORY	32,052	18,293	39,605	49,277	24,901	60.00
64.00	06400	INTRAVENOUS THERAPY	985	3,080	6,669	6,259	12,755	64.00
65.00	06500	RESPIRATORY THERAPY	2,361	5,019	10,866	14,159	8,532	65.00
66.00	06600	PHYSICAL THERAPY	551	1,127	2,439	4,924	21,189	66.00
67.00	06700	OCCUPATIONAL THERAPY	14	914	1,979	4,277	0	67.00
68.00	06800	SPEECH PATHOLOGY	18	284	616	1,210	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18	3,779	8,181	5,406	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,531	5,480	96,356	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,192	11,241	49,531	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,141	54,430	131,040	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	273	1,081	2,341	3,562	10,528	76.01
76.02	03950	O/P REHAB SERVICES	398	0	6,080	28,261	0	76.02
76.03	03951	SPORTS FITNESS	363	270	585	11,556	0	76.03
76.04	03952	LIFE CENTER	7,140	3,048	6,600	19,385	0	76.04
76.06	03480	ONCOLOGY	1,063	993	2,150	10,476	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,166	5,932	12,842	58,831	66,120	90.00
91.00	09100	EMERGENCY	7,790	12,778	27,665	40,401	43,835	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER A&G	OPERATION OF PLANT	
			5.03	5.04	5.05	5.06	7.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	184	836	1,810	5,722	7,532	95.00
101.00	10100	HOME HEALTH AGENCY	256	1,015	2,198	20,119	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,242	1,630	3,529	19,379	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	266,281	193,348	434,186	1,172,805	858,066	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	165	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	21	0	0	39	0	194.00
194.01	07951	DAYCARE	279	0	0	4,825	26,095	194.01
194.02	07952	MARKETING	4	0	0	5,374	0	194.02
194.03	07953	OUTREACH REHAB	1	0	0	5,913	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	827	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	4,031	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	266,586	193,348	434,186	1,193,979	884,161	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
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Cost Center Description			OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	
			7.01	7.02	7.03	7.04	7.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN	172,560					7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	14,180				7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	13,582			7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	2,658		7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	42,481	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,988	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	157,200	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	208	0	2,658	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	190	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	158	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	24	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	30,528	76.04
76.06	03480	ONCOLOGY	0	0	7,712	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	13,972	5,870	0	11,953	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

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Cost Center Description			OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	
			7.01	7.02	7.03	7.04	7.05	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	172,560	14,180	13,582	2,658	42,481	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	172,560	14,180	13,582	2,658	42,481	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING KLEIN	
			7.06	7.07	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	3,278					7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	1,394				7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	133,145			8.00
9.00	00900	HOUSEKEEPING	0	0	0	208,770		9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	9,735	0	31,975	9.01
10.00	01000	DIETARY	0	0	0	335	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	603	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	361	804	0	14.00
15.00	01500	PHARMACY	0	0	0	13,676	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	603	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	603	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	34,438	60,213	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	4,813	8,045	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	80	2,011	0	41.00
43.00	04300	NURSERY	0	0	619	536	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	847	0	2,878	44.00
45.00	04500	NURSING FACILITY	0	0	8,887	0	29,097	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	20,177	53,631	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	9,350	4,626	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,289	6,436	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,268	0	0	59.00
60.00	06000	LABORATORY	0	0	50	3,620	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	370	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,045	0	65.00
66.00	06600	PHYSICAL THERAPY	0	577	58	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	498	603	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	6,235	22,123	0	76.02
76.03	03951	SPORTS FITNESS	0	0	4,827	0	0	76.03
76.04	03952	LIFE CENTER	0	0	228	2,413	0	76.04
76.06	03480	ONCOLOGY	0	0	290	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	1,989	0	0	90.00
91.00	09100	EMERGENCY	0	0	13,200	14,883	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OPERATION OF PLANT HHA/HOSPICE 7.06	OPERATION OF PLANT WAPELLO 7.07	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING KLEIN 9.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,676	0	0	4,961	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,602	0	606	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,278	577	122,215	208,770	31,975	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	10,188	0	0	194.05
194.06	07956	OTHER NONREIMB	0	817	742	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,278	1,394	133,145	208,770	31,975	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY	336,956					10.00
10.01	01001	DIETARY KLEIN	0	61,810				10.01
11.00	01100	CAFETERIA	232,846	0	232,846			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	6,827	905,005		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	7,498	24,789	419,212	14.00
15.00	01500	PHARMACY	0	0	6,773	0	4,403	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	11,812	0	140	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,883	9,598	25	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,931	0	48,325	246,235	17,432	30.00
31.00	03100	INTENSIVE CARE UNIT	2,595	0	6,928	35,297	8,244	31.00
41.00	04100	SUBPROVIDER - IRF	6,032	0	3,672	18,714	36	41.00
43.00	04300	NURSERY	0	0	1,478	7,524	617	43.00
44.00	04400	SKILLED NURSING FACILITY	0	5,563	0	24,681	0	44.00
45.00	04500	NURSING FACILITY	0	56,247	0	180,397	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12	0	23,280	118,626	222,266	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	7,802	0	4,679	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,434	0	391	55.00
56.00	05600	RADIOISOTOPE	0	0	598	0	10,723	56.00
57.00	05700	CT SCAN	0	0	2,361	0	3,358	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,443	0	1,388	58.00
59.00	05900	CARDIAC CATHETERIZATION	110	0	3,456	17,608	51,581	59.00
60.00	06000	LABORATORY	0	0	15,022	76,539	52,653	60.00
64.00	06400	INTRAVENOUS THERAPY	590	0	1,769	9,020	1,618	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,659	28,839	3,878	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,481	0	905	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,177	0	23	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	288	0	30	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,820	9,272	30	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	1,491	0	448	76.01
76.02	03950	O/P REHAB SERVICES	0	0	7,492	0	654	76.02
76.03	03951	SPORTS FITNESS	0	0	6,938	0	597	76.03
76.04	03952	LIFE CENTER	0	0	6,476	0	11,730	76.04
76.06	03480	ONCOLOGY	0	0	3,899	0	1,746	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	22,849	0	3,558	90.00
91.00	09100	EMERGENCY	1,106	0	16,073	81,901	12,796	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	3,133	15,965	302	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	709	0	420	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	233	0	0	0	2,040	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	305,455	61,810	232,846	905,005	418,711	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	35	194.00
194.01	07951	DAYCARE	0	0	0	0	459	194.01
194.02	07952	MARKETING	0	0	0	0	6	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	1	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	31,501	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	336,956	61,810	232,846	905,005	419,212	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY KLEIN						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICE & SUPPLY						14.00
15.00	01500	PHARMACY	324,872					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	437,513				16.00
17.00	01700	SOCIAL SERVICE	0	0	42,949			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13	37,582	9,377	3,128,817	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4	6,827	984	469,715	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	3,164	1,092	177,397	0	41.00
43.00	04300	NURSERY	0	1,410	561	97,445	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,414	2,451	2,049	230,009	0	44.00
45.00	04500	NURSING FACILITY	3,197	9,016	21,494	1,965,517	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,614	80,530	0	2,744,385	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73	16,128	0	1,048,133	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,738	0	658,965	0	55.00
56.00	05600	RADIOISOTOPE	2,140	4,760	0	211,200	0	56.00
57.00	05700	CT SCAN	86	22,931	0	361,681	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,182	0	349,223	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,013	16,838	0	878,937	0	59.00
60.00	06000	LABORATORY	49	39,920	0	944,617	0	60.00
64.00	06400	INTRAVENOUS THERAPY	3	6,722	0	174,586	0	64.00
65.00	06500	RESPIRATORY THERAPY	11	10,952	0	246,461	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,459	0	175,773	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,995	0	36,144	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	621	0	17,455	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,246	0	78,630	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,523	0	663,048	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,331	0	357,243	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	54,864	0	992,865	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	2,360	0	98,320	0	76.01
76.02	03950	O/P REHAB SERVICES	16	6,128	0	269,013	0	76.02
76.03	03951	SPORTS FITNESS	0	589	0	106,947	0	76.03
76.04	03952	LIFE CENTER	1,525	6,652	0	919,430	0	76.04
76.06	03480	ONCOLOGY	301,106	2,167	0	784,359	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	12,945	0	2,401,574	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
91.00	09100	EMERGENCY	6	27,885	0	825,406	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6	1,824	0	145,760	0	95.00
101.00	10100	HOME HEALTH AGENCY	54	2,216	6,841	284,183	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,542	3,557	551	367,026	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	324,872	437,513	42,949	22,210,264	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	22,821	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	318	0	194.00
194.01	07951	DAYCARE	0	0	0	194,061	0	194.01
194.02	07952	MARKETING	0	0	0	84,317	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	41,386	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	6,846	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	10,188	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	70,195	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	31,501	0	194.07
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	324,872	437,513	42,949	22,671,897	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00591	OTHER A&G	5.06
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT KLEIN	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	7.02
7.03	00703	OPERATION OF PLANT MERCY	7.03
7.04	00704	OPERATION OF PLANT CANCER	7.04
7.05	00705	OPERATION OF PLANT REHAB	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING KLEIN	9.01
10.00	01000	DIETARY	10.00
10.01	01001	DIETARY KLEIN	10.01
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03040	AUDIOLOGY	76.00
76.01	03280	EKG AND EEG	76.01
76.02	03950	O/P REHAB SERVICES	76.02
76.03	03951	SPORTS FITNESS	76.03
76.04	03952	LIFE CENTER	76.04
76.06	03480	ONCOLOGY	76.06
76.07	03954	OP REHAB SERVICES	76.07
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
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To 06/30/2019Worksheet B
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Cost Center Description			Total	
			26.00	
101.00	10100	HOME HEALTH AGENCY	284,183	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	367,026	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,210,264	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,821	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	318	194.00
194.01	07951	DAYCARE	194,061	194.01
194.02	07952	MARKETING	84,317	194.02
194.03	07953	OUTREACH REHAB	41,386	194.03
194.04	07954	SWITCHBOARD	6,846	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	10,188	194.05
194.06	07956	OTHER NONREIMB	70,195	194.06
194.07	07957	MEALS ON WHEELS	31,501	194.07
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	22,671,897	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	435,794					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	0	142,636				1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	29,164			1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	0	16,346		1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	43,973	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,415	0	0	0	0	4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	262	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	9,191	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	11,086	0	0	0	0	5.03
5.04	00570	ADMITTING	2,397	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,075	0	0	0	0	5.05
5.06	00591	OTHER A&G	14,970	0	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	15,934	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	1,505	0	0	16,346	0	8.00
9.00	00900	HOUSEKEEPING	2,159	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	15,864	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,454	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	9,822	0	0	0	0	14.00
15.00	01500	PHARMACY	2,524	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,768	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	126,495	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,103	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	5,459	0	0	0	0	41.00
43.00	04300	NURSERY	2,369	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	12,389	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	129,939	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	46,859	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,584	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	29,164	0	0	55.00
56.00	05600	RADIOISOTOPE	5,197	0	0	0	0	56.00
57.00	05700	CT SCAN	2,048	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,047	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,592	0	0	0	0	59.00
60.00	06000	LABORATORY	10,679	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	5,470	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,659	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,087	157	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	131	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	20	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	4,515	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.06	03480	ONCOLOGY	0	0	0	0	24,968	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	28,356	0	0	0	19,005	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
91.00	09100	EMERGENCY	18,799	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,230	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	415,974	142,636	29,164	16,346	43,973	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,001	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	11,191	0	0	0	0	194.01
194.02	07952	MARKETING	4,390	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	2,238	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,726,332	1,090,776	11,660	31,155	395,396	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.845335	7.647270	0.399808	1.905971	8.991790	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	MVBLE EQUIP	
			(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	
			1.05	1.06	1.07	1.08	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	39,258					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	16,760				1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	54,794			1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	4,548		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					9,556,850	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	144,678	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	277	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	4,125,383	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	102,309	5.03
5.04	00570	ADMITTING	0	0	0	0	16,449	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	25,667	5.05
5.06	00591	OTHER A&G	0	0	0	0	124,134	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	315,462	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	146,145	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	31,638	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	2,896	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	18,654	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	53,846	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	1,976	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	507,118	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	144,903	14.00
15.00	01500	PHARMACY	0	0	0	0	72,997	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	8,265	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	122,756	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	71,270	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	4,666	41.00
43.00	04300	NURSERY	0	0	0	0	25,465	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	4,113	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	41,601	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	779,570	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	557,125	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	575	0	0	0	486,462	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	92,555	56.00
57.00	05700	CT SCAN	0	0	0	0	207,562	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	223,581	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	408,140	59.00
60.00	06000	LABORATORY	0	0	0	0	123,535	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	31,611	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	29,102	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,883	114	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	7,311	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	13,759	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	5,325	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	6,041	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	10,621	76.03
76.04	03952	LIFE CENTER	0	0	39,376	0	81,760	76.04
76.06	03480	ONCOLOGY	0	0	0	0	31,016	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	38,683	0	15,418	0	171,855	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.05	1.06	1.07	1.08	2.00	
91.00	09100	EMERGENCY	0	0	0	0	88,315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	39,197	95.00
101.00	10100	HOME HEALTH AGENCY	0	8,570	0	0	7,390	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	8,190	0	0	31,995	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,258	16,760	54,794	1,883	9,546,610	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	10,240	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	2,665	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	528,004	212,369	813,206	28,399	9,622,155	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.449590	12.671181	14.841150	6.244283	1.006833	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		EMPLOYEE	ADMINISTRATIVE	Reconciliation	DATA	PURCHASING		
		BENEFITS DEPARTMENT (FTEs)	AND GENERAL (PHONES)		PROCESSING (ACCUM. COST)	RECEIVING AND STORES (PURCHASES)		
		4.00	5.01	5A.02	5.02	5.03		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02	
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03	
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04	
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05	
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06	
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07	
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	123,995				4.00	
5.01	00590	ADMINISTRATIVE AND GENERAL	585	1,912			5.01	
5.02	00550	DATA PROCESSING	4,288	70	-17,556,515	170,264,873	5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	501	20	0	789,548	20,038,229	5.03
5.04	00570	ADMITTING	2,771	29	0	2,064,594	2,857	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,166	43	0	3,011,277	10,493	5.05
5.06	00591	OTHER A&G	3,240	63	0	13,609,227	70,294	5.06
7.00	00700	OPERATION OF PLANT	3,479	148	0	6,117,188	19,010	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	492,419	510	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	274,815	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	263,226	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	20	0	50,663	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	1	0	205,911	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	63,527	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	27,008	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	242	0	0	766,189	83,070	8.00
9.00	00900	HOUSEKEEPING	5,128	12	0	2,885,559	206,095	9.00
9.01	00901	HOUSEKEEPING KLEIN	581	0	0	399,194	38,948	9.01
10.00	01000	DIETARY	3,320	24	0	1,289,719	30,084	10.00
10.01	01001	DIETARY KLEIN	1,291	0	0	1,111,378	136	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,279	66	0	4,161,622	23,228	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,369	15	0	1,867,958	217,356	14.00
15.00	01500	PHARMACY	2,140	18	0	3,306,650	201,479	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,732	68	0	3,270,603	6,413	16.00
17.00	01700	SOCIAL SERVICE	595	9	0	574,907	1,129	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,267	91	0	13,268,693	797,609	30.00
31.00	03100	INTENSIVE CARE UNIT	2,189	19	0	3,407,586	377,216	31.00
41.00	04100	SUBPROVIDER - IRF	1,160	4	0	1,109,814	1,643	41.00
43.00	04300	NURSERY	467	0	0	472,746	28,251	43.00
44.00	04400	SKILLED NURSING FACILITY	1,576	9	0	1,267,023	4,884	44.00
45.00	04500	NURSING FACILITY	11,139	96	0	8,273,829	149,929	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,355	106	0	9,852,830	10,169,766	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,465	73	0	3,468,909	214,113	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	769	0	0	1,987,729	17,905	55.00
56.00	05600	RADIOISOTOPE	189	0	0	328,369	490,627	56.00
57.00	05700	CT SCAN	746	0	0	1,126,845	153,645	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	456	0	0	791,319	63,512	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,092	61	0	2,017,038	2,360,127	59.00
60.00	06000	LABORATORY	4,746	44	0	5,900,769	2,409,201	60.00
64.00	06400	INTRAVENOUS THERAPY	559	8	0	739,154	74,050	64.00
65.00	06500	RESPIRATORY THERAPY	1,788	4	0	1,721,850	177,431	65.00
66.00	06600	PHYSICAL THERAPY	615	0	0	615,532	41,419	66.00
67.00	06700	OCCUPATIONAL THERAPY	502	0	0	537,629	1,057	67.00
68.00	06800	SPEECH PATHOLOGY	99	0	0	151,461	1,369	68.00
69.00	06900	ELECTROCARDIOLOGY	575	0	0	612,233	1,371	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,577,776	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,365,490	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,538,801	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	471	1	0	438,755	20,494	76.01
76.02	03950	O/P REHAB SERVICES	2,475	142	0	3,664,764	29,929	76.02
76.03	03951	SPORTS FITNESS	2,192	0	0	1,508,294	27,305	76.03
76.04	03952	LIFE CENTER	2,046	0	0	2,444,028	536,711	76.04
76.06	03480	ONCOLOGY	1,232	28	0	1,345,828	79,911	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,219	18	0	7,560,405	162,808	90.00
91.00	09100	EMERGENCY	5,078	40	0	4,949,651	585,512	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
			4.00	5.01	5A.02	5.02	5.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	990	2	0	728,803	13,836	95.00
101.00	10100	HOME HEALTH AGENCY	2,700	68	0	2,612,993	19,230	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,434	0	0	2,497,207	93,363	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	121,298	1,420	-17,556,515	167,487,335	20,015,326	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	21,702	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	5,068	1,601	194.00
194.01	07951	DAYCARE	1,514	8	0	632,301	20,989	194.01
194.02	07952	MARKETING	162	0	0	705,148	274	194.02
194.03	07953	OUTREACH REHAB	705	0	0	775,879	39	194.03
194.04	07954	SWITCHBOARD	90	484	0	108,541	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	226	0	0	528,899	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,986,005	260,752		17,556,515	870,961	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.081657	136.376569		0.103113	0.043465	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	237,286	4,239		7,488,108	266,586	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.913674	2.217050		0.043979	0.013304	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	476,675,405					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	493,768,470				5.05
5.06	00591	OTHER A&G	0	0	-15,015,570	172,805,818		5.06
7.00	00700	OPERATION OF PLANT	0	0	0	6,748,776	379,181	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	543,216	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	303,152	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	290,368	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	55,887	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	227,143	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	70,077	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	29,793	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	848,804	17,851	8.00
9.00	00900	HOUSEKEEPING	0	0	0	3,192,056	2,159	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	442,049	0	9.01
10.00	01000	DIETARY	0	0	0	1,424,014	15,864	10.00
10.01	01001	DIETARY KLEIN	0	0	0	1,225,982	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,591,749	8,454	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	2,070,016	9,822	14.00
15.00	01500	PHARMACY	0	0	0	3,656,366	2,524	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,608,124	7,768	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	634,236	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,417,896	42,417,896	0	15,159,597	126,495	30.00
31.00	03100	INTENSIVE CARE UNIT	7,705,206	7,705,206	0	3,864,004	9,103	31.00
41.00	04100	SUBPROVIDER - IRF	3,570,873	3,570,873	0	1,265,408	5,459	41.00
43.00	04300	NURSERY	1,591,174	1,591,174	0	541,028	2,369	43.00
44.00	04400	SKILLED NURSING FACILITY	2,765,862	2,765,862	0	1,429,706	0	44.00
45.00	04500	NURSING FACILITY	0	10,176,081	0	9,201,950	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	90,853,858	90,853,858	0	12,356,387	46,859	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,202,979	18,202,979	0	4,045,349	3,584	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,247,771	13,247,771	0	2,345,897	0	55.00
56.00	05600	RADIOISOTOPE	5,372,621	5,372,621	0	445,370	5,197	56.00
57.00	05700	CT SCAN	25,880,964	25,880,964	0	1,547,501	2,048	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,135,868	17,135,868	0	1,072,840	3,047	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,004,862	19,004,862	0	2,546,274	15,592	59.00
60.00	06000	LABORATORY	45,056,985	45,056,985	0	7,132,356	10,679	60.00
64.00	06400	INTRAVENOUS THERAPY	7,586,784	7,586,784	0	905,883	5,470	64.00
65.00	06500	RESPIRATORY THERAPY	12,361,708	12,361,708	0	2,049,341	3,659	65.00
66.00	06600	PHYSICAL THERAPY	2,775,185	2,775,185	0	712,732	9,087	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,251,182	2,251,182	0	619,014	0	67.00
68.00	06800	SPEECH PATHOLOGY	700,516	700,516	0	175,199	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,307,166	9,307,166	0	782,511	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,234,197	6,234,197	0	13,946,439	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,788,926	12,788,926	0	7,169,004	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,923,200	61,923,200	0	18,956,647	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	2,663,236	2,663,236	0	515,530	4,515	76.01
76.02	03950	O/P REHAB SERVICES	0	6,916,984	0	4,090,487	0	76.02
76.03	03951	SPORTS FITNESS	665,008	665,008	0	1,672,657	0	76.03
76.04	03952	LIFE CENTER	7,507,974	7,507,974	0	2,805,754	0	76.04
76.06	03480	ONCOLOGY	2,445,700	2,445,700	0	1,516,214	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,610,307	14,610,307	0	8,515,163	28,356	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
91.00	09100	EMERGENCY	31,473,234	31,473,234	0	5,847,604	18,799	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,059,030	2,059,030	0	828,244	3,230	95.00
101.00	10100	HOME HEALTH AGENCY	2,500,896	2,500,896	0	2,912,038	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,014,237	4,014,237	0	2,804,948	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	476,675,405	493,768,470	-15,015,570	169,740,884	367,990	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	23,940	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	5,661	0	194.00
194.01	07951	DAYCARE	0	0	0	698,411	11,191	194.01
194.02	07952	MARKETING	0	0	0	777,870	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	855,884	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	119,733	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	583,435	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,277,604	3,322,235		15,015,570	7,335,197	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004778	0.006728		0.086893	19.344843	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	193,348	434,186		1,193,979	884,161	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000406	0.000879		0.006909	2.331765	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	OPERATION OF PLANT REHAB (SQUARE FEET)	
			7.01	7.02	7.03	7.04	7.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN	142,636					7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	39,258				7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	43,973			7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	29,164		7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	54,794	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	12,389	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	129,939	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	575	0	29,164	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	157	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	131	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	20	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	39,376	76.04
76.06	03480	ONCOLOGY	0	0	24,968	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	38,683	19,005	0	15,418	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		OPERATION OF PLANT KLEIN (SQUARE FEET) 7.01	OPERATION OF PLANT EASTMAN (SQUARE FEET) 7.02	OPERATION OF PLANT MERCY (SQUARE FEET) 7.03	OPERATION OF PLANT CANCER (SQUARE FEET) 7.04	OPERATION OF PLANT REHAB (SQUARE FEET) 7.05	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	142,636	39,258	43,973	29,164	54,794	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	0	0	194.01
194.02	07952 MARKETING	0	0	0	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	590,418	329,494	315,599	60,743	246,880	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.139334	8.393041	7.177109	2.082808	4.505603	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	172,560	14,180	13,582	2,658	42,481	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.209793	0.361200	0.308871	0.091140	0.775286	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
			7.06	7.07	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	16,760					7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	4,548				7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,871,837			8.00
9.00	00900	HOUSEKEEPING	0	0	0	186,849		9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	136,857	0	100	9.01
10.00	01000	DIETARY	0	0	0	300	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	540	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	5,073	720	0	14.00
15.00	01500	PHARMACY	0	0	0	12,240	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	540	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	540	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	484,159	53,889	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	67,664	7,200	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	1,124	1,800	0	41.00
43.00	04300	NURSERY	0	0	8,704	480	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	11,913	0	9	44.00
45.00	04500	NURSING FACILITY	0	0	124,944	0	91	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	283,661	48,000	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	131,449	4,140	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	18,121	5,760	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	45,946	0	0	59.00
60.00	06000	LABORATORY	0	0	696	3,240	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	5,200	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,200	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,883	815	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	6,998	540	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	87,658	19,800	0	76.02
76.03	03951	SPORTS FITNESS	0	0	67,859	0	0	76.03
76.04	03952	LIFE CENTER	0	0	3,210	2,160	0	76.04
76.06	03480	ONCOLOGY	0	0	4,083	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	27,956	0	0	90.00
91.00	09100	EMERGENCY	0	0	185,569	13,320	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
		7.06	7.07	8.00	9.00	9.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	8,570	0	0	4,440	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	8,190	0	8,516	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	16,760	1,883	1,718,175	186,849	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	0	0	194.01
194.02	07952 MARKETING	0	0	0	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	143,226	0	0	194.05
194.06	07956 OTHER NONREIMB	0	2,665	10,436	0	0	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	76,166	32,382	1,267,884	3,511,189	573,160	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.544511	7.120053	0.677347	18.791586	5,731.600000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,278	1,394	133,145	208,770	31,975	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.195585	0.306508	0.071131	1.117319	319.750000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	
		10.00	10.01	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00500	ADMINISTRATIVE AND GENERAL					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER A&G					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT KLEIN					7.01
7.02	00702	OPERATION OF PLANT EASTMAN					7.02
7.03	00703	OPERATION OF PLANT MERCY					7.03
7.04	00704	OPERATION OF PLANT CANCER					7.04
7.05	00705	OPERATION OF PLANT REHAB					7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE					7.06
7.07	00707	OPERATION OF PLANT WAPELLO					7.07
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING KLEIN					9.01
10.00	01000	DIETARY	393,218				10.00
10.01	01001	DIETARY KLEIN	0	100			10.01
11.00	01100	CAFETERIA	271,724	0	73,566		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,157	1,167,152	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	2,369	31,969	14.00
15.00	01500	PHARMACY	0	0	2,140	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,732	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	595	12,378	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	72,272	0	15,267	317,563	30.00
31.00	03100	INTENSIVE CARE UNIT	3,028	0	2,189	45,521	31.00
41.00	04100	SUBPROVIDER - IRF	7,039	0	1,160	24,135	41.00
43.00	04300	NURSERY	0	0	467	9,703	43.00
44.00	04400	SKILLED NURSING FACILITY	0	9	0	31,830	44.00
45.00	04500	NURSING FACILITY	0	91	0	232,651	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14	0	7,355	152,987	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,465	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	769	0	55.00
56.00	05600	RADIOISOTOPE	0	0	189	0	56.00
57.00	05700	CT SCAN	0	0	746	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	456	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	128	0	1,092	22,709	59.00
60.00	06000	LABORATORY	0	0	4,746	98,709	60.00
64.00	06400	INTRAVENOUS THERAPY	689	0	559	11,633	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,788	37,192	65.00
66.00	06600	PHYSICAL THERAPY	0	0	468	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	372	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	91	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	575	11,958	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	471	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	2,367	0	76.02
76.03	03951	SPORTS FITNESS	0	0	2,192	0	76.03
76.04	03952	LIFE CENTER	0	0	2,046	0	76.04
76.06	03480	ONCOLOGY	0	0	1,232	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	7,219	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	
			10.00	10.01	11.00	13.00	14.00	
91.00	09100	EMERGENCY	1,291	0	5,078	105,625	585,512	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	990	20,589	13,836	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	224	0	19,230	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	272	0	0	0	93,363	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	356,457	100	73,566	1,167,152	19,158,432	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	1,601	194.00
194.01	07951	DAYCARE	0	0	0	0	20,989	194.01
194.02	07952	MARKETING	0	0	0	0	274	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	39	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	36,761	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,860,275	1,332,511	1,285,497	5,202,120	2,640,742	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.730900	13,325.110000	17.474064	4.457106	0.137672	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	336,956	61,810	232,846	905,005	419,212	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.856919	618.100000	3.165131	0.775396	0.021855	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER			1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY			1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY			1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN			1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP			1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB			1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO			1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00500	ADMINISTRATIVE AND GENERAL			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00591	OTHER A&G			5.06
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	OPERATION OF PLANT KLEIN			7.01
7.02	00702	OPERATION OF PLANT EASTMAN			7.02
7.03	00703	OPERATION OF PLANT MERCY			7.03
7.04	00704	OPERATION OF PLANT CANCER			7.04
7.05	00705	OPERATION OF PLANT REHAB			7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE			7.06
7.07	00707	OPERATION OF PLANT WAPELLO			7.07
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING KLEIN			9.01
10.00	01000	DIETARY			10.00
10.01	01001	DIETARY KLEIN			10.01
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICE & SUPPLY			14.00
15.00	01500	PHARMACY	8,608,615		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	493,768,470	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	336	42,417,896	30.00
31.00	03100	INTENSIVE CARE UNIT	108	7,705,206	31.00
41.00	04100	SUBPROVIDER - IRF	0	3,570,873	41.00
43.00	04300	NURSERY	8	1,591,174	43.00
44.00	04400	SKILLED NURSING FACILITY	143,456	2,765,862	44.00
45.00	04500	NURSING FACILITY	84,722	10,176,081	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	95,764	90,853,858	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,926	18,202,979	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,247,771	55.00
56.00	05600	RADIOISOTOPE	56,708	5,372,621	56.00
57.00	05700	CT SCAN	2,277	25,880,964	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3	17,135,868	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,340	19,004,862	59.00
60.00	06000	LABORATORY	1,306	45,056,985	60.00
64.00	06400	INTRAVENOUS THERAPY	80	7,586,784	64.00
65.00	06500	RESPIRATORY THERAPY	304	12,361,708	65.00
66.00	06600	PHYSICAL THERAPY	0	2,775,185	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,251,182	67.00
68.00	06800	SPEECH PATHOLOGY	0	700,516	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,307,166	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,234,197	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,788,926	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	61,923,200	73.00
76.00	03040	AUDIOLOGY	0	0	76.00
76.01	03280	EKG AND EEG	0	2,663,236	76.01
76.02	03950	O/P REHAB SERVICES	411	6,916,984	76.02
76.03	03951	SPORTS FITNESS	0	665,008	76.03
76.04	03952	LIFE CENTER	40,409	7,507,974	76.04
76.06	03480	ONCOLOGY	7,978,846	2,445,700	76.06
76.07	03954	OP REHAB SERVICES	0	0	76.07
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	14,610,307	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet B-1
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)		
			15.00	16.00	17.00		
91.00	09100	EMERGENCY	155	31,473,234	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	168	2,059,030	0		95.00
101.00	10100	HOME HEALTH AGENCY	1,425	2,500,896	15,140		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	146,863	4,014,237	1,220		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,608,615	493,768,470	95,049		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0		194.00
194.01	07951	DAYCARE	0	0	0		194.01
194.02	07952	MARKETING	0	0	0		194.02
194.03	07953	OUTREACH REHAB	0	0	0		194.03
194.04	07954	SWITCHBOARD	0	0	0		194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0		194.05
194.06	07956	OTHER NONREIMB	0	0	0		194.06
194.07	07957	MEALS ON WHEELS	0	0	0		194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,318,046	4,148,159	765,216		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.501596	0.008401	8.050753		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	324,872	437,513	42,949		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.037738	0.000886	0.451862		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 1:33 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	22,922,000		22,922,000	0	22,922,000
31.00	03100	INTENSIVE CARE UNIT	4,946,706		4,946,706	0	4,946,706
41.00	04100	SUBPROVIDER - IRF	1,726,379		1,726,379	0	1,726,379
43.00	04300	NURSERY	727,450		727,450	0	727,450
44.00	04400	SKILLED NURSING FACILITY	2,058,371		2,058,371	0	2,058,371
45.00	04500	NURSING FACILITY	13,906,048		13,906,048	0	13,906,048
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,452,562		18,452,562	0	18,452,562
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,859,468		4,859,468	0	4,859,468
55.00	05500	RADIOLOGY-THERAPEUTIC	2,863,020		2,863,020	0	2,863,020
56.00	05600	RADIOISOTOPE	729,034		729,034	0	729,034
57.00	05700	CT SCAN	1,974,343		1,974,343	0	1,974,343
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,385,678		1,385,678	0	1,385,678
59.00	05900	CARDIAC CATHETERIZATION	3,732,515		3,732,515	0	3,732,515
60.00	06000	LABORATORY	9,253,795		9,253,795	0	9,253,795
64.00	06400	INTRAVENOUS THERAPY	1,232,786		1,232,786	0	1,232,786
65.00	06500	RESPIRATORY THERAPY	2,758,939	0	2,758,939	0	2,758,939
66.00	06600	PHYSICAL THERAPY	1,002,253	0	1,002,253	0	1,002,253
67.00	06700	OCCUPATIONAL THERAPY	698,902	0	698,902	0	698,902
68.00	06800	SPEECH PATHOLOGY	198,169	0	198,169	0	198,169
69.00	06900	ELECTROCARDIOLOGY	992,231		992,231	0	992,231
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,210,660		15,210,660	0	15,210,660
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,899,380		7,899,380	0	7,899,380
73.00	07300	DRUGS CHARGED TO PATIENTS	21,124,018		21,124,018	0	21,124,018
76.00	03040	AUDIOLOGY	0		0	0	0
76.01	03280	EKG AND EEG	695,980		695,980	0	695,980
76.02	03950	O/P REHAB SERVICES	4,981,167		4,981,167	0	4,981,167
76.03	03951	SPORTS FITNESS	1,911,612		1,911,612	0	1,911,612
76.04	03952	LIFE CENTER	3,462,716		3,462,716	0	3,462,716
76.06	03480	ONCOLOGY	5,885,158		5,885,158	0	5,885,158
76.07	03954	OP REHAB SERVICES	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,624,385		10,624,385	0	10,624,385
91.00	09100	EMERGENCY	8,006,100		8,006,100	0	8,006,100
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,367,836		1,367,836		1,367,836
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,091,050		1,091,050	0	1,091,050
101.00	10100	HOME HEALTH AGENCY	3,437,629		3,437,629		3,437,629
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	3,223,018		3,223,018		3,223,018
200.00		Subtotal (see instructions)	185,341,358	0	185,341,358	0	185,341,358
201.00		Less Observation Beds	1,367,836		1,367,836		1,367,836
202.00		Total (see instructions)	183,973,522	0	183,973,522	0	183,973,522

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
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11/25/2019 1:33 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,328,741		38,328,741		30.00
31.00	03100	INTENSIVE CARE UNIT	7,705,206		7,705,206		31.00
41.00	04100	SUBPROVIDER - IRF	3,570,873		3,570,873		41.00
43.00	04300	NURSERY	1,591,174		1,591,174		43.00
44.00	04400	SKILLED NURSING FACILITY	2,765,862		2,765,862		44.00
45.00	04500	NURSING FACILITY	10,176,081		10,176,081		45.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,089,335	59,764,523	90,853,858	0.203102	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,574,965	14,628,014	18,202,979	0.266960	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	178,010	13,069,761	13,247,771	0.216113	55.00
56.00	05600	RADIOISOTOPE	459,202	4,913,419	5,372,621	0.135694	56.00
57.00	05700	CT SCAN	6,022,233	19,858,731	25,880,964	0.076286	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,219,569	14,916,299	17,135,868	0.080864	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,577,116	11,427,746	19,004,862	0.196398	59.00
60.00	06000	LABORATORY	15,815,836	29,241,149	45,056,985	0.205380	60.00
64.00	06400	INTRAVENOUS THERAPY	2,030,419	5,556,365	7,586,784	0.162491	64.00
65.00	06500	RESPIRATORY THERAPY	7,966,289	4,395,419	12,361,708	0.223184	65.00
66.00	06600	PHYSICAL THERAPY	2,660,101	115,084	2,775,185	0.361148	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,189,962	61,220	2,251,182	0.310460	67.00
68.00	06800	SPEECH PATHOLOGY	664,411	36,105	700,516	0.282890	68.00
69.00	06900	ELECTROCARDIOLOGY	2,906,418	6,400,748	9,307,166	0.106609	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,758,751	2,475,446	6,234,197	2.439875	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,975,249	3,813,676	12,788,925	0.617673	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,174,406	52,748,794	61,923,200	0.341133	73.00
76.00	03040	AUDIOLOGY	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG	241,178	2,422,058	2,663,236	0.261329	76.01
76.02	03950	O/P REHAB SERVICES	204	6,916,780	6,916,984	0.720136	76.02
76.03	03951	SPORTS FITNESS	932	664,076	665,008	2.874570	76.03
76.04	03952	LIFE CENTER	52,976	7,454,998	7,507,974	0.461205	76.04
76.06	03480	ONCOLOGY	11,278	2,434,423	2,445,701	2.406328	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0.000000	76.07
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,215	14,608,092	14,610,307	0.727184	90.00
91.00	09100	EMERGENCY	7,088,823	24,311,575	31,400,398	0.254968	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,343,286	2,745,869	4,089,155	0.334503	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,280	2,056,750	2,059,030	0.529885	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,500,896	2,500,896		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0				113.00
116.00	11600	HOSPICE	0	4,014,237	4,014,237		116.00
200.00		Subtotal (see instructions)	180,143,381	313,552,253	493,695,634		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	180,143,381	313,552,253	493,695,634		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.203102		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.266960		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216113		55.00
56.00	05600	RADIOISOTOPE	0.135694		56.00
57.00	05700	CT SCAN	0.076286		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080864		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.196398		59.00
60.00	06000	LABORATORY	0.205380		60.00
64.00	06400	INTRAVENOUS THERAPY	0.162491		64.00
65.00	06500	RESPIRATORY THERAPY	0.223184		65.00
66.00	06600	PHYSICAL THERAPY	0.361148		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.310460		67.00
68.00	06800	SPEECH PATHOLOGY	0.282890		68.00
69.00	06900	ELECTROCARDIOLOGY	0.106609		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.439875		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.617673		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.341133		73.00
76.00	03040	AUDIOLOGY	0.000000		76.00
76.01	03280	EKG AND EEG	0.261329		76.01
76.02	03950	O/P REHAB SERVICES	0.720136		76.02
76.03	03951	SPORTS FITNESS	2.874570		76.03
76.04	03952	LIFE CENTER	0.461205		76.04
76.06	03480	ONCOLOGY	2.406328		76.06
76.07	03954	OP REHAB SERVICES	0.000000		76.07
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.727184		90.00
91.00	09100	EMERGENCY	0.254968		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.334503		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.529885		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet C
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			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	22,922,000		22,922,000	0	22,922,000	30.00
31.00	03100	INTENSIVE CARE UNIT	4,946,706		4,946,706	0	4,946,706	31.00
41.00	04100	SUBPROVIDER - IRF	1,726,379		1,726,379	0	1,726,379	41.00
43.00	04300	NURSERY	727,450		727,450	0	727,450	43.00
44.00	04400	SKILLED NURSING FACILITY	2,058,371		2,058,371	0	2,058,371	44.00
45.00	04500	NURSING FACILITY	13,906,048		13,906,048	0	13,906,048	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,452,562		18,452,562	0	18,452,562	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,859,468		4,859,468	0	4,859,468	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,863,020		2,863,020	0	2,863,020	55.00
56.00	05600	RADIOISOTOPE	729,034		729,034	0	729,034	56.00
57.00	05700	CT SCAN	1,974,343		1,974,343	0	1,974,343	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,385,678		1,385,678	0	1,385,678	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,732,515		3,732,515	0	3,732,515	59.00
60.00	06000	LABORATORY	9,253,795		9,253,795	0	9,253,795	60.00
64.00	06400	INTRAVENOUS THERAPY	1,232,786		1,232,786	0	1,232,786	64.00
65.00	06500	RESPIRATORY THERAPY	2,758,939	0	2,758,939	0	2,758,939	65.00
66.00	06600	PHYSICAL THERAPY	1,002,253	0	1,002,253	0	1,002,253	66.00
67.00	06700	OCCUPATIONAL THERAPY	698,902	0	698,902	0	698,902	67.00
68.00	06800	SPEECH PATHOLOGY	198,169	0	198,169	0	198,169	68.00
69.00	06900	ELECTROCARDIOLOGY	992,231		992,231	0	992,231	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,210,660		15,210,660	0	15,210,660	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,899,380		7,899,380	0	7,899,380	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,124,018		21,124,018	0	21,124,018	73.00
76.00	03040	AUDIOLOGY	0		0	0	0	76.00
76.01	03280	EKG AND EEG	695,980		695,980	0	695,980	76.01
76.02	03950	O/P REHAB SERVICES	4,981,167		4,981,167	0	4,981,167	76.02
76.03	03951	SPORTS FITNESS	1,911,612		1,911,612	0	1,911,612	76.03
76.04	03952	LIFE CENTER	3,462,716		3,462,716	0	3,462,716	76.04
76.06	03480	ONCOLOGY	5,885,158		5,885,158	0	5,885,158	76.06
76.07	03954	OP REHAB SERVICES	0		0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,624,385		10,624,385	0	10,624,385	90.00
91.00	09100	EMERGENCY	8,006,100		8,006,100	0	8,006,100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,367,836		1,367,836		1,367,836	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,091,050		1,091,050	0	1,091,050	95.00
101.00	10100	HOME HEALTH AGENCY	3,437,629		3,437,629		3,437,629	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,223,018		3,223,018		3,223,018	116.00
200.00		Subtotal (see instructions)	185,341,358	0	185,341,358	0	185,341,358	200.00
201.00		Less Observation Beds	1,367,836		1,367,836		1,367,836	201.00
202.00		Total (see instructions)	183,973,522	0	183,973,522	0	183,973,522	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet C
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			Title XIX			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,328,741		38,328,741			30.00
31.00	03100	INTENSIVE CARE UNIT	7,705,206		7,705,206			31.00
41.00	04100	SUBPROVIDER - IRF	3,570,873		3,570,873			41.00
43.00	04300	NURSERY	1,591,174		1,591,174			43.00
44.00	04400	SKILLED NURSING FACILITY	2,765,862		2,765,862			44.00
45.00	04500	NURSING FACILITY	10,176,081		10,176,081			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,089,335	59,764,523	90,853,858	0.203102	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,574,965	14,628,014	18,202,979	0.266960	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	178,010	13,069,761	13,247,771	0.216113	0.000000	55.00
56.00	05600	RADIOISOTOPE	459,202	4,913,419	5,372,621	0.135694	0.000000	56.00
57.00	05700	CT SCAN	6,022,233	19,858,731	25,880,964	0.076286	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,219,569	14,916,299	17,135,868	0.080864	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,577,116	11,427,746	19,004,862	0.196398	0.000000	59.00
60.00	06000	LABORATORY	15,815,836	29,241,149	45,056,985	0.205380	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,030,419	5,556,365	7,586,784	0.162491	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	7,966,289	4,395,419	12,361,708	0.223184	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,660,101	115,084	2,775,185	0.361148	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,189,962	61,220	2,251,182	0.310460	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	664,411	36,105	700,516	0.282890	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,906,418	6,400,748	9,307,166	0.106609	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,758,751	2,475,446	6,234,197	2.439875	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,975,249	3,813,676	12,788,925	0.617673	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,174,406	52,748,794	61,923,200	0.341133	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.01	03280	EKG AND EEG	241,178	2,422,058	2,663,236	0.261329	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	204	6,916,780	6,916,984	0.720136	0.000000	76.02
76.03	03951	SPORTS FITNESS	932	664,076	665,008	2.874570	0.000000	76.03
76.04	03952	LIFE CENTER	52,976	7,454,998	7,507,974	0.461205	0.000000	76.04
76.06	03480	ONCOLOGY	11,278	2,434,423	2,445,701	2.406328	0.000000	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0.000000	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,215	14,608,092	14,610,307	0.727184	0.000000	90.00
91.00	09100	EMERGENCY	7,088,823	24,311,575	31,400,398	0.254968	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,343,286	2,745,869	4,089,155	0.334503	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,280	2,056,750	2,059,030	0.529885	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,500,896	2,500,896			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0					113.00
116.00	11600	HOSPICE	0	4,014,237	4,014,237			116.00
200.00		Subtotal (see instructions)	180,143,381	313,552,253	493,695,634			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	180,143,381	313,552,253	493,695,634			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.203102		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.266960		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216113		55.00
56.00	05600	RADIOISOTOPE	0.135694		56.00
57.00	05700	CT SCAN	0.076286		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080864		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.196398		59.00
60.00	06000	LABORATORY	0.205380		60.00
64.00	06400	INTRAVENOUS THERAPY	0.162491		64.00
65.00	06500	RESPIRATORY THERAPY	0.223184		65.00
66.00	06600	PHYSICAL THERAPY	0.361148		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.310460		67.00
68.00	06800	SPEECH PATHOLOGY	0.282890		68.00
69.00	06900	ELECTROCARDIOLOGY	0.106609		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.439875		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.617673		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.341133		73.00
76.00	03040	AUDIOLOGY	0.000000		76.00
76.01	03280	EKG AND EEG	0.261329		76.01
76.02	03950	O/P REHAB SERVICES	0.720136		76.02
76.03	03951	SPORTS FITNESS	2.874570		76.03
76.04	03952	LIFE CENTER	0.461205		76.04
76.06	03480	ONCOLOGY	2.406328		76.06
76.07	03954	OP REHAB SERVICES	0.000000		76.07
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.727184		90.00
91.00	09100	EMERGENCY	0.254968		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.334503		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.529885		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part II
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,452,562	2,744,385	15,708,177	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,859,468	1,048,133	3,811,335	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,863,020	658,965	2,204,055	0	0	55.00
56.00	05600	RADIOISOTOPE	729,034	211,200	517,834	0	0	56.00
57.00	05700	CT SCAN	1,974,343	361,681	1,612,662	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,385,678	349,223	1,036,455	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,732,515	878,937	2,853,578	0	0	59.00
60.00	06000	LABORATORY	9,253,795	944,617	8,309,178	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,232,786	174,586	1,058,200	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,758,939	246,461	2,512,478	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,002,253	175,773	826,480	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	698,902	36,144	662,758	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	198,169	17,455	180,714	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	992,231	78,630	913,601	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,210,660	663,048	14,547,612	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,899,380	357,243	7,542,137	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,124,018	992,865	20,131,153	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	695,980	98,320	597,660	0	0	76.01
76.02	03950	O/P REHAB SERVICES	4,981,167	269,013	4,712,154	0	0	76.02
76.03	03951	SPORTS FITNESS	1,911,612	106,947	1,804,665	0	0	76.03
76.04	03952	LIFE CENTER	3,462,716	919,430	2,543,286	0	0	76.04
76.06	03480	ONCOLOGY	5,885,158	784,359	5,100,799	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,624,385	2,401,574	8,222,811	0	0	90.00
91.00	09100	EMERGENCY	8,006,100	825,406	7,180,694	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,367,836	186,707	1,181,129	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,091,050	145,760	945,290	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,437,629	284,183	3,153,446	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,223,018	367,026	2,855,992	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	139,054,404	16,328,071	122,726,333	0	0	200.00
201.00		Less Observation Beds	1,367,836	186,707	1,181,129	0	0	201.00
202.00		Total (line 200 minus line 201)	137,686,568	16,141,364	121,545,204	0	0	202.00

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

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part II
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
			6.00	7.00	8.00		
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,452,562	90,853,858	0.203102		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,859,468	18,202,979	0.266960		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,863,020	13,247,771	0.216113		55.00
56.00	05600	RADIOISOTOPE	729,034	5,372,621	0.135694		56.00
57.00	05700	CT SCAN	1,974,343	25,880,964	0.076286		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,385,678	17,135,868	0.080864		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,732,515	19,004,862	0.196398		59.00
60.00	06000	LABORATORY	9,253,795	45,056,985	0.205380		60.00
64.00	06400	INTRAVENOUS THERAPY	1,232,786	7,586,784	0.162491		64.00
65.00	06500	RESPIRATORY THERAPY	2,758,939	12,361,708	0.223184		65.00
66.00	06600	PHYSICAL THERAPY	1,002,253	2,775,185	0.361148		66.00
67.00	06700	OCCUPATIONAL THERAPY	698,902	2,251,182	0.310460		67.00
68.00	06800	SPEECH PATHOLOGY	198,169	700,516	0.282890		68.00
69.00	06900	ELECTROCARDIOLOGY	992,231	9,307,166	0.106609		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,210,660	6,234,197	2.439875		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,899,380	12,788,925	0.617673		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,124,018	61,923,200	0.341133		73.00
76.00	03040	AUDIOLOGY	0	0	0.000000		76.00
76.01	03280	EKG AND EEG	695,980	2,663,236	0.261329		76.01
76.02	03950	O/P REHAB SERVICES	4,981,167	6,916,984	0.720136		76.02
76.03	03951	SPORTS FITNESS	1,911,612	665,008	2.874570		76.03
76.04	03952	LIFE CENTER	3,462,716	7,507,974	0.461205		76.04
76.06	03480	ONCOLOGY	5,885,158	2,445,701	2.406328		76.06
76.07	03954	OP REHAB SERVICES	0	0	0.000000		76.07
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,624,385	14,610,307	0.727184		90.00
91.00	09100	EMERGENCY	8,006,100	31,400,398	0.254968		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,367,836	4,089,155	0.334503		92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,091,050	2,059,030	0.529885		95.00
101.00	10100	HOME HEALTH AGENCY	3,437,629	2,500,896	1.374559		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	3,223,018	4,014,237	0.802897		116.00
200.00		Subtotal (sum of lines 50 thru 199)	139,054,404	429,557,697			200.00
201.00		Less Observation Beds	1,367,836	0			201.00
202.00		Total (line 200 minus line 201)	137,686,568	429,557,697			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/25/2019 1:33 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	3,128,817	0	3,128,817	22,070	141.77	30.00
31.00	INTENSIVE CARE UNIT	469,715		469,715	2,178	215.66	31.00
41.00	SUBPROVIDER - IRF	177,397	0	177,397	2,417	73.40	41.00
43.00	NURSERY	97,445		97,445	1,242	78.46	43.00
44.00	SKILLED NURSING FACILITY	230,009		230,009	4,535	50.72	44.00
45.00	NURSING FACILITY	1,965,517		1,965,517	47,564	41.32	45.00
200.00	Total (lines 30 through 199)	6,068,900		6,068,900	80,006		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10,884	1,543,025				30.00
31.00	INTENSIVE CARE UNIT	1,208	260,517				31.00
41.00	SUBPROVIDER - IRF	1,580	115,972				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	3,816	193,548				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	17,488	2,113,062				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Title XVIII		Hospital	PPS	
				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	2,744,385	90,853,858	0.030207	14,540,427	439,223	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,048,133	18,202,979	0.057580	1,988,650	114,506	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	658,965	13,247,771	0.049742	88,062	4,380	55.00
56.00	05600	RADIOISOTOPE	211,200	5,372,621	0.039310	306,783	12,060	56.00
57.00	05700	CT SCAN	361,681	25,880,964	0.013975	3,513,438	49,100	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	349,223	17,135,868	0.020380	1,320,447	26,911	58.00
59.00	05900	CARDIAC CATHETERIZATION	878,937	19,004,862	0.046248	4,803,691	222,161	59.00
60.00	06000	LABORATORY	944,617	45,056,985	0.020965	8,452,187	177,200	60.00
64.00	06400	INTRAVENOUS THERAPY	174,586	7,586,784	0.023012	1,004,984	23,127	64.00
65.00	06500	RESPIRATORY THERAPY	246,461	12,361,708	0.019937	4,732,858	94,359	65.00
66.00	06600	PHYSICAL THERAPY	175,773	2,775,185	0.063337	848,952	53,770	66.00
67.00	06700	OCCUPATIONAL THERAPY	36,144	2,251,182	0.016056	663,660	10,656	67.00
68.00	06800	SPEECH PATHOLOGY	17,455	700,516	0.024917	206,052	5,134	68.00
69.00	06900	ELECTROCARDIOLOGY	78,630	9,307,166	0.008448	1,547,445	13,073	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	663,048	6,234,197	0.106357	1,826,451	194,256	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	357,243	12,788,925	0.027934	4,046,290	113,029	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	992,865	61,923,200	0.016034	4,640,192	74,401	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	98,320	2,663,236	0.036917	113,170	4,178	76.01
76.02	03950	O/P REHAB SERVICES	269,013	6,916,984	0.038892	0	0	76.02
76.03	03951	SPORTS FITNESS	106,947	665,008	0.160821	898	144	76.03
76.04	03952	LIFE CENTER	919,430	7,507,974	0.122460	25,909	3,173	76.04
76.06	03480	ONCOLOGY	784,359	2,445,701	0.320709	10,646	3,414	76.06
76.07	03954	OP REHAB SERVICES	0	0	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,401,574	14,610,307	0.164375	1,800	296	90.00
91.00	09100	EMERGENCY	825,406	31,400,398	0.026286	3,952,683	103,900	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	186,707	4,089,155	0.045659	616,662	28,156	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	15,531,102	420,983,534		59,252,337	1,770,607	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0057		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/25/2019 1:33 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		
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		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00		
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00		
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	22,070	0.00	10,884	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	2,178	0.00	1,208	31.00			
41.00	04100	SUBPROVIDER - IRF	0	0	2,417	0.00	1,580	41.00			
43.00	04300	NURSERY	0	0	1,242	0.00	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	4,535	0.00	3,816	44.00			
45.00	04500	NURSING FACILITY	0	0	47,564	0.00	0	45.00			
200.00		Total (lines 30 through 199)	0	0	80,006		17,488	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
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
45.00	04500	NURSING FACILITY	0								45.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0057		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 1:33 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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.06	03480	ONCOLOGY	0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 1:33 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	90,853,858	0.000000	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	18,202,979	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	13,247,771	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	5,372,621	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	25,880,964	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	17,135,868	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	19,004,862	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	45,056,985	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,586,784	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,361,708	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	2,775,185	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,251,182	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	700,516	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,307,166	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,234,197	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,788,925	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	61,923,200	0.000000	73.00	
76.00	03040	AUDIOLOGY	0	0	0	0	0.000000	76.00	
76.01	03280	EKG AND EEG	0	0	0	2,663,236	0.000000	76.01	
76.02	03950	O/P REHAB SERVICES	0	0	0	6,916,984	0.000000	76.02	
76.03	03951	SPORTS FITNESS	0	0	0	665,008	0.000000	76.03	
76.04	03952	LIFE CENTER	0	0	0	7,507,974	0.000000	76.04	
76.06	03480	ONCOLOGY	0	0	0	2,445,701	0.000000	76.06	
76.07	03954	OP REHAB SERVICES	0	0	0	0	0.000000	76.07	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	14,610,307	0.000000	90.00	
91.00	09100	EMERGENCY	0	0	0	31,400,398	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,089,155	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	420,983,534		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	14,540,427	0	18,233,694	0	50.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,988,650	0	4,437,222	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	88,062	0	7,491,678	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	306,783	0	2,572,696	0	56.00	
57.00	05700 CT SCAN	0.000000	3,513,438	0	8,101,379	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,320,447	0	4,766,317	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	4,803,691	0	6,158,837	0	59.00	
60.00	06000 LABORATORY	0.000000	8,452,187	0	6,355,191	0	60.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	1,004,984	0	2,077,016	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	4,732,858	0	1,915,852	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	848,952	0	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	663,660	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	206,052	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,547,445	0	3,717,354	0	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,826,451	0	1,536,159	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,046,290	0	2,248,002	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	4,640,192	0	29,110,997	0	73.00	
76.00	03040 AUDIOLOGY	0.000000	0	0	0	0	76.00	
76.01	03280 EKG AND EEG	0.000000	113,170	0	951,306	0	76.01	
76.02	03950 O/P REHAB SERVICES	0.000000	0	0	54,598	0	76.02	
76.03	03951 SPORTS FITNESS	0.000000	898	0	68	0	76.03	
76.04	03952 LIFE CENTER	0.000000	25,909	0	3,145,896	0	76.04	
76.06	03480 ONCOLOGY	0.000000	10,646	0	1,386,415	0	76.06	
76.07	03954 OP REHAB SERVICES	0.000000	0	0	0	0	76.07	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	1,800	0	599,670	0	90.00	
91.00	09100 EMERGENCY	0.000000	3,952,683	0	5,877,617	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	616,662	0	1,295,292	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		59,252,337	0	112,033,256	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/25/2019 1:33 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	0.203102	18,233,694		0	3,703,300	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.266960	4,437,222		0	1,184,561	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216113	7,491,678		0	1,619,049	55.00	
56.00	05600	RADIOISOTOPE	0.135694	2,572,696		0	349,099	56.00	
57.00	05700	CT SCAN	0.076286	8,101,379		0	618,022	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080864	4,766,317		0	385,423	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.196398	6,158,837		0	1,209,583	59.00	
60.00	06000	LABORATORY	0.205380	6,355,191		0	1,305,229	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.162491	2,077,016		0	337,496	64.00	
65.00	06500	RESPIRATORY THERAPY	0.223184	1,915,852		0	427,588	65.00	
66.00	06600	PHYSICAL THERAPY	0.361148	0		0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.310460	0		0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.282890	0		0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.106609	3,717,354		0	396,303	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.439875	1,536,159		0	3,748,036	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.617673	2,248,002		0	1,388,530	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.341133	29,110,997		0	113,440	9,930,722	73.00
76.00	03040	AUDIOLOGY	0.000000	0		0	0	0	76.00
76.01	03280	EKG AND EEG	0.261329	951,306		0	248,604	76.01	
76.02	03950	O/P REHAB SERVICES	0.720136	54,598		0	39,318	76.02	
76.03	03951	SPORTS FITNESS	2.874570	68		0	195	76.03	
76.04	03952	LIFE CENTER	0.461205	3,145,896		0	1,450,903	76.04	
76.06	03480	ONCOLOGY	2.406328	1,386,415		0	3,336,169	76.06	
76.07	03954	OP REHAB SERVICES	0.000000	0		0	0	76.07	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.727184	599,670		0	436,070	90.00	
91.00	09100	EMERGENCY	0.254968	5,877,617		0	749	1,498,604	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.334503	1,295,292		0	0	433,279	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.529885			0			95.00
200.00		Subtotal (see instructions)		112,033,256		0	114,189	34,046,083	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)		112,033,256		0	114,189	34,046,083	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/25/2019 1:33 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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	38,698		73.00
76.00	03040	AUDIOLOGY	0	0		76.00
76.01	03280	EKG AND EEG	0	0		76.01
76.02	03950	O/P REHAB SERVICES	0	0		76.02
76.03	03951	SPORTS FITNESS	0	0		76.03
76.04	03952	LIFE CENTER	0	0		76.04
76.06	03480	ONCOLOGY	0	0		76.06
76.07	03954	OP REHAB SERVICES	0	0		76.07
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	191		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	38,889		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	38,889		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:

Worksheet D

Component CCN: 16-T057

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 1:33 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	2,744,385	90,853,858	0.030207	33,297	1,006	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,048,133	18,202,979	0.057580	30,273	1,743	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	658,965	13,247,771	0.049742	21,227	1,056	55.00
56.00	05600 RADIOISOTOPE	211,200	5,372,621	0.039310	1,507	59	56.00
57.00	05700 CT SCAN	361,681	25,880,964	0.013975	61,593	861	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	349,223	17,135,868	0.020380	40,630	828	58.00
59.00	05900 CARDIAC CATHETERIZATION	878,937	19,004,862	0.046248	13,637	631	59.00
60.00	06000 LABORATORY	944,617	45,056,985	0.020965	176,159	3,693	60.00
64.00	06400 INTRAVENOUS THERAPY	174,586	7,586,784	0.023012	4	0	64.00
65.00	06500 RESPIRATORY THERAPY	246,461	12,361,708	0.019937	62,406	1,244	65.00
66.00	06600 PHYSICAL THERAPY	175,773	2,775,185	0.063337	558,132	35,350	66.00
67.00	06700 OCCUPATIONAL THERAPY	36,144	2,251,182	0.016056	488,236	7,839	67.00
68.00	06800 SPEECH PATHOLOGY	17,455	700,516	0.024917	188,437	4,695	68.00
69.00	06900 ELECTROCARDIOLOGY	78,630	9,307,166	0.008448	2,517	21	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	663,048	6,234,197	0.106357	26,650	2,834	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	357,243	12,788,925	0.027934	2,051	57	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	992,865	61,923,200	0.016034	92,260	1,479	73.00
76.00	03040 AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280 EKG AND EEG	98,320	2,663,236	0.036917	2,752	102	76.01
76.02	03950 O/P REHAB SERVICES	269,013	6,916,984	0.038892	0	0	76.02
76.03	03951 SPORTS FITNESS	106,947	665,008	0.160821	34	5	76.03
76.04	03952 LIFE CENTER	919,430	7,507,974	0.122460	160	20	76.04
76.06	03480 ONCOLOGY	784,359	2,445,701	0.320709	9	3	76.06
76.07	03954 OP REHAB SERVICES	0	0	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,401,574	14,610,307	0.164375	6	1	90.00
91.00	09100 EMERGENCY	825,406	31,400,398	0.026286	2,482	65	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,089,155	0.000000	310	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	15,344,395	420,983,534		1,804,769	63,592	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 1:33 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 1:33 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	90,853,858	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	18,202,979	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	13,247,771	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	5,372,621	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	25,880,964	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	17,135,868	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	19,004,862	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	45,056,985	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	7,586,784	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	12,361,708	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	2,775,185	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,251,182	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	700,516	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	9,307,166	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	6,234,197	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	12,788,925	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	61,923,200	0.000000	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG		0	0	0	2,663,236	0.000000	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	6,916,984	0.000000	76.02
76.03	03951	SPORTS FITNESS		0	0	0	665,008	0.000000	76.03
76.04	03952	LIFE CENTER		0	0	0	7,507,974	0.000000	76.04
76.06	03480	ONCOLOGY		0	0	0	2,445,701	0.000000	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	14,610,307	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	31,400,398	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	4,089,155	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	420,983,534		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 1:33 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	33,297	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	30,273	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	21,227	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	1,507	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	61,593	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	40,630	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	13,637	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	176,159	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	4	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	62,406	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	558,132	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	488,236	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	188,437	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	2,517	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	26,650	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	2,051	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	92,260	0	0	0	73.00
76.00	03040	AUDIOLOGY		0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0.000000	2,752	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0.000000	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0.000000	34	0	0	0	76.03
76.04	03952	LIFE CENTER		0.000000	160	0	0	0	76.04
76.06	03480	ONCOLOGY		0.000000	9	0	0	0	76.06
76.07	03954	OP REHAB SERVICES		0.000000	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	6	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	2,482	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	310	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,804,769	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-5110		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 1:33 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-5110		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 1:33 pm	
				Title XVIII		Skilled Nursing Facility		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	90,853,858	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	18,202,979	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	13,247,771	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	5,372,621	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	25,880,964	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	17,135,868	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	19,004,862	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	45,056,985	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	7,586,784	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	12,361,708	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	2,775,185	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,251,182	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	700,516	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	9,307,166	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	6,234,197	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	12,788,925	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	61,923,200	0.000000	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG		0	0	0	2,663,236	0.000000	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	6,916,984	0.000000	76.02
76.03	03951	SPORTS FITNESS		0	0	0	665,008	0.000000	76.03
76.04	03952	LIFE CENTER		0	0	0	7,507,974	0.000000	76.04
76.06	03480	ONCOLOGY		0	0	0	2,445,701	0.000000	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	14,610,307	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	31,400,398	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	4,089,155	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	420,983,534		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-5110		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 1:33 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	39,274	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	14,358	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	209	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	290	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	22,449	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	82,735	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	689	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	1,929	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	468,265	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	414,183	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	39,861	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	687	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	662	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	114,675	0	0	0	73.00
76.00	03040	AUDIOLOGY		0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0.000000	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0.000000	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0.000000	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0.000000	1,584	0	0	0	76.04
76.06	03480	ONCOLOGY		0.000000	623	0	0	0	76.06
76.07	03954	OP REHAB SERVICES		0.000000	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	409	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	457	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,203,339	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/25/2019 1:33 pm

			Title XIX		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,128,817	0	3,128,817	22,070	141.77	30.00
31.00	INTENSIVE CARE UNIT	469,715		469,715	2,178	215.66	31.00
41.00	SUBPROVIDER - IRF	177,397	0	177,397	2,417	73.40	41.00
43.00	NURSERY	97,445		97,445	1,242	78.46	43.00
44.00	SKILLED NURSING FACILITY	230,009		230,009	4,535	50.72	44.00
45.00	NURSING FACILITY	1,965,517		1,965,517	47,564	41.32	45.00
200.00	Total (lines 30 through 199)	6,068,900		6,068,900	80,006		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	500	70,885				30.00
31.00	INTENSIVE CARE UNIT	58	12,508				31.00
41.00	SUBPROVIDER - IRF	15	1,101				41.00
43.00	NURSERY	357	28,010				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	40	1,653				45.00
200.00	Total (lines 30 through 199)	970	114,157				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		Title XIX		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	2,744,385	90,853,858	0.030207	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,048,133	18,202,979	0.057580	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	658,965	13,247,771	0.049742	0	55.00
56.00	05600	RADIOISOTOPE	211,200	5,372,621	0.039310	0	56.00
57.00	05700	CT SCAN	361,681	25,880,964	0.013975	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	349,223	17,135,868	0.020380	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	878,937	19,004,862	0.046248	0	59.00
60.00	06000	LABORATORY	944,617	45,056,985	0.020965	0	60.00
64.00	06400	INTRAVENOUS THERAPY	174,586	7,586,784	0.023012	0	64.00
65.00	06500	RESPIRATORY THERAPY	246,461	12,361,708	0.019937	0	65.00
66.00	06600	PHYSICAL THERAPY	175,773	2,775,185	0.063337	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	36,144	2,251,182	0.016056	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,455	700,516	0.024917	0	68.00
69.00	06900	ELECTROCARDIOLOGY	78,630	9,307,166	0.008448	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	663,048	6,234,197	0.106357	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	357,243	12,788,925	0.027934	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	992,865	61,923,200	0.016034	0	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0	76.00
76.01	03280	EKG AND EEG	98,320	2,663,236	0.036917	0	76.01
76.02	03950	O/P REHAB SERVICES	269,013	6,916,984	0.038892	0	76.02
76.03	03951	SPORTS FITNESS	106,947	665,008	0.160821	0	76.03
76.04	03952	LIFE CENTER	919,430	7,507,974	0.122460	0	76.04
76.06	03480	ONCOLOGY	784,359	2,445,701	0.320709	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0.000000	0	76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,401,574	14,610,307	0.164375	0	90.00
91.00	09100	EMERGENCY	825,406	31,400,398	0.026286	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	186,707	4,089,155	0.045659	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	15,531,102	420,983,534		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0057		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/25/2019 1:33 pm	
					Title XIX		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
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	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00	
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	22,070	0.00	500	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	2,178	0.00	58	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	2,417	0.00	15	41.00		
43.00	04300	NURSERY		0	1,242	0.00	357	43.00		
44.00	04400	SKILLED NURSING FACILITY		0	4,535	0.00	0	44.00		
45.00	04500	NURSING FACILITY		0	47,564	0.00	40	45.00		
200.00		Total (lines 30 through 199)		0	80,006		970	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	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
44.00	04400	SKILLED NURSING FACILITY	0						44.00	
45.00	04500	NURSING FACILITY	0						45.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0057		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 1:33 pm	
			Title XIX		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.06	03480	ONCOLOGY	0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description				Title XIX		Hospital	PPS		
				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)		Ratio of Cost to Charges (col. 5 ÷ col. 7)
				4.00	5.00	6.00	7.00		8.00
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	90,853,858	0.000000	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	18,202,979	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	13,247,771	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	5,372,621	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	25,880,964	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	17,135,868	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	19,004,862	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	45,056,985	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,586,784	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,361,708	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	2,775,185	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,251,182	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	700,516	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,307,166	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,234,197	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,788,925	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	61,923,200	0.000000	73.00	
76.00	03040	AUDIOLOGY	0	0	0	0	0.000000	76.00	
76.01	03280	EKG AND EEG	0	0	0	2,663,236	0.000000	76.01	
76.02	03950	O/P REHAB SERVICES	0	0	0	6,916,984	0.000000	76.02	
76.03	03951	SPORTS FITNESS	0	0	0	665,008	0.000000	76.03	
76.04	03952	LIFE CENTER	0	0	0	7,507,974	0.000000	76.04	
76.06	03480	ONCOLOGY	0	0	0	2,445,701	0.000000	76.06	
76.07	03954	OP REHAB SERVICES	0	0	0	0	0.000000	76.07	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	14,610,307	0.000000	90.00	
91.00	09100	EMERGENCY	0	0	0	31,400,398	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,089,155	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	420,983,534		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0.000000	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0.000000	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0.000000	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0.000000	0	0	0	0	76.04
76.06	03480	ONCOLOGY	0.000000	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0.000000	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:

Worksheet D

Component CCN: 16-T057

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 1:33 pm

Title XIX

Subprovider -
IRF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,744,385	90,853,858	0.030207	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,048,133	18,202,979	0.057580	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	658,965	13,247,771	0.049742	0	0	55.00
56.00	05600 RADIOISOTOPE	211,200	5,372,621	0.039310	0	0	56.00
57.00	05700 CT SCAN	361,681	25,880,964	0.013975	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	349,223	17,135,868	0.020380	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	878,937	19,004,862	0.046248	0	0	59.00
60.00	06000 LABORATORY	944,617	45,056,985	0.020965	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	174,586	7,586,784	0.023012	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	246,461	12,361,708	0.019937	0	0	65.00
66.00	06600 PHYSICAL THERAPY	175,773	2,775,185	0.063337	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	36,144	2,251,182	0.016056	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	17,455	700,516	0.024917	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	78,630	9,307,166	0.008448	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	663,048	6,234,197	0.106357	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	357,243	12,788,925	0.027934	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	992,865	61,923,200	0.016034	0	0	73.00
76.00	03040 AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280 EKG AND EEG	98,320	2,663,236	0.036917	0	0	76.01
76.02	03950 O/P REHAB SERVICES	269,013	6,916,984	0.038892	0	0	76.02
76.03	03951 SPORTS FITNESS	106,947	665,008	0.160821	0	0	76.03
76.04	03952 LIFE CENTER	919,430	7,507,974	0.122460	0	0	76.04
76.06	03480 ONCOLOGY	784,359	2,445,701	0.320709	0	0	76.06
76.07	03954 OP REHAB SERVICES	0	0	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,401,574	14,610,307	0.164375	0	0	90.00
91.00	09100 EMERGENCY	825,406	31,400,398	0.026286	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,089,155	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	15,344,395	420,983,534		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 1:33 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 1:33 pm	
				Title XIX		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	90,853,858	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	18,202,979	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	13,247,771	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	5,372,621	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	25,880,964	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	17,135,868	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	19,004,862	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	45,056,985	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	7,586,784	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	12,361,708	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	2,775,185	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,251,182	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	700,516	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	9,307,166	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	6,234,197	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	12,788,925	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	61,923,200	0.000000	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG		0	0	0	2,663,236	0.000000	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	6,916,984	0.000000	76.02
76.03	03951	SPORTS FITNESS		0	0	0	665,008	0.000000	76.03
76.04	03952	LIFE CENTER		0	0	0	7,507,974	0.000000	76.04
76.06	03480	ONCOLOGY		0	0	0	2,445,701	0.000000	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	14,610,307	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	31,400,398	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	4,089,155	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	420,983,534		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 1:33 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
76.00	03040	AUDIOLOGY		0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0.000000	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0.000000	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0.000000	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0.000000	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0.000000	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES		0.000000	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-5110		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 1:33 pm	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-5110		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 1:33 pm	
				Title XIX		Skilled Nursing Facility		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	90,853,858	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	18,202,979	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	13,247,771	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	5,372,621	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	25,880,964	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	17,135,868	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	19,004,862	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	45,056,985	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	7,586,784	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	12,361,708	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	2,775,185	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,251,182	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	700,516	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	9,307,166	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	6,234,197	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	12,788,925	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	61,923,200	0.000000	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG		0	0	0	2,663,236	0.000000	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	6,916,984	0.000000	76.02
76.03	03951	SPORTS FITNESS		0	0	0	665,008	0.000000	76.03
76.04	03952	LIFE CENTER		0	0	0	7,507,974	0.000000	76.04
76.06	03480	ONCOLOGY		0	0	0	2,445,701	0.000000	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	14,610,307	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	31,400,398	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	4,089,155	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	420,983,534		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-5110		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 1:33 pm	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0.000000	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0.000000	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0.000000	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0.000000	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0.000000	0	0	0	0	0	76.04
76.06	03480	ONCOLOGY	0.000000	0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0.000000	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	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	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 1:33 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)		22,070	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,070	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		20,753	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		10,884	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)		22,922,000	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)		22,922,000	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)		22,922,000	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)		1,038.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,304,122	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)		11,304,122	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 1:33 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
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,946,706	2,178	2,271.21	1,208	2,743,622
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,378,020
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,425,764
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,803,542
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,770,607
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,574,149
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,851,615
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,317
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,038.60
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,367,836

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,128,817	22,922,000	0.136498	1,367,836	186,707
91.00	Nursing School cost	0	22,922,000	0.000000	1,367,836	0
92.00	Allied health cost	0	22,922,000	0.000000	1,367,836	0
93.00	All other Medical Education	0	22,922,000	0.000000	1,367,836	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 1:33 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,417	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,417	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,417	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)		1,580	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,726,379	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,726,379	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,726,379	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)		714.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,128,547	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)		1,128,547	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/25/2019 1:33 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					586,546	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,715,093	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					115,972	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					63,592	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					179,564	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,535,529	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:

Worksheet D-1

Component CCN: 16-T057

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 1:33 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	177,397	1,726,379	0.102757	0	0	90.00
91.00	Nursing School cost	0	1,726,379	0.000000	0	0	91.00
92.00	Allied health cost	0	1,726,379	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,726,379	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:

Worksheet D-1

Component CCN: 16-5110

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 1:33 pm

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,535	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,535	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,535	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)	3,816	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)	2,058,371	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)	2,058,371	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)	2,058,371	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 1:33 pm	
				Title XVIII		Skilled Nursing Facility	PPS
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					2,058,371	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					453.89	71.00
72.00	Program routine service cost (line 9 x line 71)					1,732,044	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					1,732,044	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					1,732,044	83.00
84.00	Program inpatient ancillary services (see instructions)					386,284	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					2,118,328	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:

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Component CCN: 16-5110

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 1:33 pm

Title XVIII

Skilled Nursing
Facility

PPS

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

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

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

Worksheet D-1

Date/Time Prepared:

11/25/2019 1:33 pm

Title XIX		Hospital	PPS
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	22,070	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	22,070	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	20,753	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)	500	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	1,242	15.00
16.00	Nursery days (title V or XIX only)	357	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)	22,922,000	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)	22,922,000	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)	22,922,000	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)	1,038.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	519,300	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)	519,300	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	727,450	1,242	585.71	357	209,098	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,946,706	2,178	2,271.21	58	131,730	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0 48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						860,128 49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						111,403 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						111,403 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						748,725 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)						1,317 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,038.60 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						1,367,836 89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		Title XIX		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,128,817	22,922,000	0.136498	1,367,836	186,707
91.00	Nursing School cost	0	22,922,000	0.000000	1,367,836	0
92.00	Allied health cost	0	22,922,000	0.000000	1,367,836	0
93.00	All other Medical Education	0	22,922,000	0.000000	1,367,836	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 1:33 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,417	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,417	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,417	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)		15	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,242	15.00
16.00	Nursery days (title V or XIX only)		357	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,726,379	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,726,379	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,726,379	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)		714.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,714	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,714	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 1:33 pm
			Title XIX	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,714
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,101
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,101
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,613
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 1:33 pm	
		Title XIX		Subprovider - IRF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	177,397	1,726,379	0.102757	0	0	90.00
91.00 Nursing School cost	0	1,726,379	0.000000	0	0	91.00
92.00 Allied health cost	0	1,726,379	0.000000	0	0	92.00
93.00 All other Medical Education	0	1,726,379	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:

Worksheet D-1

Component CCN: 16-5110

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 1:33 pm

Title XIX

Skilled Nursing
Facility

PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,535	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,535	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,535	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	1,242	15.00
16.00	Nursery days (title V or XIX only)	357	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)	2,058,371	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)	2,058,371	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)	2,058,371	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 1:33 pm		
				Title XIX		Skilled Nursing Facility	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT						43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00	
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							
52.00	Total Program excludable cost (sum of lines 50 and 51)							
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00	
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						54.00	
55.00	Target amount per discharge							
56.00	Target amount (line 54 x line 55)							
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00	
58.00	Bonus payment (see instructions)						58.00	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							
62.00	Relief payment (see instructions)						62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						2,058,371	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						453.89	71.00
72.00	Program routine service cost (line 9 x line 71)						0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						0	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						230,009	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						50.72	76.00
77.00	Program capital-related costs (line 9 x line 76)						0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0	80.00
81.00	Inpatient routine service cost per diem limitation						0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)						0	83.00
84.00	Program inpatient ancillary services (see instructions)						0	84.00
85.00	Utilization review - physician compensation (see instructions)						0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST

 Provider CCN: 16-0057
 Component CCN: 16-5110

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

 Worksheet D-1
 Date/Time Prepared:
 11/25/2019 1:33 pm

Title XIX

 Skilled Nursing
 Facility

PPS

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0057	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 1:33 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		21,111,437		30.00
31.00	03100	INTENSIVE CARE UNIT		4,278,811		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.203102	14,540,427	2,953,190	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.266960	1,988,650	530,890	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216113	88,062	19,031	55.00
56.00	05600	RADIOISOTOPE	0.135694	306,783	41,629	56.00
57.00	05700	CT SCAN	0.076286	3,513,438	268,026	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080864	1,320,447	106,777	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.196398	4,803,691	943,435	59.00
60.00	06000	LABORATORY	0.205380	8,452,187	1,735,910	60.00
64.00	06400	INTRAVENOUS THERAPY	0.162491	1,004,984	163,301	64.00
65.00	06500	RESPIRATORY THERAPY	0.223184	4,732,858	1,056,298	65.00
66.00	06600	PHYSICAL THERAPY	0.361148	848,952	306,597	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.310460	663,660	206,040	67.00
68.00	06800	SPEECH PATHOLOGY	0.282890	206,052	58,290	68.00
69.00	06900	ELECTROCARDIOLOGY	0.106609	1,547,445	164,972	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.439875	1,826,451	4,456,312	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.617673	4,046,290	2,499,284	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.341133	4,640,192	1,582,923	73.00
76.00	03040	AUDIOLOGY	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	0.261329	113,170	29,575	76.01
76.02	03950	O/P REHAB SERVICES	0.720136	0	0	76.02
76.03	03951	SPORTS FITNESS	2.874570	898	2,581	76.03
76.04	03952	LIFE CENTER	0.461205	25,909	11,949	76.04
76.06	03480	ONCOLOGY	2.406328	10,646	25,618	76.06
76.07	03954	OP REHAB SERVICES	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.727184	1,800	1,309	90.00
91.00	09100	EMERGENCY	0.254968	3,952,683	1,007,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.334503	616,662	206,275	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		59,252,337	18,378,020	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		59,252,337		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 1:33 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		2,346,116		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.203102	33,297	6,763	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.266960	30,273	8,082	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.216113	21,227	4,587	55.00
56.00	05600 RADIOISOTOPE	0.135694	1,507	204	56.00
57.00	05700 CT SCAN	0.076286	61,593	4,699	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.080864	40,630	3,286	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.196398	13,637	2,678	59.00
60.00	06000 LABORATORY	0.205380	176,159	36,180	60.00
64.00	06400 INTRAVENOUS THERAPY	0.162491	4	1	64.00
65.00	06500 RESPIRATORY THERAPY	0.223184	62,406	13,928	65.00
66.00	06600 PHYSICAL THERAPY	0.361148	558,132	201,568	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.310460	488,236	151,578	67.00
68.00	06800 SPEECH PATHOLOGY	0.282890	188,437	53,307	68.00
69.00	06900 ELECTROCARDIOLOGY	0.106609	2,517	268	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.439875	26,650	65,023	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.617673	2,051	1,267	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.341133	92,260	31,473	73.00
76.00	03040 AUDIOLOGY	0.000000	0	0	76.00
76.01	03280 EKG AND EEG	0.261329	2,752	719	76.01
76.02	03950 O/P REHAB SERVICES	0.720136	0	0	76.02
76.03	03951 SPORTS FITNESS	2.874570	34	98	76.03
76.04	03952 LIFE CENTER	0.461205	160	74	76.04
76.06	03480 ONCOLOGY	2.406328	9	22	76.06
76.07	03954 OP REHAB SERVICES	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.727184	6	4	90.00
91.00	09100 EMERGENCY	0.254968	2,482	633	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.334503	310	104	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,804,769	586,546	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,804,769		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 1:33 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.203102	39,274	7,977	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.266960	14,358	3,833	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.216113	209	45	55.00
56.00	05600 RADIOISOTOPE	0.135694	0	0	56.00
57.00	05700 CT SCAN	0.076286	290	22	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.080864	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.196398	22,449	4,409	59.00
60.00	06000 LABORATORY	0.205380	82,735	16,992	60.00
64.00	06400 INTRAVENOUS THERAPY	0.162491	689	112	64.00
65.00	06500 RESPIRATORY THERAPY	0.223184	1,929	431	65.00
66.00	06600 PHYSICAL THERAPY	0.361148	468,265	169,113	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.310460	414,183	128,587	67.00
68.00	06800 SPEECH PATHOLOGY	0.282890	39,861	11,276	68.00
69.00	06900 ELECTROCARDIOLOGY	0.106609	687	73	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.439875	662	1,615	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.617673	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.341133	114,675	39,119	73.00
76.00	03040 AUDIOLOGY	0.000000	0	0	76.00
76.01	03280 EKG AND EEG	0.261329	0	0	76.01
76.02	03950 O/P REHAB SERVICES	0.720136	0	0	76.02
76.03	03951 SPORTS FITNESS	2.874570	0	0	76.03
76.04	03952 LIFE CENTER	0.461205	1,584	731	76.04
76.06	03480 ONCOLOGY	2.406328	623	1,499	76.06
76.07	03954 OP REHAB SERVICES	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.727184	409	297	90.00
91.00	09100 EMERGENCY	0.254968	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.334503	457	153	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,203,339	386,284	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,203,339		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 1:33 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)		6,032,804	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		18,098,412	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)		304,357	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		4,425,330	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		132.39	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.77	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.69	31.00
32.00	Sum of lines 30 and 31		24.46	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.39	33.00
34.00	Disproportionate share adjustment (see instructions)		566,480	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 1:33 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)		0.000189026	0.000229209	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,279,082	1,896,216	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		322,399	1,418,265	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,740,664		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		26,742,717		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
			Amount		
			1.00		
49.00	Total payment for inpatient operating costs (see instructions)			26,742,717	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,016,351	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			28,759,068	59.00
60.00	Primary payer payments			41,933	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			28,717,135	61.00
62.00	Deductibles billed to program beneficiaries			2,848,320	62.00
63.00	Coinsurance billed to program beneficiaries			31,497	63.00
64.00	Allowable bad debts (see instructions)			0	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			0	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			25,837,318	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)			114,904	70.93
70.94	HRR adjustment amount (see instructions)			-268,043	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/25/2019 1:33 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			215,634	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			25,468,545	71.00
71.01	Sequestration adjustment (see instructions)			509,371	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			25,009,799	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)			-50,625	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/25/2019 1:33 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	6,032,804	6,032,804		6,032,804	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	18,098,412		18,098,412	18,098,412	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	304,357	76,089	228,268	304,357	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	4,425,330	1,106,333	3,318,997	4,425,330	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0939	0.0939	0.0939		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	566,480	141,620	424,860	566,480	11.00
11.01	Uncompensated care payments	36.00	1,740,664	322,399	1,418,265	1,740,664	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	26,742,717	6,572,912	20,169,805	26,742,717	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	26,742,717	6,572,912	20,169,805	26,742,717	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,016,351	508,231	1,508,120	2,016,351	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			7,081,143	21,677,925	28,759,068	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/25/2019 1:33 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	1,952,741	492,198	1,460,543	1,952,741	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	63,610	16,033	47,577	63,610	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,016,351	508,231	1,508,120	2,016,351	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	114,904	28,962	85,942	114,904	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	-268,043	-67,562	-200,481	-268,043	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	215,634	215,634	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 1:33 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		38,889	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,046,083	2.00
3.00	OPPS payments		31,129,864	3.00
4.00	Outlier payment (see instructions)		64,831	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.878	5.00
6.00	Line 2 times line 5		29,892,461	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)		38,889	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		114,189	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)		114,189	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)		114,189	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		75,300	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		38,889	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)		31,194,695	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)		6,032,408	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)		25,201,176	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)		25,201,176	30.00
31.00	Primary payer payments		3,627	31.00
32.00	Subtotal (line 30 minus line 31)		25,197,549	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)		25,197,549	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)		25,197,549	40.00
40.01	Sequestration adjustment (see instructions)		503,951	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		24,683,306	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		10,292	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/25/2019 1:33 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		25,009,799		24,683,306	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		25,009,799		24,683,306	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		10,292	6.01	
6.02	SETTLEMENT TO PROGRAM		50,625		0	6.02	
7.00	Total Medicare program liability (see instructions)		24,959,174		24,693,598	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 16-0057
 Component CCN: 16-T057

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/25/2019 1:33 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		2,673,501		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,673,501		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		55,362		0	6.02
7.00	Total Medicare program liability (see instructions)		2,618,139		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 16-0057
 Component CCN: 16-5110

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/25/2019 1:33 pm

Title XVIII

 Skilled Nursing
 Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,127,986		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,127,986		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,127,986		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/25/2019 1:33 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 11/25/2019 1:33 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)			2,578,971 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0261 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			59,316 3.00
4.00	Outlier Payments			52,085 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			6.621918 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)			2,690,372 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)			2,690,372 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,690,372 19.00
20.00	Deductibles			4,020 20.00
21.00	Subtotal (line 19 minus line 20)			2,686,352 21.00
22.00	Coinsurance			14,782 22.00
23.00	Subtotal (line 21 minus line 22)			2,671,570 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,671,570 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)			2,671,570 32.00
32.01	Sequestration adjustment (see instructions)			53,431 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,673,501 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)			-55,362 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			52,085 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VI Date/Time Prepared: 11/25/2019 1:33 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)			1,373,855 1.00
2.00	Routine service other pass through costs			0 2.00
3.00	Ancillary service other pass through costs			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			1,373,855 4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible			0 6.00
7.00	Coinsurance			222,849 7.00
8.00	Allowable bad debts (see instructions)			0 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			0 10.00
11.00	Utilization review			0 11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)			1,151,006 12.00
13.00	Inpatient primary payer payments			0 13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 14.50
14.99	Demonstration payment adjustment amount before sequestration			0 14.99
15.00	Subtotal (see instructions)			1,151,006 15.00
15.01	Sequestration adjustment (see instructions)			23,020 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
16.00	Interim payments			1,127,986 16.00
17.00	Tentative settlement (for contractor use only)			0 17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)			0 18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2			0 19.00

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

Provider CCN: 16-0057

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

Worksheet G

Date/Time Prepared:
11/25/2019 1:33 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	9,333,695	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	22,311,107	0	0	0	4.00
5.00 Other receivable	1,252,242	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	3,781,427	0	0	0	7.00
8.00 Prepaid expenses	3,759,213	0	0	0	8.00
9.00 Other current assets	1,013,426	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)	41,451,110	0	0	0	11.00
FIXED ASSETS					
12.00 Land	129,219,541	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	0	0	0	0	23.00
24.00 Accumulated depreciation	0	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	129,219,541	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	4,149,117	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	157,573,772	0	0	0	33.00
34.00 Other assets	3,549,449	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	165,272,338	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	335,942,989	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	6,615,329	0	0	0	37.00
38.00 Salaries, wages, and fees payable	20,341,887	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	6,485,175	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	0	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	33,442,391	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	46,162,685	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	3,779,852	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	49,942,537	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	83,384,928	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	252,558,061				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	252,558,061	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	335,942,989	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0057

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

Worksheet G-1

Date/Time Prepared:
11/25/2019 1:33 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		252,695,597		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		6,752,540				2.00
3.00	Total (sum of line 1 and line 2)		259,448,137		0		3.00
4.00	CHANGE IN BENEFICIAL INTEREST	488,116		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)		488,116		0		10.00
11.00	Subtotal (line 3 plus line 10)		259,936,253		0		11.00
12.00	EQUITY TRANSFERS	6,800,000		0		0	12.00
13.00	NET ASSETS RELEASED FROM RESTRICTION	578,192		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)		7,378,192		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		252,558,061		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	CHANGE IN BENEFICIAL INTEREST		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	EQUITY TRANSFERS		0				12.00
13.00	NET ASSETS RELEASED FROM RESTRICTION		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: 16-0057

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	39,919,915		39,919,915	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,570,873		3,570,873	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	2,765,862		2,765,862	7.00
8.00	NURSING FACILITY	10,176,081		10,176,081	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	56,432,731		56,432,731	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,705,206		7,705,206	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)	7,705,206		7,705,206	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	64,137,937		64,137,937	17.00
18.00	Ancillary services	107,568,079	263,315,596	370,883,675	18.00
19.00	Outpatient services	8,432,109	41,667,750	50,099,859	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,500,896	2,500,896	22.00
23.00	AMBULANCE SERVICES	2,280	2,056,750	2,059,030	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	4,014,237	4,014,237	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	180,140,405	313,555,229	493,695,634	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		197,072,317		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)		197,072,317		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0057

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

Worksheet G-3

Date/Time Prepared:
11/25/2019 1:33 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	493,695,634	1.00
2.00	Less contractual allowances and discounts on patients' accounts	308,563,470	2.00
3.00	Net patient revenues (line 1 minus line 2)	185,132,164	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	197,072,317	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-11,940,153	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	18,692,693	24.00
25.00	Total other income (sum of lines 6-24)	18,692,693	25.00
26.00	Total (line 5 plus line 25)	6,752,540	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,752,540	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0057
HHA CCN: 16-7136
Period: From 07/01/2018 To 06/30/2019
Worksheet H
Date/Time Prepared: 11/25/2019 1:33 pm

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	180,614	48,985	39,174	0	61,656	330,429	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	896,023	243,015	82	0	5,078	1,144,198	6.00
7.00	Physical Therapy	309,546	83,954	17,028	0	1,539	412,067	7.00
8.00	Occupational Therapy	118,603	32,167	0	0	0	150,770	8.00
9.00	Speech Pathology	17,567	4,764	0	0	0	22,331	9.00
10.00	Medical Social Services	1,111	301	0	0	0	1,412	10.00
11.00	Home Health Aide	157,235	42,645	0	0	0	199,880	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	8,717	2,364	1,250	0	0	12,331	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,689,416	458,195	57,534	0	68,273	2,273,418	24.00
		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	203,120	533,549	-794	532,755			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	-31,521	1,112,677	0	1,112,677			6.00
7.00	Physical Therapy	-10,889	401,178	0	401,178			7.00
8.00	Occupational Therapy	-4,172	146,598	0	146,598			8.00
9.00	Speech Pathology	-618	21,713	0	21,713			9.00
10.00	Medical Social Services	-39	1,373	0	1,373			10.00
11.00	Home Health Aide	-5,531	194,349	0	194,349			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	-307	12,024	0	12,024			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	150,043	2,423,461	-794	2,422,667			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 16-0057

Period:

Worksheet H-1

HHA CCN: 16-7136

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:
11/25/2019 1:33 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation		
			Bldgs & Fixtures	Movable Equipment			Subtotal (cols. 0-4)	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	532,755	0	0	0	0	532,755	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,112,677	0	0	0	0	1,112,677	6.00
7.00	Physical Therapy	401,178	0	0	0	0	401,178	7.00
8.00	Occupational Therapy	146,598	0	0	0	0	146,598	8.00
9.00	Speech Pathology	21,713	0	0	0	0	21,713	9.00
10.00	Medical Social Services	1,373	0	0	0	0	1,373	10.00
11.00	Home Health Aide	194,349	0	0	0	0	194,349	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	12,024	0	0	0	0	12,024	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,422,667	0	0	0	0	2,422,667	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	532,755						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	313,657	1,426,334					6.00
7.00	Physical Therapy	113,090	514,268					7.00
8.00	Occupational Therapy	41,325	187,923					8.00
9.00	Speech Pathology	6,121	27,834					9.00
10.00	Medical Social Services	387	1,760					10.00
11.00	Home Health Aide	54,786	249,135					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	3,389	15,413					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		2,422,667					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-1

HHA CCN: 16-7136

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 1:33 pmHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Agency 1 Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00	3.00	4.00	5A.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	0			4.00	
5.00	Administrative and General	0	0	0	0	-532,755	1,889,912	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	1,112,677	6.00	
7.00	Physical Therapy	0	0	0	0	0	401,178	7.00	
8.00	Occupational Therapy	0	0	0	0	0	146,598	8.00	
9.00	Speech Pathology	0	0	0	0	0	21,713	9.00	
10.00	Medical Social Services	0	0	0	0	0	1,373	10.00	
11.00	Home Health Aide	0	0	0	0	0	194,349	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0		0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	12,024	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	0	-532,755	1,889,912	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		532,755	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.281894	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 1:33 pmHome Health
Agency I

PPS

Cost Center Description		Agency 1							
		HHA Trial Balance (1)	CAPITAL RELATED COSTS				BLDG & FIXT - MERCY		
			BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY			
0	1.00	1.01	1.02	1.03	1.04				
1.00	Administrative and General	0	0	0	0	0	0	1.00	
2.00	Skilled Nursing Care	1,426,334	0	0	0	0	0	2.00	
3.00	Physical Therapy	514,268	0	0	0	0	0	3.00	
4.00	Occupational Therapy	187,923	0	0	0	0	0	4.00	
5.00	Speech Pathology	27,834	0	0	0	0	0	5.00	
6.00	Medical Social Services	1,760	0	0	0	0	0	6.00	
7.00	Home Health Aide	249,135	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	15,413	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19) (2)	2,422,667	0	0	0	0	0	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
		CAPITAL RELATED COSTS							
Cost Center Description		BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
		1.05	1.06	1.07	1.08	2.00	4.00		
1.00	Administrative and General	0	108,592	0	0	7,440	6,960	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	34,462	2.00	
3.00	Physical Therapy	0	0	0	0	0	11,920	3.00	
4.00	Occupational Therapy	0	0	0	0	0	4,575	4.00	
5.00	Speech Pathology	0	0	0	0	0	674	5.00	
6.00	Medical Social Services	0	0	0	0	0	48	6.00	
7.00	Home Health Aide	0	0	0	0	0	6,044	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	337	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19) (2)	0	108,592	0	0	7,440	65,020	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/25/2019 1:33 pm

Home Health
Agency I

PPS

Cost Center Description		ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5A.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	9,274	132,266	13,638	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,460,796	150,628	0	11,949	16,826	2.00
3.00	Physical Therapy	0	526,188	54,257	0	0	0	3.00
4.00	Occupational Therapy	0	192,498	19,849	0	0	0	4.00
5.00	Speech Pathology	0	28,508	2,940	0	0	0	5.00
6.00	Medical Social Services	0	1,808	186	0	0	0	6.00
7.00	Home Health Aide	0	255,179	26,312	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	836	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	15,750	1,624	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	9,274	2,612,993	269,434	836	11,949	16,826	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00
Cost Center Description		Subtotal	OTHER A&G	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	
		5A.05	5.06	7.00	7.01	7.02	7.03	
1.00	Administrative and General	145,904	12,678	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,640,199	142,521	0	0	0	0	2.00
3.00	Physical Therapy	580,445	50,437	0	0	0	0	3.00
4.00	Occupational Therapy	212,347	18,451	0	0	0	0	4.00
5.00	Speech Pathology	31,448	2,733	0	0	0	0	5.00
6.00	Medical Social Services	1,994	173	0	0	0	0	6.00
7.00	Home Health Aide	281,491	24,460	0	0	0	0	7.00
8.00	Supplies (see instructions)	836	73	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	17,374	1,510	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	2,912,038	253,036	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/25/2019 1:33 pm

Home Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		7.04	7.05	7.06	7.07	8.00	9.00	
1.00	Administrative and General	0	0	38,946	0	0	83,435	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	38,946	0	0	83,435	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
		9.01	10.00	10.01	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	3,914	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	2,647	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	3,914	0	2,647	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 1:33 pmHome Health
Agency I

PPS

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		15.00	16.00	17.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	121,888	406,765	0	406,765	1.00
2.00	Skilled Nursing Care	0	21,010	0	1,803,730	0	1,803,730	2.00
3.00	Physical Therapy	0	0	0	630,882	0	630,882	3.00
4.00	Occupational Therapy	0	0	0	230,798	0	230,798	4.00
5.00	Speech Pathology	0	0	0	34,181	0	34,181	5.00
6.00	Medical Social Services	0	0	0	2,167	0	2,167	6.00
7.00	Home Health Aide	0	0	0	305,951	0	305,951	7.00
8.00	Supplies (see instructions)	0	0	0	3,556	0	3,556	8.00
9.00	Drugs	715	0	0	715	0	715	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	18,884	0	18,884	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	715	21,010	121,888	3,437,629	0	3,437,629	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	242,075	2,045,805					2.00
3.00	Physical Therapy	84,669	715,551					3.00
4.00	Occupational Therapy	30,975	261,773					4.00
5.00	Speech Pathology	4,587	38,768					5.00
6.00	Medical Social Services	291	2,458					6.00
7.00	Home Health Aide	41,061	347,012					7.00
8.00	Supplies (see instructions)	477	4,033					8.00
9.00	Drugs	96	811					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	2,534	21,418					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	406,765	3,437,629					20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.134208						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	BLDG & FIXT - EASTMAN (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	1.05	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	
		BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.06	1.07	1.08	2.00			
1.00	Administrative and General	8,570	0	0	7,390	289	68	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,431	0	2.00
3.00	Physical Therapy	0	0	0	0	495	0	3.00
4.00	Occupational Therapy	0	0	0	0	190	0	4.00
5.00	Speech Pathology	0	0	0	0	28	0	5.00
6.00	Medical Social Services	0	0	0	0	2	0	6.00
7.00	Home Health Aide	0	0	0	0	251	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	14	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	8,570	0	0	7,390	2,700	68	20.00
21.00	Total cost to be allocated	108,592	0	0	7,440	65,020	9,274	21.00
22.00	Unit cost multiplier	12.671179	0.000000	0.000000	1.006766	24.081481	136.382353	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
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PPS

Cost Center Description		Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
		5A.02	5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	0	132,266	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,460,796	0	2,500,896	2,500,896	0	2.00
3.00	Physical Therapy	0	526,188	0	0	0	0	3.00
4.00	Occupational Therapy	0	192,498	0	0	0	0	4.00
5.00	Speech Pathology	0	28,508	0	0	0	0	5.00
6.00	Medical Social Services	0	1,808	0	0	0	0	6.00
7.00	Home Health Aide	0	255,179	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	19,230	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	15,750	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)		2,612,993	19,230	2,500,896	2,500,896		20.00
21.00	Total cost to be allocated		269,434	836	11,949	16,826		21.00
22.00	Unit cost multiplier		0.103113	0.043474	0.004778	0.006728		22.00
Cost Center Description		OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	
		5.06	7.00	7.01	7.02	7.03	7.04	
1.00	Administrative and General	145,904	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,640,199	0	0	0	0	0	2.00
3.00	Physical Therapy	580,445	0	0	0	0	0	3.00
4.00	Occupational Therapy	212,347	0	0	0	0	0	4.00
5.00	Speech Pathology	31,448	0	0	0	0	0	5.00
6.00	Medical Social Services	1,994	0	0	0	0	0	6.00
7.00	Home Health Aide	281,491	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	836	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	17,374	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	2,912,038	0	0	0	0	0	20.00
21.00	Total cost to be allocated	253,036	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.086893	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
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PPS

Cost Center Description		OPERATION OF PLANT REHAB (SQUARE FEET)	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
		7.05	7.06	7.07	8.00	9.00	9.01	
1.00	Administrative and General	0	8,570	0	0	4,440	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	8,570	0	0	4,440	0	20.00
21.00	Total cost to be allocated	0	38,946	0	0	83,435	0	21.00
22.00	Unit cost multiplier	0.000000	4.544457	0.000000	0.000000	18.791667	0.000000	22.00
Cost Center Description		DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	PHARMACY (COSTED REQUIS.)	
		10.00	10.01	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	224	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	19,230	0	8.00
9.00	Drugs	0	0	0	0	0	1,425	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	224	0	19,230	1,425	20.00
21.00	Total cost to be allocated	0	0	3,914	0	2,647	715	21.00
22.00	Unit cost multiplier	0.000000	0.000000	17.473214	0.000000	0.137650	0.501754	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

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HHA CCN: 16-7136

From 07/01/2018
To 06/30/2019Part II
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Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)		
		16.00	17.00		
1.00	Administrative and General	0	15,140		1.00
2.00	Skilled Nursing Care	2,500,896	0		2.00
3.00	Physical Therapy	0	0		3.00
4.00	Occupational Therapy	0	0		4.00
5.00	Speech Pathology	0	0		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	0	0		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19)	2,500,896	15,140		20.00
21.00	Total cost to be allocated	21,010	121,888		21.00
22.00	Unit cost multiplier	0.008401	8.050727		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet H-3

HHA CCN: 16-7136

From 07/01/2018
To 06/30/2019Part I
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Title XVIII

Home Health
Agency I

PPS

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

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

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	2,045,805		2,045,805	6,425	318.41	1.00
2.00	Physical Therapy	3.00	715,551	0	715,551	3,124	229.05	2.00
3.00	Occupational Therapy	4.00	261,773	0	261,773	1,213	215.81	3.00
4.00	Speech Pathology	5.00	38,768	0	38,768	137	282.98	4.00
5.00	Medical Social Services	6.00	2,458		2,458	38	64.68	5.00
6.00	Home Health Aide	7.00	347,012		347,012	4,203	82.56	6.00
7.00	Total (sum of lines 1-6)		3,411,367	0	3,411,367	15,140		7.00

Program Visits

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

Limitation Cost Computation

8.00	Skilled Nursing Care		99916	0	2,335		8.00
9.00	Physical Therapy		99916	0	2,054		9.00
10.00	Occupational Therapy		99916	0	1,002		10.00
11.00	Speech Pathology		99916	0	105		11.00
12.00	Medical Social Services		99916	0	17		12.00
13.00	Home Health Aide		99916	0	1,166		13.00
14.00	Total (sum of lines 8-13)			0	6,679		14.00

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

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	4,033	8,867	12,900	3,634	3.549807	15.00
16.00	Cost of Drugs	9.00	811	0	811	0	0.000000	16.00

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

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

Cost Per Visit Computation

1.00	Skilled Nursing Care	0	2,335		0	743,487		1.00
2.00	Physical Therapy	0	2,054		0	470,469		2.00
3.00	Occupational Therapy	0	1,002		0	216,242		3.00
4.00	Speech Pathology	0	105		0	29,713		4.00
5.00	Medical Social Services	0	17		0	1,100		5.00
6.00	Home Health Aide	0	1,166		0	96,265		6.00
7.00	Total (sum of lines 1-6)	0	6,679		0	1,557,276		7.00

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

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet H-3

HHA CCN: 16-7136

From 07/01/2018
To 06/30/2019Part I
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Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	3,634	0	0	12,900	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	743,487						1.00
2.00	Physical Therapy	470,469						2.00
3.00	Occupational Therapy	216,242						3.00
4.00	Speech Pathology	29,713						4.00
5.00	Medical Social Services	1,100						5.00
6.00	Home Health Aide	96,265						6.00
7.00	Total (sum of lines 1-6)	1,557,276						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet H-3

HHA CCN: 16-7136

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 1:33 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.361148	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.310460	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.282890	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	2.439875	3,634	8,867	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.341133	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057 HHA CCN: 16-7136		Period: From 07/01/2018 To 06/30/2019		Worksheet H-4 Part I-II Date/Time Prepared: 11/25/2019 1:33 pm	
		Title XVIII		Home Health Agency I		PPS	
		Part A		Part B			
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance	
		1.00		2.00		3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES							
Reasonable Cost of Part A & Part B Services							
1.00	Reasonable cost of services (see instructions)	0	0	0	0	0	1.00
2.00	Total charges	0	0	0	0	0	2.00
Customary Charges							
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	0	0	9.00
				Part A Services		Part B Services	
				1.00		2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT							
10.00	Total reasonable cost (see instructions)	0	0	0	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	0	0	989,058	0	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	0	0	103,883	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	0	0	14,626	0	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	0	0	13,641	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	0	0	0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	0	0	0	16.00
17.00	Total Other Payments	0	0	0	0	0	17.00
18.00	DME Payments	0	0	0	0	0	18.00
19.00	Oxygen Payments	0	0	0	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	0	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	0	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	0	0	1,121,208	0	22.00
23.00	Excess reasonable cost (from line 8)	0	0	0	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	0	0	1,121,208	0	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	0	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	0	0	1,121,208	0	26.00
27.00	Reimbursable bad debts (from your records)	0	0	0	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	0	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	0	0	1,121,208	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	0	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	0	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	0	0	0	30.99
31.00	Subtotal (see instructions)	0	0	0	1,121,208	0	31.00
31.01	Sequestration adjustment (see instructions)	0	0	0	22,424	0	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	0	0	0	31.02
32.00	Interim payments (see instructions)	0	0	0	1,098,784	0	32.00
33.00	Tentative settlement (for contractor use only)	0	0	0	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	0	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	0	0	0	35.00

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

Provider CCN: 16-0057

Period:

Worksheet H-5

HHA CCN: 16-7136

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 1:33 pmHome Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0			1.00
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		1,098,784	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,098,784	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,098,784	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0

Hospice CCN: 16-1567

From 07/01/2018

To 06/30/2019

Date/Time Prepared:

11/25/2019 1:33 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	395,702	130,779	526,481	212,606	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	9,007	2,323	11,330	-326	13.00
14.00	PHARMACY*	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	27,285	27,285	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	735,302	163,031	898,333	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	2,477	548	3,025	0	30.00
31.00	OCCUPATIONAL THERAPY**	81	18	99	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	153,785	34,097	187,882	0	33.00
34.00	SPIRITUAL COUNSELING**	35,328	7,833	43,161	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	148,536	32,933	181,469	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	384	384	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	210,997	210,997	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	1,480,218	610,228	2,090,446	212,280	2,302,726

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0

Hospice CCN: 16-1567

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 1:33 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	-125	738,962		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	11,004		13.00
14.00	PHARMACY*	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	27,285		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	898,333		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	3,025		30.00
31.00	OCCUPATIONAL THERAPY**	0	99		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	187,882		33.00
34.00	SPIRITUAL COUNSELING**	0	43,161		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	181,469		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	384		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	210,997		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	-125	2,302,601		100.00

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

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

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

Provider CCN: 16-0057

Period:

Worksheet 0-2

Hospice CCN: 16-1567

From 07/01/2018

To 06/30/2019

Date/Time Prepared:

11/25/2019 1:33 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	26,055	26,055	0	26,055	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	702,156	155,682	857,838	0	857,838	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	2,365	524	2,889	0	2,889	30.00
31.00	OCCUPATIONAL THERAPY	78	17	95	0	95	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	146,853	32,560	179,413	0	179,413	33.00
34.00	SPIRITUAL COUNSELING	33,736	7,480	41,216	0	41,216	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	141,841	31,449	173,290	0	173,290	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	367	367	0	367	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	201,486	201,486	0	201,486	46.00
100.00	TOTAL *	1,027,029	455,620	1,482,649	0	1,482,649	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	26,055	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	857,838	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	2,889	30.00
31.00	OCCUPATIONAL THERAPY	0	95	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	179,413	33.00
34.00	SPIRITUAL COUNSELING	0	41,216	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	173,290	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	367	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	201,486	46.00
100.00	TOTAL *	0	1,482,649	100.00

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

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

Provider CCN: 16-0057

Period:

Worksheet 0-3

Hospice CCN: 16-1567

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 1:33 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	414	414	0	414	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	11,145	2,471	13,616	0	13,616	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	38	8	46	0	46	30.00
31.00	OCCUPATIONAL THERAPY	1	0	1	0	1	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	2,331	517	2,848	0	2,848	33.00
34.00	SPIRITUAL COUNSELING	535	119	654	0	654	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	2,251	499	2,750	0	2,750	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	6	6	0	6	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	3,198	3,198	0	3,198	46.00
100.00	TOTAL *	16,301	7,232	23,533	0	23,533	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	414	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	13,616	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	46	30.00
31.00	OCCUPATIONAL THERAPY	0	1	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	2,848	33.00
34.00	SPIRITUAL COUNSELING	0	654	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	2,750	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	6	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	3,198	46.00
100.00	TOTAL *	0	23,533	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE		Provider CCN: 16-0057	Period: From 07/01/2018 To 06/30/2019	Worksheet 0-4
		Hospice CCN: 16-1567		Date/Time Prepared: 11/25/2019 1:33 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	816	816	0	816	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	22,001	4,878	26,879	0	26,879	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	74	16	90	0	90	30.00
31.00	OCCUPATIONAL THERAPY	2	1	3	0	3	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	4,601	1,020	5,621	0	5,621	33.00
34.00	SPIRITUAL COUNSELING	1,057	234	1,291	0	1,291	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	4,444	985	5,429	0	5,429	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	11	11	0	11	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	6,313	6,313	0	6,313	46.00
100.00	TOTAL *	32,179	14,274	46,453	0	46,453	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	816	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	26,879	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	90	30.00
31.00	OCCUPATIONAL THERAPY	0	3	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	5,621	33.00
34.00	SPIRITUAL COUNSELING	0	1,291	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	5,429	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	11	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	6,313	46.00
100.00	TOTAL *	0	46,453	100.00

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

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

Provider CCN: 16-0057

Period:

Worksheet 0-5

Hospice CCN: 16-1567

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 1:33 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	103,777	103,777	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	32,214	32,214	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	58,615	58,615	3.00
4.00	ADMINISTRATIVE & GENERAL	738,962	551,471	1,290,433	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	37,220	37,220	5.00
6.00	LAUNDRY & LINEN SERVICE	0	5,768	5,768	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	1,287	1,287	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	12,853	12,853	10.00
11.00	MEDICAL RECORDS	0	33,724	33,724	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	11,004	0	11,004	13.00
14.00	PHARMACY	0	73,666	73,666	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	9,822	9,822	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,482,649	0	1,482,649	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	23,533	0	23,533	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	46,453	0	46,453	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	2,302,601	920,417	3,223,018	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 1:33 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	103,777	103,777					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	32,214		32,214				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	58,615	0	0	58,615			3.00
4.00	ADMINISTRATIVE & GENERAL	1,290,433	0	0	0	1,290,433		4.00
5.00	PLANT OPERATION & MAINTENANCE	37,220	0	0	0	37,220		5.00
6.00	LAUNDRY & LINEN SERVICE	5,768	0	0	0	5,768		6.00
7.00	HOUSEKEEPING	0	0	0	0	0		7.00
8.00	DIETARY	1,287	0	0	0	1,287		8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	12,853	0	0	0	12,853		10.00
11.00	MEDICAL RECORDS	33,724	0	0	0	33,724		11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	11,004	0	0	0	11,004		13.00
14.00	PHARMACY	73,666	0	0	0	73,666		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0			9,822	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	1,482,649			55,973	1,538,622		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	23,533	0	0	888	24,421		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	46,453	103,777	32,214	1,754	184,198		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	0					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	3,223,018	103,777	32,214	58,615	3,223,018		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 1:33 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	1,290,433						4.00
5.00	PLANT OPERATION & MAINTENANCE	24,853	62,073					5.00
6.00	LAUNDRY & LINEN SERVICE	3,851	0		9,619			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	859	0			0	2,146	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	8,582	0			0		10.00
11.00	MEDICAL RECORDS	22,518	0			0		11.00
12.00	STAFF TRANSPORTATION	0	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	7,348	0			0		13.00
14.00	PHARMACY	49,189	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	6,558	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,027,376						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	16,306	0		3,234	0	722	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	122,993	62,073		6,385	0	1,424	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	1,290,433	62,073		9,619	0	2,146	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 1:33 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	21,435				10.00
11.00	MEDICAL RECORDS	0		56,242			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	18,352	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	20,469	53,707	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	325	852	0	6,171	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	641	1,683	0	12,181	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	21,435	56,242	0	18,352	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 1:33 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	122,855					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				16,380		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0		2,640,174	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	5,507	57,538	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	122,855	0	0	10,873	525,306	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	122,855	0	0	16,380	3,223,018	100.00

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

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	8,190					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		32,955				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,075,508			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-1,290,433	1,932,585	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	37,220	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	5,768	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	1,287	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	12,853	10.00
11.00	MEDICAL RECORDS	0	0	0	0	33,724	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	11,004	13.00
14.00	PHARMACY	0	0	0	0	73,666	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	9,822	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,027,027	0	1,538,622	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	16,301	0	24,421	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,190	32,955	32,180	0	184,198	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	103,777	32,214	58,615		1,290,433	100.00
101.00	UNIT COST MULTIPLIER	12.671184	0.977515	0.054500		0.667724	101.00

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

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Descriptions		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	8,190					5.00
6.00	LAUNDRY & LINEN SERVICE	0	690				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	690		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	232	0	232	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,190	458	0	458	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	62,073	9,619	0	2,146	0	100.00
101.00	UNIT COST MULTIPLIER	7.579121	13.940580	0.000000	3.110145	0.000000	101.00

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

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00		11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	15,307		15,307				10.00
11.00	MEDICAL RECORDS							11.00
12.00	STAFF TRANSPORTATION				0			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	690		13.00
14.00	PHARMACY				0	0	100	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	14,617		14,617	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	232		232	0	232	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	458		458	0	458	100	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM				0	0	0	60.00
61.00	VOLUNTEER PROGRAM				0	0	0	61.00
62.00	FUNDRAISING				0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM				0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES				0	0	0	65.00
66.00	RESIDENTIAL CARE				0	0	0	66.00
67.00	ADVERTISING				0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING				0	0	0	68.00
69.00	THRIFT STORE				0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)				0	0	0	71.00
99.00	NEGATIVE COST CENTER							99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	21,435		56,242	0	18,352	122,855	100.00
101.00	UNIT COST MULTIPLIER	1.400340		3.674267	0.000000	26.597101	1,228.550000	101.00

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

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 1:33 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			690		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	232		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	458		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	16,380		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	23.739130		101.00

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

Provider CCN: 16-0057

Period:

Worksheet 0-7

Hospice CCN: 16-1567

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

Date/Time Prepared:
11/25/2019 1:33 pm

			Hospice I		
Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)		
			HCHC	HRHC	HIRC
	0	1.00	2.00	3.00	4.00
ANCILLARY SERVICE COST CENTERS					
1.00 PHYSICAL THERAPY	66.00	0.361148	0	0	0
2.00 OCCUPATIONAL THERAPY	67.00	0.310460	0	0	0
3.00 SPEECH PATHOLOGY	68.00	0.282890	0	0	0
4.00 DRUGS CHARGED TO PATIENTS	73.00	0.341133	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED	96.00				
6.00 LABORATORY	60.00	0.205380	0	0	0
7.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	2.439875	0	0	0
8.00 OTHER OUTPATIENT SERVICE COST CENTER	93.00				
9.00 RADIOLOGY-THERAPEUTIC	55.00	0.216113	0	0	0
10.00 AUDIOLOGY	76.00	0.000000	0	0	0
10.01 EKG AND EEG	76.01	0.261329	0	0	0
10.02 O/P REHAB SERVICES	76.02	0.720136	0	0	0
10.03 SPORTS FITNESS	76.03	2.874570	0	0	0
10.04 LIFE CENTER	76.04	0.461205	0	0	0
10.06 ONCOLOGY	76.06	2.406328	0	0	0
10.07 OP REHAB SERVICES	76.07	0.000000	0	0	0
11.00 Totals (sum of lines 1-11)					11.00
Cost Center Descriptions	Charges by LOC (from Provider Records)		Shared Service Costs by LOC		
	HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)
	5.00	6.00	7.00	8.00	9.00
ANCILLARY SERVICE COST CENTERS					
1.00 PHYSICAL THERAPY	0	0	0	0	0
2.00 OCCUPATIONAL THERAPY	0	0	0	0	0
3.00 SPEECH PATHOLOGY	0	0	0	0	0
4.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED					
6.00 LABORATORY	0	0	0	0	0
7.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
8.00 OTHER OUTPATIENT SERVICE COST CENTER					
9.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
10.00 AUDIOLOGY	0	0	0	0	0
10.01 EKG AND EEG	0	0	0	0	0
10.02 O/P REHAB SERVICES	0	0	0	0	0
10.03 SPORTS FITNESS	0	0	0	0	0
10.04 LIFE CENTER	0	0	0	0	0
10.06 ONCOLOGY	0	0	0	0	0
10.07 OP REHAB SERVICES	0	0	0	0	0
11.00 Totals (sum of lines 1-11)		0	0	0	0

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 16-0057

Period:

Worksheet 0-8

Hospice CCN: 16-1567

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 1:33 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			2,640,174	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			14,617	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			180.62	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	13,679	0		9.00
10.00	Program cost (line 8 times line 9)	2,470,701	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			57,538	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			232	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			248.01	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	199	0		14.00
15.00	Program cost (line 13 times line 14)	49,354	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			525,306	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			458	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,146.96	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	364	0		19.00
20.00	Program cost (line 18 times line 19)	417,493	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,223,018	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			15,307	22.00
23.00	Average cost per diem (line 21 divided by line 22)			210.56	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0057	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/25/2019 1:33 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,952,741	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		63,610	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)		62.97	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,016,351	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