

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: 16-0069	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/25/2019 2:39 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically filed cost report Date: 11/25/2019 Time: 2:39 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 MERCYONE DUBUQUE MEDICAL CENTER (16-0069) 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) KIM DUWE
Officer or Administrator of Provider(s)

VP FINANCE EASTERN IA REGION
Title
11/25/2019 02:39:43 PM
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	149,146	88,483	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-12,044	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	201	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	137,303	88,483	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: 16-0069	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 2:39 pm
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1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 250 MERCY DRIVE		PO Box:							1.00
2.00	City: DUBUQUE		State: IA		Zip Code: 52001		County: DUBUQUE			2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
							1.00	2.00	3.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MERCYONE DUBUQUE MEDICAL CENTER	160069	20220	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	MERCYONE DUBUQUE MEDICAL CENTER	16T069	20220	5	07/01/1984	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	MERCYONE DUBUQUE MEDICAL CENTER	165116	20220		11/29/1983	N	P	O	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF	MERCYONE HOMECARE DUBUQUE	167145	20220		07/01/1987	N	P	N	10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2018		06/30/2019		20.00
21.00	Type of Control (see instructions)					1				21.00
				1.00		2.00		3.00		

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	718	375	158	168	3,773	58	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	51	21	0	0	30		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.							
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0069		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 2:39 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	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

Worksheet S-2
Part I
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MCRIF32 - 15.9.167.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0069	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 2:39 pm
			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00
		V	XIX	
		1.00	2.00	
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical	Occupational	Speech
		1.00	2.00	3.00
				Respiratory
				4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00

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		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	6,834	103,887	68,752	118.01
		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		HB1432	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0069		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 2:39 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: TRINITY HEALTH		Contractor's Name: WPS GHA		Contractor's Number: 08001		141.00		
142.00	Street: 20555 VICTOR PARKWAY		PO Box:				142.00		
143.00	City: LIVONIA		State: MI		Zip Code: 48152		143.00		
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		
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		
161.10	CORF				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	165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus
				0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					10/01/2017	09/30/2018		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			0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0069	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 2:39 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/01/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/25/2019 2:39 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.	NORMA		SZAJNER	41.00
42.00	Enter the employer/company name of the cost report preparer.	TRINITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(734) 343-0263		SZAJNERN@TRINITY-HEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR IOWA 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: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 2:39 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	142	51,830	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)		142	51,830	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		150	54,750	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	9	3,285		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	20	7,300		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		179				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)		7	2,555			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: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 2:39 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)	16,221	559	27,929			1.00
2.00	HMO and other (see instructions)	1,434	3,773				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	10	30				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)	16,221	559	27,929			7.00
8.00	INTENSIVE CARE UNIT	1,123	191	1,761			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		667	2,194			13.00
14.00	Total (see instructions)	17,344	1,417	31,884	0.00	875.28	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	1,172	72	1,678	0.00	5.33	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	3,587	25	4,145	0.00	28.09	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	7,614	1,160	11,392	0.00	37.12	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			36			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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	945.82	27.00
28.00	Observation Bed Days		212	1,072			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			477			30.00
31.00	Employee discount days - IRF			8			31.00
32.00	Labor & delivery days (see instructions)	0	60	238			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			29			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: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 2:39 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	4,003	117	7,765	1.00
2.00 HMO and other (see instructions)			292	1,133		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				2		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	4,003	117	7,765	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	80	3	109	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	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 2:39 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	51,313,466	-128,642	51,184,824	2,030,415.00	25.21 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		79,813	0	79,813	1,852.00	43.10 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	1,407,545	16,840	1,424,385	59,086.00	24.11 9.00
10.00	Excluded area salaries (see instructions)		5,702,742	20,383	5,723,125	238,077.00	24.04 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,316,297	0	3,316,297	97,135.00	34.14 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		913,209	0	913,209	5,718.00	159.71 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		6,245,847	0	6,245,847	132,832.00	47.02 14.01
14.02	Related organization salaries		152,466	0	152,466	1,076.00	141.70 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,008,532	0	20,008,532		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,358,070	0	3,358,070		
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		30,142	0	30,142		
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)		2,004,720	0	2,004,720		
25.51	Related organization wage-related (core)		16,948	0	16,948		
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	1,730,130	-128,642	1,601,488	98,872.00	16.20 26.00
27.00	Administrative & General	5.00	2,687,441	-22,076	2,665,365	118,300.00	22.53 27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 2:39 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.)	1,501,114	0	1,501,114	14,535.00	103.28	28.00
29.00	Maintenance & Repairs	130,943	0	130,943	5,059.00	25.88	29.00
30.00	Operation of Plant	1,029,300	14,537	1,043,837	39,276.00	26.58	30.00
31.00	Laundry & Linen Service	460,200	0	460,200	31,815.00	14.46	31.00
32.00	Housekeeping	1,085,765	2,811	1,088,576	75,020.00	14.51	32.00
33.00	Housekeeping under contract (see instructions)	23,100	0	23,100	2,080.00	11.11	33.00
34.00	Dietary	1,672,829	4,136	1,676,965	103,928.00	16.14	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,436,456	-218,707	2,217,749	67,752.00	32.73	38.00
39.00	Central Services and Supply	401,893	0	401,893	23,779.00	16.90	39.00
40.00	Pharmacy	2,263,969	0	2,263,969	55,878.00	40.52	40.00
41.00	Medical Records & Medical Records Library	1,314,723	-3,267	1,311,456	48,780.00	26.89	41.00
42.00	Social Service	0	210,847	210,847	8,942.00	23.58	42.00
43.00	Other General Service	279,899	0	279,899	16,934.00	16.53	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/25/2019 2:39 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	52,757,867	-128,642	52,629,225	2,045,178.00	25.73	1.00
2.00	Excluded area salaries (see instructions)	7,110,287	37,223	7,147,510	297,163.00	24.05	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,647,580	-165,865	45,481,715	1,748,015.00	26.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,627,819	0	10,627,819	236,761.00	44.89	4.00
5.00	Subtotal wage-related costs (see inst.)	22,030,200	0	22,030,200	0.00	48.44	5.00
6.00	Total (sum of lines 3 thru 5)	78,305,599	-165,865	78,139,734	1,984,776.00	39.37	6.00
7.00	Total overhead cost (see instructions)	17,017,762	-140,361	16,877,401	710,950.00	23.74	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
11/25/2019 2:39 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,576,852	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	3,257,165	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	68	6.00
7.00	Employee Managed Care Program Administration Fees	330,877	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	9,655,058	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,669,227	9.00
10.00	Dental, Hearing and Vision Plan	456,197	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	53,412	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)	401,208	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	650,707	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	3,628,836	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	8,340	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	570,852	22.00
23.00	Tuition Reimbursement	137,945	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	23,396,744	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: 16-0069

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/25/2019 2:39 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	3,310,334	23,396,744	1.00
2.00	Hospital	3,310,334	21,691,632	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	156,526	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	651,091	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	897,495	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 16-0069 Component CCN: 16-7145		Period: From 07/01/2018 To 06/30/2019		Worksheet S-4 Date/Time Prepared: 11/25/2019 2:39 pm	
				Home Health Agency I		PPS	
				1.00			
0.00 County				DUBUQUE		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	498	376	359	1,233	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	553.00	28.00	206.00	782.00	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			9.47	0.00	9.47	5.00
6.00	Direct Nursing Service			8.85	0.00	8.85	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.61	0.00	2.61	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.78	0.00	0.78	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.06	0.00	1.06	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	DME/RT			14.35	0.00	14.35	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.			4			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	20220					20.00
20.01		99914					20.01
20.02		99916					20.02
20.03		99952					20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,910	83	56	97	4,146	21.00
22.00	Skilled Nursing Visit Charges	547,901	11,703	7,896	13,677	581,177	22.00
23.00	Physical Therapy Visits	1,951	6	7	39	2,003	23.00
24.00	Physical Therapy Visit Charges	330,990	1,020	1,190	6,630	339,830	24.00
25.00	Occupational Therapy Visits	718	9	2	15	744	25.00
26.00	Occupational Therapy Visit Charges	122,060	1,530	340	2,550	126,480	26.00
27.00	Speech Pathology Visits	0	0	0	0	0	27.00
28.00	Speech Pathology Visit Charges	0	0	0	0	0	28.00
29.00	Medical Social Service Visits	3	0	0	0	3	29.00
30.00	Medical Social Service Visit Charges	624	0	0	0	624	30.00
31.00	Home Health Aide Visits	682	13	0	23	718	31.00
32.00	Home Health Aide Visit Charges	48,422	923	0	1,633	50,978	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,264	111	65	174	7,614	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)	1,049,997	15,176	9,426	24,490	1,099,089	35.00
36.00	Total Number of Episodes (standard/non outlier)	553		22	14	589	36.00
37.00	Total Number of Outlier Episodes		4		0	4	37.00
38.00	Total Non-Routine Medical Supply Charges	30,107	951	2,032	142	33,232	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 16-0069

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

Worksheet S-7

Date/Time Prepared:
11/25/2019 2:39 pm

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	24	0	24 14.00
15.00		RVC	487	0	487 15.00
16.00		RVB	358	0	358 16.00
17.00		RVA	283	0	283 17.00
18.00		RHC	692	0	692 18.00
19.00		RHB	530	0	530 19.00
20.00		RHA	571	0	571 20.00
21.00		RMC	19	0	19 21.00
22.00		RMB	7	0	7 22.00
23.00		RMA	64	0	64 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	5	0	5 29.00
30.00		HE1	55	0	55 30.00
31.00		HD2	26	0	26 31.00
32.00		HD1	33	0	33 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	4	0	4 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	306	0	306 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	8	0	8 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	1	0	1 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	110	0	110 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: 16-0069

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

Worksheet S-7

Date/Time Prepared:
11/25/2019 2:39 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	4	0	4	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		3,587	0	3,587	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).			20220	20220	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		1,731,917	55.68	Y	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 (OTHER)		81,451	2.62	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		3,110,747			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 16-0069	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/25/2019 2:39 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)		0.271204	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		9,000,888	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		36,089,718	6.00
7.00	Medicaid cost (line 1 times line 6)		9,787,676	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)		786,788	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		40,339	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		155,768	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		786,788	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	4,109,414	332,620	4,442,034
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,114,490	332,620	1,447,110
22.00	Payments received from patients for amounts previously written off as charity care	187,861	23,069	210,930
23.00	Cost of charity care (line 21 minus line 22)	926,629	309,551	1,236,180
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		2,609,431	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		237,665	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		365,637	27.01
28.00	Non-Medicare bad debt expense (see instructions)		2,243,794	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		736,498	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,972,678	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,759,466	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0069

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

Worksheet A

Date/Time Prepared:
11/25/2019 2:39 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		4,588,232	4,588,232	-2,069,092	2,519,140	1.00
1.01	00101	CAP REL COSTS-47 BLDG		0	0	1,290,157	1,290,157	1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA		0	0	313,163	313,163	1.02
1.03	00103	CAP REL COSTS-ASBURY		0	0	12,936	12,936	1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG		0	0	4,566	4,566	1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER		0	0	224,496	224,496	1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES		0	0	2,662	2,662	1.06
1.07	00107	CAP REL COSTS-PARKING DECK		0	0	21,456	21,456	1.07
1.08	00108	CAP REL COSTS-97 BLDG		0	0	865,718	865,718	1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC		0	0	3,016	3,016	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC		0	0	10,715	10,715	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY		0	0	58,094	58,094	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME		0	0	32,105	32,105	1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,083,698	6,083,698	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	664,927	1,621,023	2,285,950	7,742,214	10,028,164	4.00
4.01	00401	CHILD CARE	1,065,203	446,005	1,511,208	-282,416	1,228,792	4.01
5.01	01160	COMMUNICATIONS	292,392	380,958	673,350	-58,651	614,699	5.01
5.02	00560	PURCHASING	268,731	369,741	638,472	-45,855	592,617	5.02
5.03	00580	PFS/COLLECTION	666,600	2,796,499	3,463,099	-139,488	3,323,611	5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,459,718	15,487,661	16,947,379	-1,977,395	14,969,984	5.06
6.00	00600	MAINTENANCE & REPAIRS	130,943	161,666	292,609	-34,682	257,927	6.00
7.00	00700	OPERATION OF PLANT	1,029,300	4,723,058	5,752,358	-2,082,000	3,670,358	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	460,200	439,560	899,760	-158,048	741,712	8.00
9.00	00900	HOUSEKEEPING	1,085,765	698,836	1,784,601	-277,516	1,507,085	9.00
10.00	01000	DIETARY	1,672,829	1,478,955	3,151,784	-382,871	2,768,913	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,436,456	792,349	3,228,805	-658,575	2,570,230	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	401,893	343,637	745,530	-158,761	586,769	14.00
15.00	01500	PHARMACY	2,263,969	7,077,244	9,341,213	-2,513,014	6,828,199	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,314,723	665,327	1,980,050	-197,207	1,782,843	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	244,341	244,341	17.00
18.00	01850	CENTRAL STERILIZATION	279,899	355,525	635,424	-185,984	449,440	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	578,831	578,831	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,157,574	5,546,532	17,704,106	-3,621,842	14,082,264	30.00
31.00	03100	INTENSIVE CARE UNIT	1,528,329	583,470	2,111,799	-400,737	1,711,062	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	342,430	510,409	852,839	-531	852,308	41.00
43.00	04300	NURSERY	514,359	178,906	693,265	336,931	1,030,196	43.00
44.00	04400	SKILLED NURSING FACILITY	1,407,545	405,823	1,813,368	-237,918	1,575,450	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,988,401	14,083,768	17,072,169	-12,554,201	4,517,968	50.00
51.00	05100	RECOVERY ROOM	1,785,723	624,476	2,410,199	-412,526	1,997,673	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	841,449	841,449	52.00
53.00	05300	ANESTHESIOLOGY	99,587	926,216	1,025,803	-862,605	163,198	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,493,529	1,808,766	3,302,295	-514,249	2,788,046	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	500,724	481,872	982,596	-350,312	632,284	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	256,524	85,578	342,102	-567	341,535	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	9,076,419	9,076,419	-5,336	9,071,083	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	417,559	417,559	-1,250	416,309	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	982,047	423,750	1,405,797	-210,417	1,195,380	65.00
66.00	06600	PHYSICAL THERAPY	2,545,428	675,094	3,220,522	-374,822	2,845,700	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0069

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

Worksheet A

Date/Time Prepared:
11/25/2019 2:39 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	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	898,701	3,571,986	4,470,687	-3,233,419	1,237,268	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	243,207	102,710	345,917	-57,267	288,650	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,143,329	7,143,329	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,787,969	8,787,969	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,596,544	2,596,544	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	283,367	270,663	554,030	-179,707	374,323	76.00
76.01	03951	SHOCK THERAPY	44,896	26,040	70,936	-21,544	49,392	76.01
76.97	07697	CARDIAC REHABILITATION	336,041	87,486	423,527	-120,328	303,199	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	2,051,194	1,740,287	3,791,481	-588,662	3,202,819	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	315,373	315,373	-4,050	311,323	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,963,441	2,099,846	4,063,287	-301,058	3,762,229	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	1,137,441	1,137,441	-1,137,441	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,916,595	87,606,746	135,523,341	782,046	136,305,387	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	1,402,997	593,905	1,996,902	-212,698	1,784,204	190.01
190.02	19002	SHARED SERVICES	240,913	65,080	305,993	-29,172	276,821	190.02
190.03	19003	MATERNAL HEALTH	117,716	154,828	272,544	-73,095	199,449	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	242,115	220,527	462,642	-29,316	433,326	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	731,584	182,602	914,186	-141,219	772,967	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	6,180	6,180	13,956	20,136	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	187,081	86,330	273,411	-20,509	252,902	194.05
194.06	07956	RURAL OUTREACH PROGRAM	1,130	120,711	121,841	-828	121,013	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	20,219	50,047	70,266	-3,683	66,583	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	41,620	41,620	194.09
194.10	07960	CCH ELKADER	0	1,606	1,606	8,604	10,210	194.10
194.11	07961	RETAIL PHARMACY	43,808	28,848,530	28,892,338	-67,739	28,824,599	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	291,902	964,652	1,256,554	-282,450	974,104	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	117,406	24,322	141,728	14,483	156,211	194.14
200.00		TOTAL (SUM OF LINES 118 through 199)	51,313,466	118,926,066	170,239,532	0	170,239,532	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0069

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

Worksheet A

Date/Time Prepared:
11/25/2019 2:39 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	-201,078	2,318,062	1.00
1.01	00101	CAP REL COSTS-47 BLDG	-338,292	951,865	1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA	-106,568	206,595	1.02
1.03	00103	CAP REL COSTS-ASBURY	-11,238	1,698	1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG	-3,967	599	1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER	-21,513	202,983	1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES	-2,313	349	1.06
1.07	00107	CAP REL COSTS-PARKING DECK	-2,220	19,236	1.07
1.08	00108	CAP REL COSTS-97 BLDG	-162,097	703,621	1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	-2,620	396	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	-6,168	4,547	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	-33,031	25,063	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	-27,891	4,214	1.12
2.00	00200	CAP REL COSTS-MYBLE EQUIP	0	6,083,698	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,183,048	12,211,212	4.00
4.01	00401	CHILD CARE	-1,228,792	0	4.01
5.01	01160	COMMUNICATIONS	0	614,699	5.01
5.02	00560	PURCHASING	-8,893	583,724	5.02
5.03	00580	PFS/COLLECTION	-88,714	3,234,897	5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-3,016,841	11,953,143	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	257,927	6.00
7.00	00700	OPERATION OF PLANT	-116,591	3,553,767	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-11,897	729,815	8.00
9.00	00900	HOUSEKEEPING	-511	1,506,574	9.00
10.00	01000	DIETARY	-1,167,787	1,601,126	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-48,607	2,521,623	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-3,215	583,554	14.00
15.00	01500	PHARMACY	-556,520	6,271,679	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-46,344	1,736,499	16.00
17.00	01700	SOCIAL SERVICE	0	244,341	17.00
18.00	01850	CENTRAL STERILIZATION	0	449,440	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-578,831	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,281,983	11,800,281	30.00
31.00	03100	INTENSIVE CARE UNIT	-172	1,710,890	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-410,104	442,204	41.00
43.00	04300	NURSERY	0	1,030,196	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,575,450	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-19,007	4,498,961	50.00
51.00	05100	RECOVERY ROOM	-1,443	1,996,230	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	841,449	52.00
53.00	05300	ANESTHESIOLOGY	0	163,198	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,148	2,784,898	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	632,284	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	341,535	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-2,212,670	6,858,413	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-580	415,729	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-4,503	1,190,877	65.00
66.00	06600	PHYSICAL THERAPY	-15	2,845,685	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	1,237,268	69.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet A
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	288,650	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,143,329	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,787,969	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,596,544	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	-84,199	290,124	76.00
76.01	03951	SHOCK THERAPY	0	49,392	76.01
76.97	07697	CARDIAC REHABILITATION	-19,067	284,132	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-816,316	2,386,503	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	311,323	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,786	3,764,015	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-11,460,912	124,844,475	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	1,784,204	190.01
190.02	19002	SHARED SERVICES	0	276,821	190.02
190.03	19003	MATERNAL HEALTH	0	199,449	190.03
190.04	19004	CAFETERIA VISITORS	0	0	190.04
190.05	19005	TV SERVICE	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	433,326	190.06
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	DAYCARE	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	193.06
194.00	07950	GUEST MEALS	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	772,967	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	20,136	194.03
194.04	07954	AUXILARY	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	252,902	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	121,013	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	194.07
194.08	07958	LIFELINE	0	66,583	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	41,620	194.09
194.10	07960	CCH ELKADER	0	10,210	194.10
194.11	07961	RETAIL PHARMACY	0	28,824,599	194.11
194.12	07962	IDLE SPACE	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	974,104	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	156,211	194.14
200.00		TOTAL (SUM OF LINES 118 through 199)	-11,460,912	158,778,620	200.00

RECLASSIFICATIONS

Provider CCN: 16-0069

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

Worksheet A-6

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - Equipment Depreciation					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,083,698		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
	TOTALS		0	6,083,698		
	B - Medical Supplies Reclass					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,989,016		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

RECLASSIFICATIONS

Provider CCN: 16-0069

Period:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
TOTALS			0	6,989,016		
C - Drugs Charged to Patients Reclass						
1.00	CENTRAL SERVICES & SUPPLY	14.00		360		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00		2,590,901		2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00
21.00						21.00
22.00						22.00
23.00						23.00
24.00						24.00
25.00						25.00
26.00						26.00
27.00						27.00
28.00						28.00
29.00						29.00
30.00						30.00
31.00						31.00
			0	2,591,261		
D - Direct Assigned Emp Bene						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,786,395		1.00
2.00	RETAIL PHARMACY	194.11	0	896		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

RECLASSIFICATIONS

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
TOTALS			0	7,787,291		
E - Implantable Supplies						
1.00	CENTRAL SERVICES & SUPPLY	14.00		393		1.00
2.00	SKILLED NURSING FACILITY	44.00		129		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		8,787,969		3.00
4.00						4.00
			0	8,788,491		
F - DEPRECIATION EXP TO INDIVIDUAL BLDGS						
1.00	CAP REL COSTS-47 BLDG	1.01	0	900,757		1.00
2.00	CAP REL COSTS-PROF ARTS PLAZA	1.02	0	190,496		2.00
3.00	CAP REL COSTS-ENERGY CENTER	1.05	0	199,733		3.00
4.00	CAP REL COSTS-PARKING DECK	1.07	0	18,901		4.00
5.00	CAP REL COSTS-97 BLDG	1.08	0	679,133		5.00
6.00	CAP REL COSTS-CASCADE CLINIC	1.10	0	3,615		6.00
TOTALS			0	1,992,635		
G - Retail Pharmacy Depreciation						
1.00	CAP REL COSTS-RETAIL PHARMACY	1.11	0	20,073		1.00
TOTALS			0	20,073		
H - CRNA Fees						
1.00	NONPHYSICIAN ANESTHETISTS	19.00		578,831		1.00
			0	578,831		
I - PAP Property Tax						
1.00	RENTAL PROPERTIES DBQ	194.03		13,956		1.00
			0	13,956		
K - Birth Center Costs						
1.00	NURSERY	43.00	400,905			1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	767,274			2.00
			1,168,179	0		
L - Birth Center Costs						
1.00	NURSERY	43.00		38,757		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00		74,175		2.00
			0	112,932		
N - General Insurance						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	385,418		1.00
TOTALS			0	385,418		
O - Interest Expense						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	419,523		1.00
2.00	CAP REL COSTS-47 BLDG	1.01	0	338,292		2.00
3.00	CAP REL COSTS-PROF ARTS PLAZA	1.02	0	106,568		3.00
4.00	CAP REL COSTS-ASBURY	1.03	0	11,238		4.00
5.00	CAP REL COSTS-MED ARTS BLDG	1.04	0	3,967		5.00
6.00	CAP REL COSTS-ENERGY CENTER	1.05	0	21,513		6.00

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
7.00	CAP REL COSTS-RENTAL PROPERTIES	1.06	0	2,313		7.00
8.00	CAP REL COSTS-PARKING DECK	1.07	0	2,220		8.00
9.00	CAP REL COSTS-97 BLDG	1.08	0	162,097		9.00
10.00	CAP REL COSTS-BELLEVUE CLINIC	1.09	0	2,620		10.00
11.00	CAP REL COSTS-CASCADE CLINIC	1.10	0	6,168		11.00
12.00	CAP REL COSTS-RETAIL PHARMACY	1.11	0	33,031		12.00
13.00	CAP REL COSTS-OAKCREST NURSING HOME	1.12	0	27,891		13.00
	TOTALS		0	1,137,441		
P - Land Improvement Depr Exp						
1.00	CAP REL COSTS-47 BLDG	1.01	0	51,108		1.00
2.00	CAP REL COSTS-PROF ARTS PLAZA	1.02	0	16,099		2.00
3.00	CAP REL COSTS-ASBURY	1.03	0	1,698		3.00
4.00	CAP REL COSTS-MED ARTS BLDG	1.04	0	599		4.00
5.00	CAP REL COSTS-ENERGY CENTER	1.05	0	3,250		5.00
6.00	CAP REL COSTS-RENTAL PROPERTIES	1.06	0	349		6.00
7.00	CAP REL COSTS-PARKING DECK	1.07	0	335		7.00
8.00	CAP REL COSTS-97 BLDG	1.08	0	24,488		8.00
9.00	CAP REL COSTS-BELLEVUE CLINIC	1.09	0	396		9.00
10.00	CAP REL COSTS-CASCADE CLINIC	1.10	0	932		10.00
11.00	CAP REL COSTS-RETAIL PHARMACY	1.11	0	4,990		11.00
12.00	CAP REL COSTS-OAKCREST NURSING HOME	1.12	0	4,214		12.00
	TOTALS		0	108,458		
Q - Cardiac Rehab						
1.00	ADULTS & PEDIATRICS	30.00	76,046	0		1.00
			76,046	0		
R - Cardiac Rehab						
1.00	ADULTS & PEDIATRICS	30.00	0	12,636		1.00
	TOTALS		0	12,636		
S - Social Services						
1.00	SOCIAL SERVICE	17.00	210,847	0		1.00
			210,847	0		
T - Social Service						
1.00	SOCIAL SERVICE	17.00	0	33,494		1.00
			0	33,494		
U - Medical Director						
1.00	SUBPROVIDER - IRF	41.00	0	56,874		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	34,508		2.00
3.00	RESPIRATORY THERAPY	65.00	0	12,420		3.00
4.00	BEHAVIORAL HEALTH COUNSELING	76.00	0	17,850		4.00
5.00	EMERGENCY	91.00	0	29,700		5.00
6.00	OAKCREST NURSING HOME	190.01	0	3,413		6.00
	TOTALS		0	154,765		
W - EMPLOYEE HLTH & WELL SALARY TO OTH						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	128,642		1.00
			0	128,642		
X - THCE Other Exp Reclass						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,483		1.00
2.00	COMMUNICATIONS	5.01	0	472		2.00
3.00	PURCHASING	5.02	0	367		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	25,953		4.00
5.00	HOUSEKEEPING	9.00	0	341		5.00
6.00	DIETARY	10.00	0	262		6.00
7.00	NURSING ADMINISTRATION	13.00	0	2,333		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,480		8.00
9.00	CENTRAL STERILIZATION	18.00	0	75,668		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	407,725		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	41,608		11.00
12.00	SUBPROVIDER - IRF	41.00	0	3,724		12.00
13.00	NURSERY	43.00	0	33,722		13.00
14.00	SKILLED NURSING FACILITY	44.00	0	36,021		14.00
15.00	OPERATING ROOM	50.00	0	279,488		15.00
16.00	RECOVERY ROOM	51.00	0	64,677		16.00
17.00	ANESTHESIOLOGY	53.00	0	49,788		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	250,522		18.00

RECLASSIFICATIONS

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
19.00	CT SCAN	57.00	0	52,200	19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	36,089	20.00
21.00	RESPIRATORY THERAPY	65.00	0	41,857	21.00
22.00	PHYSICAL THERAPY	66.00	0	19,872	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	147,523	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,639	24.00
25.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	154,313	25.00
26.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,643	26.00
27.00	BEHAVIORAL HEALTH COUNSELING	76.00	0	4,178	27.00
28.00	CARDIAC REHABILITATION	76.97	0	22,224	28.00
29.00	EMERGENCY	91.00	0	70,679	29.00
30.00	PURCHASED DIALYSIS SERVICES	98.00	0	262	30.00
31.00	HOME HEALTH AGENCY	101.00	0	14,390	31.00
32.00	OAKCREST NURSING HOME	190.01	0	48,329	32.00
33.00	SHARED SERVICES	190.02	0	4,800	33.00
34.00	MATERNAL HEALTH	190.03	0	1,504	34.00
35.00	COMMUNITY EDUCATION	194.05	0	1,916	35.00
	TOTALS		0	1,923,052	
Z - Visual Monitoring Salary					
1.00	INTENSIVE CARE UNIT	31.00	1,412		1.00
2.00	SKILLED NURSING FACILITY	44.00	16,840		2.00
			18,252	0	
AA - Dyersville Budget & Finance					
1.00	OPERATION OF PLANT	7.00	14,537	0	1.00
2.00	HOUSEKEEPING	9.00	2,811	0	2.00
3.00	DIETARY	10.00	4,136	0	3.00
4.00	MERCYONE DYERSVILLE MEDICAL CENTER	194.09	35,432	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
	TOTALS		56,916	0	
AC - MercyOne Allocation Salary					
1.00	CCH ELKADER	194.10	131	0	1.00
2.00	GUTTENBERG MUNICIPAL HOSPITAL	194.14	165	0	2.00
	TOTALS		296	0	
AD - MercyOne Allocation Other					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	190,341	1.00
2.00	MERCYONE DYERSVILLE MEDICAL CENTER	194.09	0	6,188	2.00
3.00	CCH ELKADER	194.10	0	10,020	3.00
4.00	GUTTENBERG MUNICIPAL HOSPITAL	194.14	0	20,502	4.00
	TOTALS		0	227,051	
500.00	Grand Total: Increases		1,530,536	39,069,141	500.00

RECLASSIFICATIONS

Provider CCN: 16-0069

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 2:39 pm

		Decreases					11/20/2010 2:00 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - Equipment Depreciation						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,104	9		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,799	0		2.00
3.00	CHILD CARE	4.01	0	9,708	0		3.00
4.00	COMMUNICATIONS	5.01	0	4,740	0		4.00
5.00	PURCHASING	5.02	0	1,288	0		5.00
6.00	PFS/COLLECTION	5.03	0	9,824	0		6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,174,784	0		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	13,827	0		8.00
9.00	OPERATION OF PLANT	7.00	0	8,942	0		9.00
10.00	LAUNDRY & LINEN SERVICE	8.00	0	47,840	0		10.00
11.00	HOUSEKEEPING	9.00	0	11,174	0		11.00
12.00	DIETARY	10.00	0	27,566	0		12.00
13.00	NURSING ADMINISTRATION	13.00	0	71,142	0		13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	68,175	0		14.00
15.00	PHARMACY	15.00	0	247,242	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,280	0		16.00
17.00	CENTRAL STERILIZATION	18.00	0	93,291	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	351,542	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	58,088	0		19.00
20.00	SUBPROVIDER - IRF	41.00	0	8,978	0		20.00
21.00	NURSERY	43.00	0	38,422	0		21.00
22.00	SKILLED NURSING FACILITY	44.00	0	19,577	0		22.00
23.00	OPERATING ROOM	50.00	0	1,205,655	0		23.00
24.00	RECOVERY ROOM	51.00	0	13,630	0		24.00
25.00	ANESTHESIOLOGY	53.00	0	148,546	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	417,492	0		26.00
27.00	CT SCAN	57.00	0	335,734	0		27.00
28.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,082	0		28.00
29.00	LABORATORY	60.00	0	2,192	0		29.00
30.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,197	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	30,516	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	12,136	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	403,140	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	18,896	0		34.00
35.00	BEHAVIORAL HEALTH COUNSELING	76.00	0	2,330	0		35.00
36.00	SHOCK THERAPY	76.01	0	1,213	0		36.00
37.00	CARDIAC REHABILITATION	76.97	0	7,071	0		37.00
38.00	EMERGENCY	91.00	0	105,550	0		38.00
39.00	HOME HEALTH AGENCY	101.00	0	15,187	0		39.00
40.00	OAKCREST NURSING HOME	190.01	0	8,745	0		40.00
41.00	SHARED SERVICES	190.02	0	170	0		41.00
42.00	MATERNAL HEALTH	190.03	0	10,635	0		42.00
43.00	FUND DEVELOPMENT	190.06	0	1,318	0		43.00
44.00	RURAL OUTREACH PROGRAM	194.06	0	490	0		44.00
45.00	RETAIL PHARMACY	194.11	0	48,562	0		45.00
46.00	COMMUNITY RELATIONS	194.13	0	878	0		46.00
	TOTALS		0	6,083,698			
B - Medical Supplies Reclass							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,873	0		1.00
2.00	CHILD CARE	4.01	0	6,701	0		2.00
3.00	COMMUNICATIONS	5.01	0	78	0		3.00
4.00	PURCHASING	5.02	0	27	0		4.00
5.00	PFS/COLLECTION	5.03	0	79	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,991	0		6.00
7.00	OPERATION OF PLANT	7.00	0	261	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	2,377	0		8.00
9.00	HOUSEKEEPING	9.00	0	18,441	0		9.00
10.00	DIETARY	10.00	0	1,193	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	663	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,298	0		12.00
13.00	PHARMACY	15.00	0	60,833	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	162	0		14.00
15.00	CENTRAL STERILIZATION	18.00	0	110,431	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	523,640	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	138,935	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	6,867	0		18.00
19.00	NURSERY	43.00	0	26,859	0		19.00
20.00	SKILLED NURSING FACILITY	44.00	0	42,690	0		20.00
21.00	OPERATING ROOM	50.00	0	4,106,409	0		21.00

RECLASSIFICATIONS

Provider CCN: 16-0069

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 2:39 pm

		Decreases					11/25/2019 2:39 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
22.00	RECOVERY ROOM	51.00	0	135,422	0		22.00	
23.00	ANESTHESIOLOGY	53.00	0	147,645	0		23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	151,372	0		24.00	
25.00	CT SCAN	57.00	0	26	0		25.00	
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	310	0		26.00	
27.00	LABORATORY	60.00	0	3,116	0		27.00	
28.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	53	0		28.00	
29.00	RESPIRATORY THERAPY	65.00	0	94,209	0		29.00	
30.00	PHYSICAL THERAPY	66.00	0	36,991	0		30.00	
31.00	ELECTROCARDIOLOGY	69.00	0	1,057,054	0		31.00	
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,319	0		32.00	
33.00	BEHAVIORAL HEALTH COUNSELING	76.00	0	347	0		33.00	
34.00	SHOCK THERAPY	76.01	0	13,206	0		34.00	
35.00	CARDIAC REHABILITATION	76.97	0	3,056	0		35.00	
36.00	EMERGENCY	91.00	0	231,211	0		36.00	
37.00	PURCHASED DIALYSIS SERVICES	98.00	0	2,099	0		37.00	
38.00	OAKCREST NURSING HOME	190.01	0	37,125	0		38.00	
39.00	SHARED SERVICES	190.02	0	713	0		39.00	
40.00	MATERNAL HEALTH	190.03	0	1,190	0		40.00	
41.00	KENNEDY LIVING CENTER	194.01	0	22	0		41.00	
42.00	COMMUNITY EDUCATION	194.05	0	16	0		42.00	
43.00	CCH ELKADER	194.10	0	1,418	0		43.00	
44.00	COMMUNITY RELATIONS	194.13	0	288	0		44.00	
TOTALS			0	6,989,016				
C - Drugs Charged to Patients Reclass								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		32,992			1.00	
2.00	PFS/COLLECTION	5.03		3			2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06		210			3.00	
4.00	OPERATION OF PLANT	7.00		5			4.00	
5.00	PHARMACY	15.00		1,955,916			5.00	
6.00	MEDICAL RECORDS & LIBRARY	16.00		9			6.00	
7.00	ADULTS & PEDIATRICS	30.00		112,292			7.00	
8.00	INTENSIVE CARE UNIT	31.00		26,800			8.00	
9.00	NURSERY	43.00		1,510			9.00	
10.00	SKILLED NURSING FACILITY	44.00		5,886			10.00	
11.00	OPERATING ROOM	50.00		62,188			11.00	
12.00	RECOVERY ROOM	51.00		65,845			12.00	
13.00	ANESTHESIOLOGY	53.00		20,439			13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00		18,863			14.00	
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		43			15.00	
16.00	LABORATORY	60.00		28			16.00	
17.00	RESPIRATORY THERAPY	65.00		1,744			17.00	
18.00	PHYSICAL THERAPY	66.00		393			18.00	
19.00	ELECTROCARDIOLOGY	69.00		19,161			19.00	
20.00	ELECTROENCEPHALOGRAPHY	70.00		1,334			20.00	
21.00	BEHAVIORAL HEALTH COUNSELING	76.00		150,568			21.00	
22.00	SHOCK THERAPY	76.01		151			22.00	
23.00	CARDIAC REHABILITATION	76.97		2			23.00	
24.00	EMERGENCY	91.00		61,707			24.00	
25.00	PURCHASED DIALYSIS SERVICES	98.00		2,213			25.00	
26.00	OAKCREST NURSING HOME	190.01		3,721			26.00	
27.00	MATERNAL HEALTH	190.03		46,789			27.00	
28.00	KENNEDY LIVING CENTER	194.01		91			28.00	
29.00	RURAL OUTREACH PROGRAM	194.06		225			29.00	
30.00	CCH ELKADER	194.10		129			30.00	
31.00	COMMUNITY RELATIONS	194.13		4			31.00	
			0	2,591,261				
D - Direct Assigned Emp Bene								
1.00	CHILD CARE	4.01	0	266,007	0		1.00	
2.00	COMMUNICATIONS	5.01	0	54,305	0		2.00	
3.00	PURCHASING	5.02	0	44,907	0		3.00	
4.00	PFS/COLLECTION	5.03	0	129,582	0		4.00	
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	223,281	0		5.00	
6.00	MAINTENANCE & REPAIRS	6.00	0	20,855	0		6.00	
7.00	OPERATION OF PLANT	7.00	0	150,321	0		7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	0	107,831	0		8.00	
9.00	HOUSEKEEPING	9.00	0	251,053	0		9.00	
10.00	DIETARY	10.00	0	358,510	0		10.00	
11.00	NURSING ADMINISTRATION	13.00	0	336,902	0		11.00	

RECLASSIFICATIONS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/25/2019 2:39 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	83,041	0		12.00
13.00	PHARMACY	15.00	0	249,023	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	192,969	0		14.00
15.00	CENTRAL STERILIZATION	18.00	0	57,930	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	1,830,919	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	219,740	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	45,284	0		18.00
19.00	NURSERY	43.00	0	69,662	0		19.00
20.00	SKILLED NURSING FACILITY	44.00	0	222,755	0		20.00
21.00	OPERATING ROOM	50.00	0	453,325	0		21.00
22.00	RECOVERY ROOM	51.00	0	262,306	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	16,697	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	206,907	0		24.00
25.00	CT SCAN	57.00	0	66,752	0		25.00
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	31,221	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	138,225	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	342,444	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	119,637	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	41,357	0		30.00
31.00	BEHAVIORAL HEALTH COUNSELING	76.00	0	48,490	0		31.00
32.00	SHOCK THERAPY	76.01	0	6,974	0		32.00
33.00	CARDIAC REHABILITATION	76.97	0	43,741	0		33.00
34.00	EMERGENCY	91.00	0	289,777	0		34.00
35.00	HOME HEALTH AGENCY	101.00	0	300,261	0		35.00
36.00	OAKCREST NURSING HOME	190.01	0	214,849	0		36.00
37.00	SHARED SERVICES	190.02	0	33,089	0		37.00
38.00	MATERNAL HEALTH	190.03	0	15,985	0		38.00
39.00	FUND DEVELOPMENT	190.06	0	27,998	0		39.00
40.00	KENNEDY LIVING CENTER	194.01	0	141,106	0		40.00
41.00	COMMUNITY EDUCATION	194.05	0	22,409	0		41.00
42.00	RURAL OUTREACH PROGRAM	194.06	0	113	0		42.00
43.00	LIFELINE	194.08	0	3,683	0		43.00
44.00	COMMUNITY RELATIONS	194.13	0	38,884	0		44.00
45.00	GUTTENBERG MUNICIPAL	194.14	0	6,184	0		45.00
	HOSPITAL						
	TOTALS		0	7,787,291			
E - Implantable Supplies							
1.00	INTENSIVE CARE UNIT	31.00		194			1.00
2.00	OPERATING ROOM	50.00		7,006,112			2.00
3.00	ANESTHESIOLOGY	53.00		235			3.00
4.00	ELECTROCARDIOLOGY	69.00		1,781,950			4.00
			0	8,788,491			
F - DEPRECIATION EXP TO INDIVIDUAL BLDGS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,992,635	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
	TOTALS		0	1,992,635			
G - Retail Pharmacy Depreciation							
1.00	RETAIL PHARMACY	194.11	0	20,073	9		1.00
	TOTALS		0	20,073			
H - CRNA Fees							
1.00	ANESTHESIOLOGY	53.00		578,831			1.00
			0	578,831			
I - PAP Property Tax							
1.00	OPERATION OF PLANT	7.00		13,956			1.00
			0	13,956			
K - Birth Center Costs							
1.00	ADULTS & PEDIATRICS	30.00	1,168,179				1.00
2.00			1,168,179	0			2.00
L - Birth Center Costs							
1.00	ADULTS & PEDIATRICS	30.00		112,932			1.00
2.00			0	112,932			2.00
N - General Insurance							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	385,418	9		1.00
	TOTALS		0	385,418			

RECLASSIFICATIONS

Provider CCN: 16-0069

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 2:39 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	0 - Interest Expense						
1.00	INTEREST EXPENSE	113.00	0	1,137,441	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
12.00		0.00	0	0	9		12.00
13.00		0.00	0	0	9		13.00
	TOTALS		0	1,137,441			
	P - Land Improvement Depr Exp						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	108,458	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
12.00		0.00	0	0	9		12.00
	TOTALS		0	108,458			
	Q - Cardiac Rehab						
1.00	CARDIAC REHABILITATION	76.97	76,046				1.00
			76,046	0			
	R - Cardiac Rehab						
1.00	CARDIAC REHABILITATION	76.97	0	12,636	0		1.00
	TOTALS		0	12,636			
	S - Social Services						
1.00	NURSING ADMINISTRATION	13.00	210,847				1.00
			210,847	0			
	T - Social Service						
1.00	NURSING ADMINISTRATION	13.00		33,494			1.00
			0	33,494			
	U - Medical Director						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	154,765	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		0	154,765			
	W - EMPLOYEE HLTH & WELL SALARY TO OTH						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	128,642				1.00
			128,642	0			
	X - THCE Other Exp Reclass						
1.00	OPERATION OF PLANT	7.00	0	1,923,052	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00

RECLASSIFICATIONS

Provider CCN: 16-0069

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 2:39 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
	TOTALS		0	1,923,052			
	Z - Visual Monitoring Salary						
1.00	ADULTS & PEDIATRICS	30.00	18,252				1.00
2.00			18,252	0			2.00
	AA - Dyersville Budget & Finance						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.00	22,076	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	7,860	0	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	3,267	0	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	197	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	4,645	0	0		5.00
6.00	PHYSICAL THERAPY	66.00	2,730	0	0		6.00
7.00	EMERGENCY	91.00	796	0	0		7.00
8.00	COMMUNITY RELATIONS	194.13	15,345	0	0		8.00
	TOTALS		56,916	0			
	AC - MercyOne Allocation Salary						
1.00	ADULTS & PEDIATRICS	30.00	296	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		296	0			
	AD - MercyOne Allocation Other						
1.00	COMMUNITY RELATIONS	194.13	0	227,051	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		0	227,051			
500.00	Grand Total: Decreases		1,659,178	38,940,499			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/25/2019 2:39 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	2,825,189	0	0	0	0	1.00	
2.00	Land Improvements	3,980,372	1,897,593	0	1,897,593	0	2.00	
3.00	Buildings and Fixtures	121,981,299	6,766,589	0	6,766,589	0	3.00	
4.00	Building Improvements	573,066	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	51,275,117	4,000,398	0	4,000,398	1,421,687	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	180,635,043	12,664,580	0	12,664,580	1,421,687	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	180,635,043	12,664,580	0	12,664,580	1,421,687	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	2,825,189	0					1.00
2.00	Land Improvements	5,877,965	3,037,364					2.00
3.00	Buildings and Fixtures	128,747,888	49,918,220					3.00
4.00	Building Improvements	573,066	507,056					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	53,853,828	28,519,607					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	191,877,936	81,982,247					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	191,877,936	81,982,247					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/25/2019 2:39 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	4,046,370	0	28,003	499,511	4,301	1.00
1.01	CAP REL COSTS-47 BLDG	0	0	0	0	0	1.01
1.02	CAP REL COSTS-PROF ARTS PLAZA	0	0	0	0	0	1.02
1.03	CAP REL COSTS-ASBURY	0	0	0	0	0	1.03
1.04	CAP REL COSTS-MED ARTS BLDG	0	0	0	0	0	1.04
1.05	CAP REL COSTS-ENERGY CENTER	0	0	0	0	0	1.05
1.06	CAP REL COSTS-RENTAL PROPERTIES	0	0	0	0	0	1.06
1.07	CAP REL COSTS-PARKING DECK	0	0	0	0	0	1.07
1.08	CAP REL COSTS-97 BLDG	0	0	0	0	0	1.08
1.09	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	0	1.09
1.10	CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0	1.10
1.11	CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0	1.11
1.12	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	0	0	1.12
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,046,370	0	28,003	499,511	4,301	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	10,047	4,588,232				1.00
1.01	CAP REL COSTS-47 BLDG	0	0				1.01
1.02	CAP REL COSTS-PROF ARTS PLAZA	0	0				1.02
1.03	CAP REL COSTS-ASBURY	0	0				1.03
1.04	CAP REL COSTS-MED ARTS BLDG	0	0				1.04
1.05	CAP REL COSTS-ENERGY CENTER	0	0				1.05
1.06	CAP REL COSTS-RENTAL PROPERTIES	0	0				1.06
1.07	CAP REL COSTS-PARKING DECK	0	0				1.07
1.08	CAP REL COSTS-97 BLDG	0	0				1.08
1.09	CAP REL COSTS-BELLEVUE CLINIC	0	0				1.09
1.10	CAP REL COSTS-CASCADE CLINIC	0	0				1.10
1.11	CAP REL COSTS-RETAIL PHARMACY	0	0				1.11
1.12	CAP REL COSTS-OAKCREST NURSING HOME	0	0				1.12
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	10,047	4,588,232				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/25/2019 2:39 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	138,005,080	0	138,005,080	0.719234	0	1.00
1.01	CAP REL COSTS-47 BLDG	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS-PROF ARTS PLAZA	0	0	0	0.000000	0	1.02
1.03	CAP REL COSTS-ASBURY	0	0	0	0.000000	0	1.03
1.04	CAP REL COSTS-MED ARTS BLDG	0	0	0	0.000000	0	1.04
1.05	CAP REL COSTS-ENERGY CENTER	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS-RENTAL PROPERTIES	0	0	0	0.000000	0	1.06
1.07	CAP REL COSTS-PARKING DECK	0	0	0	0.000000	0	1.07
1.08	CAP REL COSTS-97 BLDG	0	0	0	0.000000	0	1.08
1.09	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0.000000	0	1.09
1.10	CAP REL COSTS-CASCADE CLINIC	0	0	0	0.000000	0	1.10
1.11	CAP REL COSTS-RETAIL PHARMACY	0	0	0	0.000000	0	1.11
1.12	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	0.000000	0	1.12
2.00	CAP REL COSTS-MVBLE EQUIP	53,872,855	0	53,872,855	0.280766	0	2.00
3.00	Total (sum of lines 1-2)	191,877,935	0	191,877,935	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,268,270	0	1.00
1.01	CAP REL COSTS-47 BLDG	0	0	0	1,290,157	0	1.01
1.02	CAP REL COSTS-PROF ARTS PLAZA	0	0	0	313,163	0	1.02
1.03	CAP REL COSTS-ASBURY	0	0	0	12,936	0	1.03
1.04	CAP REL COSTS-MED ARTS BLDG	0	0	0	4,566	0	1.04
1.05	CAP REL COSTS-ENERGY CENTER	0	0	0	224,496	0	1.05
1.06	CAP REL COSTS-RENTAL PROPERTIES	0	0	0	2,662	0	1.06
1.07	CAP REL COSTS-PARKING DECK	0	0	0	21,456	0	1.07
1.08	CAP REL COSTS-97 BLDG	0	0	0	865,718	0	1.08
1.09	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	3,016	0	1.09
1.10	CAP REL COSTS-CASCADE CLINIC	0	0	0	10,715	0	1.10
1.11	CAP REL COSTS-RETAIL PHARMACY	0	0	0	58,094	0	1.11
1.12	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	32,105	0	1.12
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,083,698	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,191,052	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	-418,808	454,252	4,301	10,047	2,318,062	1.00
1.01	CAP REL COSTS-47 BLDG	-338,292	0	0	0	951,865	1.01
1.02	CAP REL COSTS-PROF ARTS PLAZA	-106,568	0	0	0	206,595	1.02
1.03	CAP REL COSTS-ASBURY	-11,238	0	0	0	1,698	1.03
1.04	CAP REL COSTS-MED ARTS BLDG	-3,967	0	0	0	599	1.04
1.05	CAP REL COSTS-ENERGY CENTER	-21,513	0	0	0	202,983	1.05
1.06	CAP REL COSTS-RENTAL PROPERTIES	-2,313	0	0	0	349	1.06
1.07	CAP REL COSTS-PARKING DECK	-2,220	0	0	0	19,236	1.07
1.08	CAP REL COSTS-97 BLDG	-162,097	0	0	0	703,621	1.08
1.09	CAP REL COSTS-BELLEVUE CLINIC	-2,620	0	0	0	396	1.09
1.10	CAP REL COSTS-CASCADE CLINIC	-6,168	0	0	0	4,547	1.10
1.11	CAP REL COSTS-RETAIL PHARMACY	-33,031	0	0	0	25,063	1.11
1.12	CAP REL COSTS-OAKCREST NURSING HOME	-27,891	0	0	0	4,214	1.12
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,083,698	2.00
3.00	Total (sum of lines 1-2)	-1,136,726	454,252	4,301	10,047	10,522,926	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0069

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 2:39 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-47 BLDG (chapter 2)			0CAP REL COSTS-47 BLDG	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-PROF ARTS PLAZA (chapter 2)			0CAP REL COSTS-PROF ARTS PLAZA	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-ASBURY (chapter 2)			0CAP REL COSTS-ASBURY	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-MED ARTS BLDG (chapter 2)			0CAP REL COSTS-MED ARTS BLDG	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-ENERGY CENTER (chapter 2)			0CAP REL COSTS-ENERGY CENTER	1.05	0	1.05
1.06	Investment income - CAP REL COSTS-RENTAL PROPERTIES (chapter 2)			0CAP REL COSTS-RENTAL PROPERTIES	1.06	0	1.06
1.07	Investment income - CAP REL COSTS-PARKING DECK (chapter 2)			0CAP REL COSTS-PARKING DECK	1.07	0	1.07
1.08	Investment income - CAP REL COSTS-97 BLDG (chapter 2)			0CAP REL COSTS-97 BLDG	1.08	0	1.08
1.09	Investment income - CAP REL COSTS-BELLEVUE CLINIC (chapter 2)			0CAP REL COSTS-BELLEVUE CLINIC	1.09	0	1.09
1.10	Investment income - CAP REL COSTS-CASCADE CLINIC (chapter 2)			0CAP REL COSTS-CASCADE CLINIC	1.10	0	1.10
1.11	Investment income - CAP REL COSTS-RETAIL PHARMACY (chapter 2)			0CAP REL COSTS-RETAIL PHARMACY	1.11	0	1.11
1.12	Investment income - CAP REL COSTS-OAKCREST NURSING HOME (chapter 2)			0CAP REL COSTS-OAKCREST NURSING HOME	1.12	0	1.12
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			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	-3,868,158			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	-511,556			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,127,910	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	-67,640	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-46,099	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	B	-12,322	DIETARY	10.00	0	20.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0069

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 2:39 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	
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	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-47 BLDG		0	CAP REL COSTS-47 BLDG	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-PROF ARTS PLAZA		0	CAP REL COSTS-PROF ARTS PLAZA	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-ASBURY		0	CAP REL COSTS-ASBURY	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-MED ARTS BLDG		0	CAP REL COSTS-MED ARTS BLDG	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-ENERGY CENTER		0	CAP REL COSTS-ENERGY CENTER	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-RENTAL PROPERTIES		0	CAP REL COSTS-RENTAL PROPERTIES	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-PARKING DECK		0	CAP REL COSTS-PARKING DECK	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-97 BLDG		0	CAP REL COSTS-97 BLDG	1.08	0	26.08
26.09	Depreciation - CAP REL COSTS-BELLEVUE CLINIC		0	CAP REL COSTS-BELLEVUE CLINIC	1.09	0	26.09
26.10	Depreciation - CAP REL COSTS-CASCADE CLINIC		0	CAP REL COSTS-CASCADE CLINIC	1.10	0	26.10
26.11	Depreciation - CAP REL COSTS-RETAIL PHARMACY		0	CAP REL COSTS-RETAIL PHARMACY	1.11	0	26.11
26.12	Depreciation - CAP REL COSTS-OAKCREST NURSING HOME		0	CAP REL COSTS-OAKCREST NURSING HOME	1.12	0	26.12
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	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	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.01	Telephone Revenue	B	-18,450	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.01
33.02	Misc Other Revenue	B	-451,169	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	Misc Other Revenue	B	-1,228,792	CHILD CARE	4.01	0	33.03
33.04	Misc Other Revenue	B	-121,390	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.04
33.05	Misc Other Revenue	B	-23,395	DIETARY	10.00	0	33.05
33.06	Misc Other Revenue	B	-286,408	PHARMACY	15.00	0	33.06
33.07	Misc Other Revenue	B	-614,392	ADULTS & PEDIATRICS	30.00	0	33.07
33.08	Misc Other Revenue	B	-17,636	OPERATING ROOM	50.00	0	33.08
33.09	Misc Other Revenue	B	-1,037	RADIOLOGY-DIAGNOSTIC	54.00	0	33.09
33.10	Misc Other Revenue	B	-40,151	BEHAVIORAL HEALTH COUNSELING	76.00	0	33.10
33.11	Misc Other Revenue	B	-19,067	CARDIAC REHABILITATION	76.97	0	33.11
33.12	Misc Other Revenue	B	3,800	HOME HEALTH AGENCY	101.00	0	33.12

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0069

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 2:39 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	
33.13	Printing Revenue	B	-27,547	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.13
33.14	IC Other Revenue	B	-1,673	DIETARY	10.00	0	33.14
33.15	IC Other Revenue	B	-3,215	CENTRAL SERVICES & SUPPLY	14.00	0	33.15
33.16	IC Other Revenue	B	-26,971	PHARMACY	15.00	0	33.16
33.17	IC Other Revenue - Dyersville	B	-3,090	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.17
33.18	IC Other Revenue - Dyersville	B	-11,897	LAUNDRY & LINEN SERVICE	8.00	0	33.18
33.19	IC Other Revenue - Dyersville	B	-175,109	PHARMACY	15.00	0	33.19
33.20	IC Other Revenue - Dyersville	B	-1,371	OPERATING ROOM	50.00	0	33.20
33.21	Rental Space Revenue	B	-30,344	ADULTS & PEDIATRICS	30.00	0	33.21
33.22	Health Education Service	B	-6,508	NURSING ADMINISTRATION	13.00	0	33.22
33.23	Health Education Service	B	-3,515	ADULTS & PEDIATRICS	30.00	0	33.23
33.24	Physcial Therapy Other Op Rev	B	-15	PHYSICAL THERAPY	66.00	0	33.24
33.25	Non Operating Revenue	B	-42,116	NURSING ADMINISTRATION	13.00	0	33.25
34.00	CRNA Expense Offset	A	-578,831	NONPHYSICIAN ANESTHETISTS	19.00	0	34.00
34.01	Non Allowable Advertising	A	-2,014	HOME HEALTH AGENCY	101.00	0	34.01
34.02	Athletic Trainer - Med Assoc	A	-15,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.02
34.03	Purchased Services Other	A	-747	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.03
34.04	Purchased Services Other	A	-22	RADIOLOGY-DIAGNOSTIC	54.00	0	34.04
34.05	Nurse Practitioner	A	-12,672	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.05
34.06	Nurse Practitioner	A	-180	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.06
34.07	Nurse Practitioner	A	-86,600	ADULTS & PEDIATRICS	30.00	0	34.07
34.08	Nurse Practitioner	A	-1,443	RECOVERY ROOM	51.00	0	34.08
34.09	Donations_Miscellaneous	A	-18,836	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.09
34.10	Tuition Assist - PT Employess	A	-10,336	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.10
34.11	WS A-8 - Loss on Sale of Assets	A	-10,047	CAP REL COSTS-BLDG & FIXT	1.00	9	34.11
34.12	Medicaid Provider Tax Adjustment (QAAP)	A	-708,816	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.12
34.13	Patient TV Expense	A	-43,765	OPERATION OF PLANT	7.00	0	34.13
34.14	Dues - Lobbying Allocation	A	-21,731	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.14
34.15	WS A-8 - Interest Exp to Extent of Interest Income	A	-446,811	CAP REL COSTS-BLDG & FIXT	1.00	11	34.15
34.16	WS A-8 - Interest Exp to Extent of Interest Income	A	-338,292	CAP REL COSTS-47 BLDG	1.01	11	34.16
34.17	WS A-8 - Interest Exp to Extent of Interest Income	A	-106,568	CAP REL COSTS-PROF ARTS PLAZA	1.02	11	34.17
34.18	WS A-8 - Interest Exp to Extent of Interest Income	A	-11,238	CAP REL COSTS-ASBURY	1.03	11	34.18
34.19	WS A-8 - Interest Exp to Extent of Interest Income	A	-3,967	CAP REL COSTS-MED ARTS BLDG	1.04	11	34.19
34.20	WS A-8 - Interest Exp to Extent of Interest Income	A	-21,513	CAP REL COSTS-ENERGY CENTER	1.05	11	34.20
34.21	WS A-8 - Interest Exp to Extent of Interest Income	A	-2,313	CAP REL COSTS-RENTAL PROPERTIES	1.06	11	34.21
34.22	WS A-8 - Interest Exp to Extent of Interest Income	A	-2,220	CAP REL COSTS-PARKING DECK	1.07	11	34.22
34.23	WS A-8 - Interest Exp to Extent of Interest Income	A	-162,097	CAP REL COSTS-97 BLDG	1.08	11	34.23
34.24	WS A-8 - Interest Exp to Extent of Interest Income	A	-2,620	CAP REL COSTS-BELLEVUE CLINIC	1.09	11	34.24
34.25	WS A-8 - Interest Exp to Extent of Interest Income	A	-6,168	CAP REL COSTS-CASCADE CLINIC	1.10	11	34.25
34.26	WS A-8 - Interest Exp to Extent of Interest Income	A	-33,031	CAP REL COSTS-RETAIL PHARMACY	1.11	11	34.26
34.27	WS A-8 - Interest Exp to Extent of Interest Income	A	-27,891	CAP REL COSTS-OAKCREST NURSING HOME	1.12	11	34.27
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,460,912				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0069

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 2:39 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	

(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: 16-0069

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

Worksheet A-8-1

Date/Time Prepared:

11/25/2019 2:39 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		1.00	CAP REL COSTS-BLDG & FIXT	TRINITY PROPERTY INSURANCE	99,674	144,933	1.00
2.00		5.06	OTHER ADMINISTRATIVE AND GEN	TRINITY INTERGRATED RISK/MAL	262,498	385,418	2.00
3.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	TRINITY STOP LOSS	0	-43,166	3.00
3.01		4.00	EMPLOYEE BENEFITS DEPARTMENT	TRINITY WORKERS COMPENSATION	650,707	486,820	3.01
3.02		4.00	EMPLOYEE BENEFITS DEPARTMENT	TRINITY PENSION EXPENSE	1,281,417	-1,182,030	3.02
3.03		4.00	EMPLOYEE BENEFITS DEPARTMENT	TRINITY CENTRAL ADMIN FEE	-127,571	-132,128	3.03
3.04		5.02	PURCHASING	TRINITY CENTRAL ADMIN FEE	248,901	257,794	3.04
3.05		5.03	PFS/COLLECTION	TRINITY CENTRAL ADMIN FEE	2,483,043	2,571,757	3.05
3.06		5.06	OTHER ADMINISTRATIVE AND GEN	TRINITY CENTRAL ADMIN FEE	2,650,225	2,744,912	3.06
3.07		7.00	OPERATION OF PLANT	TRINITY CENTRAL ADMIN FEE	2,038,349	2,111,175	3.07
3.08		9.00	HOUSEKEEPING	TRINITY CENTRAL ADMIN FEE	14,322	14,833	3.08
3.09		10.00	DIETARY	TRINITY CENTRAL ADMIN FEE	69,614	72,101	3.09
3.10		13.00	NURSING ADMINISTRATION	TRINITY CENTRAL ADMIN FEE	-483	-500	3.10
3.11		1.00	CAP REL COSTS-BLDG & FIXT	TRINITY CAPITAL	212,382	0	3.11
3.12		1.00	CAP REL COSTS-BLDG & FIXT	TRINITY INTERCOMPANY INTERES	431,644	431,644	3.12
3.13		1.01	CAP REL COSTS-47 BLDG	TRINITY INTERCOMPANY INTERES	326,808	326,808	3.13
3.14		1.02	CAP REL COSTS-PROF ARTS PLAZ	TRINITY INTERCOMPANY INTERES	101,984	101,984	3.14
3.15		1.03	CAP REL COSTS-ASBURY	TRINITY INTERCOMPANY INTERES	10,857	10,857	3.15
3.16		1.04	CAP REL COSTS-MED ARTS BLDG	TRINITY INTERCOMPANY INTERES	3,832	3,832	3.16
3.17		1.05	CAP REL COSTS-ENERGY CENTER	TRINITY INTERCOMPANY INTERES	20,783	20,783	3.17
3.18		1.06	CAP REL COSTS-RENTAL PROPERT	TRINITY INTERCOMPANY INTERES	2,235	2,235	3.18
3.19		1.07	CAP REL COSTS-PARKING DECK	TRINITY INTERCOMPANY INTERES	2,145	2,145	3.19
3.20		1.08	CAP REL COSTS-97 BLDG	TRINITY INTERCOMPANY INTERES	156,595	156,595	3.20
3.21		1.09	CAP REL COSTS-BELLEVUE CLINI	TRINITY INTERCOMPANY INTERES	2,531	2,531	3.21
3.22		1.10	CAP REL COSTS-CASCADE CLINIC	TRINITY INTERCOMPANY INTERES	5,958	5,958	3.22
3.23		1.11	CAP REL COSTS-RETAIL PHARMAC	TRINITY INTERCOMPANY INTERES	31,910	31,910	3.23
3.24		1.12	CAP REL COSTS-OAKCREST NURSI	TRINITY INTERCOMPANY INTERES	26,945	26,945	3.24
3.25		5.01	COMMUNICATIONS	TRINITY TIS COMMUNICATIONS	305,031	305,031	3.25
3.26		5.06	OTHER ADMINISTRATIVE AND GEN	TRINITY TIS IC AMORTIZATION	1,964,386	1,964,386	3.26
3.27		5.06	OTHER ADMINISTRATIVE AND GEN	TRINITY TIS OPERATING EXPENS	6,183,338	6,761,652	3.27
3.28		1.00	CAP REL COSTS-BLDG & FIXT	TRINITY TIS CAPITAL	88,657	0	3.28
3.29		5.06	OTHER ADMINISTRATIVE AND GEN	MERCYONE (MHN) ALLOCATION	1,175,281	1,431,060	3.29
3.30		5.06	OTHER ADMINISTRATIVE AND GEN	MERCYONE (MHN) BRANDING	190,340	190,340	3.30
3.31		194.13	COMMUNITY RELATIONS	MERCYONE (MHN) BRANDING	18,667	18,667	3.31
3.32		194.13	COMMUNITY RELATIONS	MERCYONE (MHN) BRANDING	277,100	277,100	3.32
3.33		194.09	MERCYONE DYERSVILLE MEDICAL	DYERSVILLE OAKCREST EXPENSE	371,251	371,251	3.33
3.34		4.00	EMPLOYEE BENEFITS DEPARTMENT	UCL LABORATORY	11,937	15,794	3.34
3.35		31.00	INTENSIVE CARE UNIT	UCL LABORATORY	530	702	3.35
3.36		60.00	LABORATORY	UCL LABORATORY	6,847,240	9,059,910	3.36
3.37		63.00	BLOOD STORING, PROCESSING &	UCL LABORATORY	1,796	2,376	3.37
3.38		194.05	COMMUNITY EDUCATION	UCL LABORATORY	35,037	35,037	3.38
3.39		16.00	MEDICAL RECORDS & LIBRARY	MT CARMEL IC PROGRAMS	23,649	23,649	3.39
3.40		101.00	HOME HEALTH AGENCY	HOME HEALTH IC ALLOCATION	31,373	31,373	3.40
4.00		0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				28,532,918	29,044,474	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B	0.00	TRINITY HEALTH	100.00	6.00
7.00	B	0.00	TRINITY TIS	100.00	7.00
8.00	G	0.00	MERCYONE (MHN)	0.00	8.00

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

Provider CCN: 16-0069

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 2:39 pm

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
				Name	Percentage of Ownership
	1.00	2.00	3.00	4.00	5.00
9.00	C		0.00	DYERSVILLE	100.00
9.01	C		0.00	UNITED CLIN LAB	50.00
9.02	G		0.00	MT CARMEL HLTH	0.00
9.03	G		0.00	TRINITY HLTH AT	0.00
10.00	G		0.00	ELKADER	0.00
10.01	G		0.00	GUTTENBER	0.00
100.00	G. Other (financial or non-financial) specify:	NON-FINANCIAL			

(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: 16-0069

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 2:39 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	-45,259	12		1.00
2.00	-122,920	0		2.00
3.00	43,166	0		3.00
3.01	163,887	0		3.01
3.02	2,463,447	0		3.02
3.03	4,557	0		3.03
3.04	-8,893	0		3.04
3.05	-88,714	0		3.05
3.06	-94,687	0		3.06
3.07	-72,826	0		3.07
3.08	-511	0		3.08
3.09	-2,487	0		3.09
3.10	17	0		3.10
3.11	212,382	9		3.11
3.12	0	11		3.12
3.13	0	11		3.13
3.14	0	11		3.14
3.15	0	11		3.15
3.16	0	11		3.16
3.17	0	11		3.17
3.18	0	11		3.18
3.19	0	11		3.19
3.20	0	11		3.20
3.21	0	11		3.21
3.22	0	11		3.22
3.23	0	11		3.23
3.24	0	11		3.24
3.25	0	0		3.25
3.26	0	0		3.26
3.27	-578,314	0		3.27
3.28	88,657	9		3.28
3.29	-255,779	0		3.29
3.30	0	0		3.30
3.31	0	0		3.31
3.32	0	0		3.32
3.33	0	0		3.33
3.34	-3,857	0		3.34
3.35	-172	0		3.35
3.36	-2,212,670	0		3.36
3.37	-580	0		3.37
3.38	0	0		3.38
3.39	0	0		3.39
3.40	0	0		3.40
4.00	0	0		4.00
5.00	-511,556			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	HOME OFFICE		6.00
7.00	HOME OFFICE IT		7.00
8.00	OTHER		8.00
9.00	CAH HOSPITAL		9.00
9.01	LAB SERVICE		9.01
9.02	HOSPITAL		9.02

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

Provider CCN: 16-0069

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 2:39 pm

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
9.03	HOME HEALTH SVS		9.03
10.00	CAH HOSPITAL		10.00
10.01	CAH HOSPITAL		10.01
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: 16-0069

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

Worksheet A-8-2

Date/Time Prepared:
11/25/2019 2:39 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	13,975	13,975	0	179,000	0	1.00
2.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	1,148,888	972,318	176,570	179,000	1,389	2.00
3.00	15.00	PHARMACY	908	0	908	179,000	6	3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	675	0	675	179,000	5	4.00
5.00	30.00	ADULTS & PEDIATRICS	1,562,020	1,538,699	23,321	179,000	173	5.00
6.00	41.00	SUBPROVIDER - IRF	463,374	406,499	56,875	179,000	619	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	239,400	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	34,508	0	34,508	271,900	248	8.00
9.00	65.00	RESPIRATORY THERAPY	12,420	0	12,420	179,000	92	9.00
10.00	76.00	BEHAVIORAL HEALTH COUNSELING	55,063	37,213	17,850	179,000	128	10.00
11.00	91.00	EMERGENCY	828,192	798,492	29,700	179,000	138	11.00
200.00			4,120,023	3,767,196	352,827		2,798	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	119,534	5,977	0	0	0	2.00
3.00	15.00	PHARMACY	516	26	0	0	0	3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	430	22	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	14,888	744	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	53,270	2,664	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	32,419	1,621	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	7,917	396	0	0	0	9.00
10.00	76.00	BEHAVIORAL HEALTH COUNSELING	11,015	551	0	0	0	10.00
11.00	91.00	EMERGENCY	11,876	594	0	0	0	11.00
200.00			251,865	12,595	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	13,975		1.00
2.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	119,534	57,036	1,029,354		2.00
3.00	15.00	PHARMACY	0	516	392	392		3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	0	430	245	245		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	14,888	8,433	1,547,132		5.00
6.00	41.00	SUBPROVIDER - IRF	0	53,270	3,605	410,104		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	32,419	2,089	2,089		8.00
9.00	65.00	RESPIRATORY THERAPY	0	7,917	4,503	4,503		9.00
10.00	76.00	BEHAVIORAL HEALTH COUNSELING	0	11,015	6,835	44,048		10.00
11.00	91.00	EMERGENCY	0	11,876	17,824	816,316		11.00
200.00			0	251,865	100,962	3,868,158		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,318,062	2,318,062			1.00
1.01	00101	CAP REL COSTS-47 BLDG	951,865	0	951,865		1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA	206,595	0	0	206,595	1.02
1.03	00103	CAP REL COSTS-ASBURY	1,698	0	0	0	1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG	599	0	0	0	1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER	202,983	0	0	0	1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES	349	0	0	0	1.06
1.07	00107	CAP REL COSTS-PARKING DECK	19,236	0	0	0	1.07
1.08	00108	CAP REL COSTS-97 BLDG	703,621	0	0	0	1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	396	0	0	0	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	4,547	0	0	0	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	25,063	0	0	0	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	4,214	0	0	0	1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,083,698				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,211,212	27,770	5,272	0	4.00
4.01	00401	CHILD CARE	0	0	11,107	51,393	4.01
5.01	01160	COMMUNICATIONS	614,699	6,888	4,179	0	5.01
5.02	00560	PURCHASING	583,724	12,877	0	0	5.02
5.03	00580	PFS/COLLECTION	3,234,897	30,108	0	0	5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	11,953,143	408,019	251,070	22,961	5.06
6.00	00600	MAINTENANCE & REPAIRS	257,927	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,553,767	348,436	110,010	1,089	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	729,815	7,164	61,733	0	8.00
9.00	00900	HOUSEKEEPING	1,506,574	33,391	3,417	1,184	9.00
10.00	01000	DIETARY	1,601,126	124,753	0	0	10.00
11.00	01100	CAFETERIA	0	9,272	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,521,623	0	25,288	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	583,554	115,688	0	0	14.00
15.00	01500	PHARMACY	6,271,679	20,134	6,428	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,736,499	7,556	18,610	6,723	16.00
17.00	01700	SOCIAL SERVICE	244,341	8,017	1,149	0	17.00
18.00	01850	CENTRAL STERILIZATION	449,440	35,418	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,800,281	514,089	161,667	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,710,890	124,488	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	442,204	0	37,545	0	41.00
43.00	04300	NURSERY	1,030,196	0	8,084	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,575,450	0	57,922	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,498,961	202,167	10,376	0	50.00
51.00	05100	RECOVERY ROOM	1,996,230	2,304	1,324	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	841,449	0	34,246	0	52.00
53.00	05300	ANESTHESIOLOGY	163,198	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,784,898	106,773	2,999	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	632,284	15,941	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	341,535	7,395	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	6,858,413	23,601	34,234	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	415,729	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,190,877	0	8,321	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
			0	1.00	1.01	1.02	1.03	
66.00	06600	PHYSICAL THERAPY	2,845,685	0	2,605	17,267	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	1,237,268	1,647	575	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	288,650	0	15,118	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,143,329	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,787,969	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,596,544	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	290,124	0	27,206	0	0	76.00
76.01	03951	SHOCK THERAPY	49,392	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	284,132	0	0	26,645	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	2,386,503	97,421	337	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	311,323	4,757	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,764,015	4,884	19,322	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	124,844,475	2,300,958	920,144	127,262	1,698	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	1,784,204	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	276,821	0	1,930	3,013	0	190.02
190.03	19003	MATERNAL HEALTH	199,449	0	0	5,892	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	433,326	0	3,929	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	772,967	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	20,136	16,770	9,633	70,428	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	252,902	0	5,472	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	121,013	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	66,583	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	41,620	0	0	0	0	194.09
194.10	07960	CCH ELKADER	10,210	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	28,824,599	0	0	0	0	194.11

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
0			1.00	1.01	1.02	1.03		
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	974,104	334	10,757	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	156,211	0	0	0	0	194.14
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)	158,778,620	2,318,062	951,865	206,595	1,698	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS					
			MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG	599					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER	0	202,983				1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES	0	0	349			1.06
1.07	00107	CAP REL COSTS-PARKING DECK	0	0	0	19,236		1.07
1.08	00108	CAP REL COSTS-97 BLDG	0	0	0	0	703,621	1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	0	0	1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00401	CHILD CARE	0	0	0	0	0	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00560	PURCHASING	0	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	0	0	0	6,293	5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	155,091	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT		202,983	0	19,236	93,433	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	2,949	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	7,392	9.00
10.00	01000	DIETARY	0	0	0	0	1,783	10.00
11.00	01100	CAFETERIA	0	0	0	0	53,891	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,359	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	11,796	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	31,196	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	125,630	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	3,942	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,440	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
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS					
			MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	
			1.04	1.05	1.06	1.07	1.08	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	92,478	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	51,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	36,303	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	202,983	0	19,236	678,834	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	349	0	10,996	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	599	0	0	0	13,791	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
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)	599	202,983	349	19,236	703,621	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	MVBLE EQUIP	
			1.09	1.10	1.11	1.12	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	396					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	0	4,547				1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	0	0	25,063			1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	4,214		1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP					6,083,698	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	10,803	4.00
4.01	00401	CHILD CARE	0	0	0	0	9,711	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	4,742	5.01
5.02	00560	PURCHASING	0	0	0	0	1,288	5.02
5.03	00580	PFS/COLLECTION	0	0	0	0	9,827	5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	2,175,535	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	13,832	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	8,945	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	47,857	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	11,178	9.00
10.00	01000	DIETARY	0	0	0	0	27,576	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	71,167	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	68,199	14.00
15.00	01500	PHARMACY	0	0	0	0	247,328	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	8,283	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	93,323	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	299,010	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	58,108	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	8,981	41.00
43.00	04300	NURSERY	0	0	0	0	57,055	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	19,584	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	1,206,072	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	13,635	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	35,635	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	148,597	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	417,636	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	335,850	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	5,084	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	2,193	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,197	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	30,527	65.00
66.00	06600	PHYSICAL THERAPY	396	4,547	0	0	12,140	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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11/25/2019 2:39 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	MVBLE EQUIP	
			1.09	1.10	1.11	1.12	2.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	403,279	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	18,903	70.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	2,331	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	1,213	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	5,473	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	105,587	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	15,192	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	396	4,547	0	0	6,012,876	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	4,214	8,748	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	170	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	10,639	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	1,318	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	490	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	25,063	0	48,579	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	878	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
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)	396	4,547	25,063	4,214	6,083,698	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	PURCHASING	PFS/COLLECTION	
			4.00	4.01	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,255,057					4.00
4.01	00401	CHILD CARE	258,371	330,582				4.01
5.01	01160	COMMUNICATIONS	70,921		701,429			5.01
5.02	00560	PURCHASING	65,182	3,720	2,402	669,193		5.02
5.03	00580	PFS/COLLECTION	161,688	3,284	14,413	352	3,460,862	5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	348,665	4,447	104,093	1,995		5.06
6.00	00600	MAINTENANCE & REPAIRS	31,761			1,207		6.00
7.00	00700	OPERATION OF PLANT	253,189	711	26,023	6,023		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	111,624		2,402	5,698		8.00
9.00	00900	HOUSEKEEPING	264,041		4,404	2,917		9.00
10.00	01000	DIETARY	406,758	11,146	13,612	22,976		10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	537,928	45,804	9,609	514		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	97,482		2,402	423		14.00
15.00	01500	PHARMACY	549,139		10,009	160,179		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	318,102	6,336	36,833	88		16.00
17.00	01700	SOCIAL SERVICE	51,142	10,491	1,601	9		17.00
18.00	01850	CENTRAL STERILIZATION	67,891		1,201	1,670		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)						23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,658,414	70,425	149,735	5,254	433,393	30.00
31.00	03100	INTENSIVE CARE UNIT	371,048	4,214	16,815	1,308	51,713	31.00
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF	83,058		17,616	409	23,907	41.00
43.00	04300	NURSERY	222,003	6,663	8,007	1,185	23,488	43.00
44.00	04400	SKILLED NURSING FACILITY	345,493	4,808		339	24,939	44.00
45.00	04500	NURSING FACILITY						45.00
46.00	04600	OTHER LONG TERM CARE						46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	724,855	19,180	58,452	6,473	564,974	50.00
51.00	05100	RECOVERY ROOM	432,788	5,330	23,221	2,248	98,016	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	186,107		15,214	1,943	19,356	52.00
53.00	05300	ANESTHESIOLOGY	24,155			673	158,506	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	361,138	6,717	18,016	18,300	140,131	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN	121,454	3,095		1,102	261,629	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	62,221	1,114	1,601	790	73,879	58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY			14,413	13	341,817	60.00
60.01	06001	BLOOD LABORATORY						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					7,898	63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY	238,201	5,168	6,005	2,302	85,803	65.00
66.00	06600	PHYSICAL THERAPY	616,747	20,154	10,009	202	105,688	66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY	217,985	15,043	9,208	2,374	251,380	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	PURCHASING	PFS/COLLECTION	
			4.00	4.01	5.01	5.02	5.03	
70.00	07000	ELECTROENCEPHALOGRAPHY	58,991	5,549	2,803	166	19,791	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,713	0	179,730	123,241	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	225,988	113,629	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,895	0	0	290,066	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	68,732	1,676	6,005	4,091	6,059	76.00
76.01	03951	SHOCK THERAPY	10,890	0	0	37	4,390	76.01
76.97	07697	CARDIAC REHABILITATION	63,063	0	2,803	60	8,616	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	497,337	4,764	29,627	2,492	225,156	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	65	3,397	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	476,244	20,996	28,025	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,434,808	311,443	646,579	661,595	3,460,862	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,803	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	340,305	0	0	4,171	0	190.01
190.02	19002	SHARED SERVICES	58,435	0	1,201	26	0	190.02
190.03	19003	MATERNAL HEALTH	28,553	0	2,803	1,301	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	58,726	3,603	2,803	345	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	177,450	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	400	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	45,378	3,955	6,806	51	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	274	0	400	641	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	4,904	0	0	4	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	5	0	194.10
194.11	07961	RETAIL PHARMACY	10,626	1,002	37,634	605	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	67,081	10,579	0	449	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	28,517	0	0	0	0	194.14
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)	12,255,057	330,582	701,429	669,193	3,460,862	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.03	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	15,426,717	15,426,717				5.06
6.00	00600	MAINTENANCE & REPAIRS	304,727	32,793	337,520			6.00
7.00	00700	OPERATION OF PLANT	4,623,845	497,590	62,475	5,183,910		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	969,242	104,304	10,005	188,576	1,272,127	8.00
9.00	00900	HOUSEKEEPING	1,834,498	197,418	4,155	78,309	45,589	9.00
10.00	01000	DIETARY	2,209,730	237,798	10,197	192,187	12,968	10.00
11.00	01100	CAFETERIA	63,163	6,797	5,921	111,593	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,213,292	345,795	3,877	73,075	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	867,748	93,382	9,296	175,214	0	14.00
15.00	01500	PHARMACY	7,264,896	781,805	2,570	48,444	224	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,139,030	230,190	4,810	90,660	0	16.00
17.00	01700	SOCIAL SERVICE	316,750	34,087	814	15,351	0	17.00
18.00	01850	CENTRAL STERILIZATION	648,943	69,835	2,846	53,642	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,104,064	1,733,023	66,396	1,251,408	309,536	30.00
31.00	03100	INTENSIVE CARE UNIT	2,338,584	251,664	10,004	188,541	25,819	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	613,720	66,045	5,563	104,842	11,980	41.00
43.00	04300	NURSERY	1,356,681	145,998	1,198	22,573	2,196	43.00
44.00	04400	SKILLED NURSING FACILITY	2,028,535	218,299	8,582	161,746	32,393	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,322,706	788,026	20,779	391,631	101,758	50.00
51.00	05100	RECOVERY ROOM	2,700,726	290,636	12,448	234,613	43,035	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,133,950	122,029	5,074	95,631	4,203	52.00
53.00	05300	ANESTHESIOLOGY	499,071	53,707	379	7,135	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,860,048	415,395	9,356	176,330	42,909	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	1,371,355	147,577	1,281	24,143	12,767	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	493,619	53,120	594	11,199	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,274,684	782,858	6,969	131,340	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	424,824	45,717	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,567,204	168,653	1,233	23,236	210	65.00
66.00	06600	PHYSICAL THERAPY	3,635,440	391,224	4,098	77,245	13,554	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	2,231,237	240,112	9,099	171,498	18,507	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.03	5.06	6.00	7.00	8.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	409,971	44,119	2,240	42,216	8,524	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,453,013	802,049	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,127,586	982,256	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,910,505	313,211	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	406,224	43,715	4,031	75,971	0	76.00
76.01	03951	SHOCK THERAPY	65,922	7,094	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	390,792	42,055	5,730	108,000	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	3,401,082	366,004	12,859	242,358	105,419	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	319,542	34,387	382	7,205	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	4,364,981	469,733	6,743	127,084	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	123,688,647	11,650,500	312,004	4,702,996	791,591	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,803	302	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	2,141,642	230,471	0	0	73,801	190.01
190.02	19002	SHARED SERVICES	341,596	36,761	934	17,602	0	190.02
190.03	19003	MATERNAL HEALTH	248,637	26,757	1,267	23,882	893	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	504,050	54,243	582	10,973	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	950,417	102,278	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	128,712	13,851	18,977	357,667	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	314,564	33,851	811	15,281	377,446	194.05
194.06	07956	RURAL OUTREACH PROGRAM	122,818	13,217	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	71,491	7,693	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	41,620	4,479	0	0	0	194.09
194.10	07960	CCH ELKADER	10,215	1,099	0	0	28,321	194.10
194.11	07961	RETAIL PHARMACY	28,962,498	3,116,815	1,324	24,963	75	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	1,064,182	114,521	1,621	30,546	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	184,728	19,879	0	0	0	194.14
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)	158,778,620	15,426,717	337,520	5,183,910	1,272,127	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	2,159,969					9.00
10.00	01000	DIETARY	84,425	2,747,305				10.00
11.00	01100	CAFETERIA	49,021	70,771	307,266			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	32,101	0	14,173	0	3,682,313	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	76,969	0	4,965	0	0	14.00
15.00	01500	PHARMACY	21,281	0	11,685	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	39,825	0	10,199	0	0	16.00
17.00	01700	SOCIAL SERVICE	6,744	0	1,880	0	28,648	17.00
18.00	01850	CENTRAL STERILIZATION	23,564	0	3,521	0	53,650	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	549,723	1,906,552	87,887	0	1,339,122	30.00
31.00	03100	INTENSIVE CARE UNIT	82,823	75,079	10,641	0	162,137	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	46,055	108,778	2,315	0	35,267	41.00
43.00	04300	NURSERY	9,916	0	6,460	0	98,435	43.00
44.00	04400	SKILLED NURSING FACILITY	71,053	271,502	12,402	0	188,957	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	172,037	0	23,469	0	357,583	50.00
51.00	05100	RECOVERY ROOM	103,061	8,695	13,764	0	209,713	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,009	0	5,458	0	83,160	52.00
53.00	05300	ANESTHESIOLOGY	3,134	0	925	0	14,092	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	77,459	0	11,043	0	168,253	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	10,606	0	3,661	0	55,774	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,920	0	1,509	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	57,696	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,207	0	7,297	0	0	65.00
66.00	06600	PHYSICAL THERAPY	33,932	0	17,721	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	75,336	0	5,853	0	89,181	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,545	0	1,820	0	0	70.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	33,373	0	2,570	0	39,155	76.00
76.01	03951	SHOCK THERAPY	0	11,841	383	0	5,833	76.01
76.97	07697	CARDIAC REHABILITATION	47,442	0	1,735	0	26,429	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	106,464	52,639	15,398	0	234,616	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	3,165	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	55,826	0	6,898	0	245,507	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,948,712	2,505,857	285,632	0	3,435,512	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	15,424	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	234,311	190.01
190.02	19002	SHARED SERVICES	7,732	0	434	0	0	190.02
190.03	19003	MATERNAL HEALTH	10,491	0	820	0	12,490	190.03
190.04	19004	CAFETERIA VISITORS	0	241,448	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	4,820	0	1,335	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	157,117	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	6,713	0	1,083	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	6	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	213	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	10,966	0	177	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	13,418	0	1,902	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	240	0	0	194.14
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)	2,159,969	2,747,305	307,266	0	3,682,313	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE CENTRAL STERILIZATION	
			14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,227,574					14.00
15.00	01500	PHARMACY	313,562	8,444,467				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	172	0	2,514,886			16.00
17.00	01700	SOCIAL SERVICE	18	0	0	404,292		17.00
18.00	01850	CENTRAL STERILIZATION	3,269	0	0	0	859,270	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,286	0	317,628	339,989	22,548	30.00
31.00	03100	INTENSIVE CARE UNIT	2,560	0	37,032	6,484	489	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	800	0	17,117	4,874	0	41.00
43.00	04300	NURSERY	2,320	0	17,253	36,355	11,427	43.00
44.00	04400	SKILLED NURSING FACILITY	663	0	18,033	15,606	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,671	0	418,291	0	697,218	50.00
51.00	05100	RECOVERY ROOM	4,401	0	71,917	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,803	0	13,793	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,317	0	116,263	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,824	22,155	102,894	0	2,811	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	2,157	129,791	190,439	0	855	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,547	86,592	55,243	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	26	0	246,862	0	244	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	5,717	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,507	0	61,863	0	14,543	65.00
66.00	06600	PHYSICAL THERAPY	395	0	77,285	0	61	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE CENTRAL STERILIZATION	
			14.00	15.00	16.00	17.00	18.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,648	201,310	181,147	0	27,070	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	325	0	14,366	0	11,060	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	351,834	0	87,821	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	442,391	0	80,972	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,991,162	206,701	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	8,009	0	4,416	0	0	76.00
76.01	03951	SHOCK THERAPY	73	0	3,129	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	118	0	6,191	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	4,878	13,457	159,457	0	31,347	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	128	0	2,421	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	24,992	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,212,702	8,444,467	2,514,251	403,308	844,665	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	8,165	0	0	984	0	190.01
190.02	19002	SHARED SERVICES	51	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	2,547	0	635	0	1,467	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	676	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	99	0	0	0	13,138	194.05
194.06	07956	RURAL OUTREACH PROGRAM	1,254	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	8	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	9	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	1,184	0	0	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	879	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	
							CENTRAL STERILIZATION	
201.00		Negative Cost Centers	14.00	15.00	16.00	17.00	18.00	
			0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,227,574	8,444,467	2,514,886	404,292	859,270	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
		19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-47 BLDG					1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA					1.02
1.03	00103	CAP REL COSTS-ASBURY					1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES					1.06
1.07	00107	CAP REL COSTS-PARKING DECK					1.07
1.08	00108	CAP REL COSTS-97 BLDG					1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY					1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME					1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	CHILD CARE					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING					5.02
5.03	00580	PFS/COLLECTION					5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	CENTRAL STERILIZATION					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00	02000	NURSING SCHOOL		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
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

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM			
			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			19.00	20.00	21.00	22.00	23.00			
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00	
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	0	76.00	
76.01	03951	SHOCK THERAPY	0	0	0	0	0	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00	
OTHER REIMBURSABLE COST CENTERS										
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00	
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	0	98.00	
99.00	09900	CMHC	0	0	0	0	0	0	99.00	
99.10	09910	CORF	0	0	0	0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS										
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE							113.00	
114.00	11400	UTILIZATION REVIEW-SNF							114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00	
116.00	11600	HOSPICE		0					116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	0	118.00	
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00	
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	0	190.01	
190.02	19002	SHARED SERVICES	0	0	0	0	0	0	190.02	
190.03	19003	MATERNAL HEALTH	0	0	0	0	0	0	190.03	
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	0	190.04	
190.05	19005	TV SERVICE	0	0	0	0	0	0	190.05	
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	0	190.06	
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00	
193.01	19301	DAYCARE	0	0	0	0	0	0	193.01	
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	0	193.05	
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	0	193.06	
194.00	07950	GUEST MEALS	0	0	0	0	0	0	194.00	
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	0	194.01	
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	0	194.02	
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	0	194.03	
194.04	07954	AUXILARY	0	0	0	0	0	0	194.04	
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	0	194.05	
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	0	194.06	
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	0	194.07	
194.08	07958	LIFELINE	0	0	0	0	0	0	194.08	
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	0	194.09	
194.10	07960	CCH ELKADER	0	0	0	0	0	0	194.10	
194.11	07961	RETAIL PHARMACY	0	0	0	0	0	0	194.11	
194.12	07962	IDLE SPACE	0	0	0	0	0	0	194.12	
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	0	194.13	
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	0	194.14	
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	0	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-47 BLDG				1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA				1.02
1.03	00103	CAP REL COSTS-ASBURY				1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG				1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER				1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES				1.06
1.07	00107	CAP REL COSTS-PARKING DECK				1.07
1.08	00108	CAP REL COSTS-97 BLDG				1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC				1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC				1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY				1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME				1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
4.01	00401	CHILD CARE				4.01
5.01	01160	COMMUNICATIONS				5.01
5.02	00560	PURCHASING				5.02
5.03	00580	PFS/COLLECTION				5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	CENTRAL STERILIZATION				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,038,162	-924,746	23,113,416	30.00
31.00	03100	INTENSIVE CARE UNIT	3,191,857	0	3,191,857	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,017,356	0	1,017,356	41.00
43.00	04300	NURSERY	1,710,812	0	1,710,812	43.00
44.00	04400	SKILLED NURSING FACILITY	3,027,771	0	3,027,771	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,306,169	0	10,306,169	50.00
51.00	05100	RECOVERY ROOM	3,693,009	924,746	4,617,755	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,509,110	0	1,509,110	52.00
53.00	05300	ANESTHESIOLOGY	696,023	0	696,023	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,924,477	0	4,924,477	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	1,950,406	0	1,950,406	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	708,343	0	708,343	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	8,500,679	0	8,500,679	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	476,258	0	476,258	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,858,953	0	1,858,953	65.00
66.00	06600	PHYSICAL THERAPY	4,250,955	0	4,250,955	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,254,998	0	3,254,998	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	553,186	0	553,186	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,694,717	0	8,694,717	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,633,205	0	10,633,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,421,579	0	11,421,579	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	617,464	0	617,464	76.00
76.01	03951	SHOCK THERAPY	94,275	0	94,275	76.01
76.97	07697	CARDIAC REHABILITATION	628,492	0	628,492	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	4,745,978	0	4,745,978	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	367,230	0	367,230	98.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	5,301,764	0	5,301,764	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118,173,228	0	118,173,228	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,529	0	18,529	190.00
190.01	19001	OAKCREST NURSING HOME	2,689,374	0	2,689,374	190.01
190.02	19002	SHARED SERVICES	405,110	0	405,110	190.02
190.03	19003	MATERNAL HEALTH	329,886	0	329,886	190.03
190.04	19004	CAFETERIA VISITORS	241,448	0	241,448	190.04
190.05	19005	TV SERVICE	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	576,679	0	576,679	190.06
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	1,052,695	0	1,052,695	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	676,324	0	676,324	194.03
194.04	07954	AUXILARY	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	762,986	0	762,986	194.05
194.06	07956	RURAL OUTREACH PROGRAM	137,295	0	137,295	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	194.07
194.08	07958	LIFELINE	79,405	0	79,405	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	46,099	0	46,099	194.09
194.10	07960	CCH ELKADER	39,644	0	39,644	194.10
194.11	07961	RETAIL PHARMACY	32,118,002	0	32,118,002	194.11
194.12	07962	IDLE SPACE	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	1,227,069	0	1,227,069	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	204,847	0	204,847	194.14
200.00		Cross Foot Adjustments	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	158,778,620	0	158,778,620		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:39 pm

			CAPITAL RELATED COSTS					
Cost Center Description			Directly Assigned New Capital Related Costs	BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
			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-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	27,770	5,272	0	0	4.00
4.01	00401	CHILD CARE	0	0	11,107	51,393	0	4.01
5.01	01160	COMMUNICATIONS	8,576	6,888	4,179	0	0	5.01
5.02	00560	PURCHASING	0	12,877	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	30,108	0	0	0	5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	26,686	408,019	251,070	22,961	1,698	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	330	348,436	110,010	1,089	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,164	61,733	0	0	8.00
9.00	00900	HOUSEKEEPING	0	33,391	3,417	1,184	0	9.00
10.00	01000	DIETARY	0	124,753	0	0	0	10.00
11.00	01100	CAFETERIA	0	9,272	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	25,288	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	44,445	115,688	0	0	0	14.00
15.00	01500	PHARMACY	0	20,134	6,428	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,556	18,610	6,723	0	16.00
17.00	01700	SOCIAL SERVICE	0	8,017	1,149	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	35,418	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,768	514,089	161,667	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	124,488	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,457	0	37,545	0	0	41.00
43.00	04300	NURSERY	0	0	8,084	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	142	0	57,922	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,235	202,167	10,376	0	0	50.00
51.00	05100	RECOVERY ROOM	0	2,304	1,324	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	34,246	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	106,773	2,999	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	15,941	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,395	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	23,601	34,234	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	8,321	0	0	65.00
66.00	06600	PHYSICAL THERAPY	26,403	0	2,605	17,267	0	66.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS					
			Directly Assigned New Capital Related Costs	BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
				1.00	1.01	1.02	1.03	
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	1,647	575	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,080	0	15,118	0	0	70.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	1,900	0	27,206	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	26,645	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	97,421	337	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	4,757	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	4,884	19,322	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	168,022	2,300,958	920,144	127,262	1,698	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	1,930	3,013	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	5,892	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	3,929	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	16,770	9,633	70,428	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	5,472	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	43,408	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	226,053	0	0	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	1,433	334	10,757	0	0	194.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
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Part II
Date/Time Prepared:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
			0	1.00	1.01	1.02	1.03	
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
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)	438,916	2,318,062	951,865	206,595	1,698	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS					
			MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00401	CHILD CARE	0	0	0	0	0	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00560	PURCHASING	0	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	0	0	0	6,293	5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	155,091	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	202,983	0	19,236	93,433	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	2,949	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	7,392	9.00
10.00	01000	DIETARY	0	0	0	0	1,783	10.00
11.00	01100	CAFETERIA	0	0	0	0	53,891	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,359	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	11,796	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	31,196	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	125,630	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	3,942	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,440	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
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
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		CAPITAL RELATED COSTS					
		Cost Center Description	MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG
			1.04	1.05	1.06	1.07	1.08
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	92,478
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0
76.01	03951	SHOCK THERAPY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	51,858
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	36,303
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00	10600	HEART ACQUISITION	0	0	0	0	0
107.00	10700	LIVER ACQUISITION	0	0	0	0	0
108.00	10800	LUNG ACQUISITION	0	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					0
114.00	11400	UTILIZATION REVIEW-SNF					0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	202,983	0	19,236	678,834
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0
190.02	19002	SHARED SERVICES	0	0	0	0	0
190.03	19003	MATERNAL HEALTH	0	0	0	0	0
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0
190.05	19005	TV SERVICE	0	0	0	0	0
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	DAYCARE	0	0	0	0	0
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0
194.00	07950	GUEST MEALS	0	0	0	0	0
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0
194.03	07953	RENTAL PROPERTIES DBQ	0	0	349	0	10,996
194.04	07954	AUXILARY	0	0	0	0	0
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0
194.08	07958	LIFELINE	0	0	0	0	0
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0
194.10	07960	CCH ELKADER	0	0	0	0	0
194.11	07961	RETAIL PHARMACY	599	0	0	0	13,791
194.12	07962	IDLE SPACE	0	0	0	0	0
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	599	202,983	349	19,236	703,621

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS					
			BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	MVBLE EQUIP	
			1.09	1.10	1.11	1.12	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	10,803	4.00
4.01	00401	CHILD CARE	0	0	0	0	9,711	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	4,742	5.01
5.02	00560	PURCHASING	0	0	0	0	1,288	5.02
5.03	00580	PFS/COLLECTION	0	0	0	0	9,827	5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	2,175,535	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	13,832	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	8,945	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	47,857	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	11,178	9.00
10.00	01000	DIETARY	0	0	0	0	27,576	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	71,167	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	68,199	14.00
15.00	01500	PHARMACY	0	0	0	0	247,328	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	8,283	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	93,323	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	299,010	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	58,108	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	8,981	41.00
43.00	04300	NURSERY	0	0	0	0	57,055	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	19,584	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	1,206,072	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	13,635	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	35,635	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	148,597	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	417,636	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	335,850	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	5,084	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	2,193	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,197	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	30,527	65.00
66.00	06600	PHYSICAL THERAPY	396	4,547	0	0	12,140	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

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS					
			BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	MVBLE EQUIP	
			1.09	1.10	1.11	1.12	2.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	403,279	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	18,903	70.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	2,331	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	1,213	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	5,473	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	105,587	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	15,192	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	396	4,547	0	0	6,012,876	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	4,214	8,748	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	170	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	10,639	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	1,318	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	490	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	25,063	0	48,579	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	878	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	396	4,547	25,063	4,214	6,083,698	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

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Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	PURCHASING	
			2A	4.00	4.01	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		43,845				4.00
4.01	00401	CHILD CARE	72,211	925	73,136			4.01
5.01	01160	COMMUNICATIONS	24,385	254	0	24,639		5.01
5.02	00560	PURCHASING	14,165	233	823	84	15,305	5.02
5.03	00580	PFS/COLLECTION	46,228	579	726	506	8	5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	3,041,060	1,248	984	3,656	46	5.06
6.00	00600	MAINTENANCE & REPAIRS	13,832	114	0	0	28	6.00
7.00	00700	OPERATION OF PLANT	784,462	906	157	914	138	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	119,703	399	0	84	130	8.00
9.00	00900	HOUSEKEEPING	56,562	945	0	155	67	9.00
10.00	01000	DIETARY	154,112	1,456	2,466	478	525	10.00
11.00	01100	CAFETERIA	63,163	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	97,814	1,925	10,133	338	12	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	228,332	349	0	84	10	14.00
15.00	01500	PHARMACY	273,890	1,965	0	352	3,663	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	41,172	1,138	1,402	1,294	2	16.00
17.00	01700	SOCIAL SERVICE	9,166	183	2,321	56	0	17.00
18.00	01850	CENTRAL STERILIZATION	128,741	243	0	42	38	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	988,330	9,503	15,580	5,264	120	30.00
31.00	03100	INTENSIVE CARE UNIT	182,596	1,328	932	591	30	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	47,983	297	0	619	9	41.00
43.00	04300	NURSERY	65,139	794	1,474	281	27	43.00
44.00	04400	SKILLED NURSING FACILITY	77,648	1,236	1,064	0	8	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,505,046	2,594	4,243	2,053	148	50.00
51.00	05100	RECOVERY ROOM	142,893	1,549	1,179	816	51	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	69,881	666	0	534	44	52.00
53.00	05300	ANESTHESIOLOGY	152,539	86	0	0	15	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	530,848	1,292	1,486	633	418	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	351,791	435	685	0	25	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,479	223	247	56	18	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	60,028	0	0	506	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,197	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	38,848	852	1,143	211	53	65.00
66.00	06600	PHYSICAL THERAPY	63,358	2,207	4,459	352	5	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	497,979	780	3,328	323	54	69.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	PURCHASING	
			2A	4.00	4.01	5.01	5.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	35,101	211	1,228	98	4	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,485	0	4,110	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,171	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,287	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	31,437	246	371	211	94	76.00
76.01	03951	SHOCK THERAPY	1,213	39	0	0	1	76.01
76.97	07697	CARDIAC REHABILITATION	32,118	226	0	98	1	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	255,203	1,780	1,054	1,041	57	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	4,757	0	0	0	1	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	75,701	1,704	4,645	984	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,436,956	40,910	68,902	22,714	15,131	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	98	0	190.00
190.01	19001	OAKCREST NURSING HOME	12,962	1,218	0	0	95	190.01
190.02	19002	SHARED SERVICES	5,113	209	0	42	1	190.02
190.03	19003	MATERNAL HEALTH	16,531	102	0	98	30	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	5,247	210	797	98	8	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	635	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	108,176	0	0	14	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	5,472	162	875	239	1	194.05
194.06	07956	RURAL OUTREACH PROGRAM	490	1	0	14	15	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	43,408	18	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	314,085	38	222	1,322	14	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	13,402	240	2,340	0	10	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	102	0	0	0	194.14
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)	10,961,842	43,845	73,136	24,639	15,305	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			PFS/COLLECTION	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.03	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING						5.02
5.03	00580	PFS/COLLECTION	48,047					5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	3,046,994				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	6,477	20,451			6.00
7.00	00700	OPERATION OF PLANT	0	98,280	3,785	888,642		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	20,601	606	32,326	173,849	8.00
9.00	00900	HOUSEKEEPING	0	38,992	252	13,424	6,230	9.00
10.00	01000	DIETARY	0	46,968	618	32,945	1,772	10.00
11.00	01100	CAFETERIA	0	1,343	359	19,130	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	68,299	235	12,527	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,444	563	30,036	0	14.00
15.00	01500	PHARMACY	0	154,415	156	8,304	31	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	45,465	291	15,541	0	16.00
17.00	01700	SOCIAL SERVICE	0	6,733	49	2,632	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	13,793	172	9,196	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,020	342,292	4,025	214,519	42,301	30.00
31.00	03100	INTENSIVE CARE UNIT	718	49,707	606	32,320	3,528	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	332	13,045	337	17,972	1,637	41.00
43.00	04300	NURSERY	326	28,836	73	3,870	300	43.00
44.00	04400	SKILLED NURSING FACILITY	346	43,117	520	27,727	4,427	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,822	155,644	1,259	67,135	13,906	50.00
51.00	05100	RECOVERY ROOM	1,361	57,404	754	40,218	5,881	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	269	24,102	307	16,393	574	52.00
53.00	05300	ANESTHESIOLOGY	2,202	10,608	23	1,223	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,947	82,045	567	30,227	5,864	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	3,634	29,148	78	4,139	1,745	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,026	10,492	36	1,920	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,748	154,623	422	22,515	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	110	9,030	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,192	33,311	75	3,983	29	65.00
66.00	06600	PHYSICAL THERAPY	1,468	77,271	248	13,242	1,852	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	3,492	47,425	551	29,399	2,529	69.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			PFS/COLLECTION	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.03	5.06	6.00	7.00	8.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	275	8,714	136	7,237	1,165	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,712	158,414	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,578	194,007	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,029	61,863	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	84	8,634	244	13,023	0	76.00
76.01	03951	SHOCK THERAPY	61	1,401	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	120	8,306	347	18,514	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	3,128	72,290	779	41,546	14,407	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	47	6,792	23	1,235	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	92,778	409	21,785	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,047	2,301,109	18,905	806,203	108,178	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	60	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	45,521	0	0	10,086	190.01
190.02	19002	SHARED SERVICES	0	7,261	57	3,017	0	190.02
190.03	19003	MATERNAL HEALTH	0	5,285	77	4,094	122	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	10,714	35	1,881	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	20,201	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	2,736	1,150	61,312	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	6,686	49	2,620	51,583	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	2,610	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	1,520	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	885	0	0	0	194.09
194.10	07960	CCH ELKADER	0	217	0	0	3,870	194.10
194.11	07961	RETAIL PHARMACY	0	615,644	80	4,279	10	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	22,619	98	5,236	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	3,926	0	0	0	194.14
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)	48,047	3,046,994	20,451	888,642	173,849	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	116,627					9.00
10.00	01000	DIETARY	4,558	245,898				10.00
11.00	01100	CAFETERIA	2,647	6,334	92,976			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	1,733	0	4,289	733	197,305	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,156	0	1,502	0	0	14.00
15.00	01500	PHARMACY	1,149	0	3,536	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,150	0	3,086	0	0	16.00
17.00	01700	SOCIAL SERVICE	364	0	569	0	1,535	17.00
18.00	01850	CENTRAL STERILIZATION	1,272	0	1,065	0	2,875	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,686	170,647	26,592	0	71,752	30.00
31.00	03100	INTENSIVE CARE UNIT	4,472	6,720	3,220	0	8,688	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,487	9,736	700	0	1,890	41.00
43.00	04300	NURSERY	535	0	1,955	0	5,274	43.00
44.00	04400	SKILLED NURSING FACILITY	3,836	24,301	3,753	0	10,125	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,289	0	7,101	0	19,160	50.00
51.00	05100	RECOVERY ROOM	5,565	778	4,165	0	11,237	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,268	0	1,652	0	4,456	52.00
53.00	05300	ANESTHESIOLOGY	169	0	280	0	755	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,182	0	3,341	0	9,015	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	573	0	1,108	0	2,988	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	266	0	457	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,115	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	551	0	2,208	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,832	0	5,362	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	4,068	0	1,771	0	4,778	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,001	0	551	0	0	70.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	1,802	0	778	0	2,098	76.00
76.01	03951	SHOCK THERAPY	0	1,060	116	0	313	76.01
76.97	07697	CARDIAC REHABILITATION	2,562	0	525	0	1,416	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	5,748	4,711	4,659	0	12,571	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	171	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,014	0	2,087	0	13,155	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	105,221	224,287	86,428	0	184,081	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	4,667	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	12,555	190.01
190.02	19002	SHARED SERVICES	417	0	131	0	0	190.02
190.03	19003	MATERNAL HEALTH	566	0	248	0	669	190.03
190.04	19004	CAFETERIA VISITORS	0	21,611	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	260	0	404	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	8,484	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	362	0	328	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	2	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	65	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	592	0	54	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	725	0	576	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	73	0	0	194.14
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)	116,627	245,898	92,976	0	197,305	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
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To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	CENTRAL STERILIZATION	
			14.00	15.00	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00
1.01	00101	CAP REL COSTS-47 BLDG							1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA							1.02
1.03	00103	CAP REL COSTS-ASBURY							1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG							1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER							1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES							1.06
1.07	00107	CAP REL COSTS-PARKING DECK							1.07
1.08	00108	CAP REL COSTS-97 BLDG							1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC							1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC							1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY							1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME							1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
4.01	00401	CHILD CARE							4.01
5.01	01160	COMMUNICATIONS							5.01
5.02	00560	PURCHASING							5.02
5.03	00580	PFS/COLLECTION							5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00	00600	MAINTENANCE & REPAIRS							6.00
7.00	00700	OPERATION OF PLANT							7.00
8.00	00800	LAUNDRY & LINEN SERVICE							8.00
9.00	00900	HOUSEKEEPING							9.00
10.00	01000	DIETARY							10.00
11.00	01100	CAFETERIA							11.00
12.00	01200	MAINTENANCE OF PERSONNEL							12.00
13.00	01300	NURSING ADMINISTRATION							13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	283,476						14.00
15.00	01500	PHARMACY	72,409	519,870					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	40	0	111,581				16.00
17.00	01700	SOCIAL SERVICE	4	0	0	23,612			17.00
18.00	01850	CENTRAL STERILIZATION	755	0	0	0	158,192		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	2,375	0	14,081	19,857	4,151		30.00
31.00	03100	INTENSIVE CARE UNIT	591	0	1,642	379	90		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	185	0	759	285	0		41.00
43.00	04300	NURSERY	536	0	765	2,123	2,104		43.00
44.00	04400	SKILLED NURSING FACILITY	153	0	799	911	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	2,926	0	18,633	0	128,359		50.00
51.00	05100	RECOVERY ROOM	1,016	0	3,188	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	878	0	612	0	0		52.00
53.00	05300	ANESTHESIOLOGY	304	0	5,154	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,273	1,364	4,562	0	517		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	498	7,990	8,443	0	157		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	357	5,331	2,449	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00	06000	LABORATORY	6	0	10,944	0	45		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	253	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	1,041	0	2,743	0	2,677		65.00
66.00	06600	PHYSICAL THERAPY	91	0	3,426	0	11		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0		67.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
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To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE CENTRAL STERILIZATION	
			14.00	15.00	16.00	17.00	18.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,073	12,393	8,031	0	4,984	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	75	0	637	0	2,036	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	81,247	0	3,893	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	102,159	0	3,590	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	491,964	9,164	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	1,849	0	196	0	0	76.00
76.01	03951	SHOCK THERAPY	17	0	139	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	27	0	274	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,126	828	7,069	0	5,771	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	30	0	107	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	4,601	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	280,041	519,870	111,553	23,555	155,503	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	1,886	0	0	57	0	190.01
190.02	19002	SHARED SERVICES	12	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	588	0	28	0	270	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	156	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	23	0	0	0	2,419	194.05
194.06	07956	RURAL OUTREACH PROGRAM	290	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	2	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	2	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	273	0	0	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	203	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	
							CENTRAL STERILIZATION	
201.00		Negative Cost Centers	14.00	15.00	16.00	17.00	18.00	
			0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	283,476	519,870	111,581	23,612	158,192	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
		19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-47 BLDG					1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA					1.02
1.03	00103	CAP REL COSTS-ASBURY					1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES					1.06
1.07	00107	CAP REL COSTS-PARKING DECK					1.07
1.08	00108	CAP REL COSTS-97 BLDG					1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY					1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME					1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	CHILD CARE					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING					5.02
5.03	00580	PFS/COLLECTION					5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	CENTRAL STERILIZATION					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00	02000	NURSING SCHOOL		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
32.00	03200	CORONARY CARE UNIT					32.00
33.00	03300	BURN INTENSIVE CARE UNIT					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					34.00
40.00	04000	SUBPROVIDER - IPF					40.00
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
46.00	04600	OTHER LONG TERM CARE					46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
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
60.01	06001	BLOOD LABORATORY					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
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		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00	21.00	22.00	23.00	
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
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
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING						76.00
76.01	03951	SHOCK THERAPY						76.01
76.97	07697	CARDIAC REHABILITATION						76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION						77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
98.00	09850	PURCHASED DIALYSIS SERVICES						98.00
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	OAKCREST NURSING HOME						190.01
190.02	19002	SHARED SERVICES						190.02
190.03	19003	MATERNAL HEALTH						190.03
190.04	19004	CAFETERIA VISITORS						190.04
190.05	19005	TV SERVICE						190.05
190.06	19006	FUND DEVELOPMENT						190.06
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
193.01	19301	DAYCARE						193.01
193.05	19305	PHYSICIAN BILLING						193.05
193.06	19306	PHYSICIAN OFFICES						193.06
194.00	07950	GUEST MEALS						194.00
194.01	07951	KENNEDY LIVING CENTER						194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM						194.02
194.03	07953	RENTAL PROPERTIES DBQ						194.03
194.04	07954	AUXILARY						194.04
194.05	07955	COMMUNITY EDUCATION						194.05
194.06	07956	RURAL OUTREACH PROGRAM						194.06
194.07	07957	OTHER REV DEDUCTIONS						194.07
194.08	07958	LIFELINE						194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER						194.09
194.10	07960	CCH ELKADER						194.10
194.11	07961	RETAIL PHARMACY						194.11
194.12	07962	IDLE SPACE						194.12
194.13	07963	COMMUNITY RELATIONS						194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL						194.14
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-47 BLDG				1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA				1.02
1.03	00103	CAP REL COSTS-ASBURY				1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG				1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER				1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES				1.06
1.07	00107	CAP REL COSTS-PARKING DECK				1.07
1.08	00108	CAP REL COSTS-97 BLDG				1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC				1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC				1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY				1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME				1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
4.01	00401	CHILD CARE				4.01
5.01	01160	COMMUNICATIONS				5.01
5.02	00560	PURCHASING				5.02
5.03	00580	PFS/COLLECTION				5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	CENTRAL STERILIZATION				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,967,095	0	1,967,095	30.00
31.00	03100	INTENSIVE CARE UNIT	298,158	0	298,158	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	98,273	0	98,273	41.00
43.00	04300	NURSERY	114,412	0	114,412	43.00
44.00	04400	SKILLED NURSING FACILITY	199,971	0	199,971	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,945,318	0	1,945,318	50.00
51.00	05100	RECOVERY ROOM	278,055	0	278,055	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	122,636	0	122,636	52.00
53.00	05300	ANESTHESIOLOGY	173,358	0	173,358	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	686,581	0	686,581	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	413,437	0	413,437	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,357	0	35,357	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	256,952	0	256,952	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,590	0	10,590	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	88,917	0	88,917	65.00
66.00	06600	PHYSICAL THERAPY	175,184	0	175,184	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	622,958	0	622,958	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	58,469	0	58,469	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	250,861	0	250,861	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	306,505	0	306,505	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	572,307	0	572,307	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	61,067	0	61,067	76.00
76.01	03951	SHOCK THERAPY	4,360	0	4,360	76.01
76.97	07697	CARDIAC REHABILITATION	64,534	0	64,534	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	433,768	0	433,768	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	13,163	0	13,163	98.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	220,863	0	220,863	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,473,149	0	9,473,149	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,825	0	4,825	190.00
190.01	19001	OAKCREST NURSING HOME	84,380	0	84,380	190.01
190.02	19002	SHARED SERVICES	16,260	0	16,260	190.02
190.03	19003	MATERNAL HEALTH	28,708	0	28,708	190.03
190.04	19004	CAFETERIA VISITORS	21,611	0	21,611	190.04
190.05	19005	TV SERVICE	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	19,810	0	19,810	190.06
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	20,836	0	20,836	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	181,872	0	181,872	194.03
194.04	07954	AUXILARY	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	70,819	0	70,819	194.05
194.06	07956	RURAL OUTREACH PROGRAM	3,422	0	3,422	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	194.07
194.08	07958	LIFELINE	45,013	0	45,013	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	885	0	885	194.09
194.10	07960	CCH ELKADER	4,089	0	4,089	194.10
194.11	07961	RETAIL PHARMACY	936,613	0	936,613	194.11
194.12	07962	IDLE SPACE	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	45,449	0	45,449	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	4,101	0	4,101	194.14
200.00		Cross Foot Adjustments	0	0	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	10,961,842	0	10,961,842		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	47 BLDG (SQUARE FEET)	PROF ARTS PLAZA (SQUARE FEET)	ASBURY (SQUARE FEET)	MED ARTS BLDG (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	201,253					1.00
1.01	00101	CAP REL COSTS-47 BLDG	0	152,371				1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA	0	0	48,002			1.02
1.03	00103	CAP REL COSTS-ASBURY	0	0	0	5,062		1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG	0	0	0	0	1,787	1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-PARKING DECK	0	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-97 BLDG	0	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	0	0	1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,411	844	0	0	0	4.00
4.01	00401	CHILD CARE	0	1,778	11,941	0	0	4.01
5.01	01160	COMMUNICATIONS	598	669	0	0	0	5.01
5.02	00560	PURCHASING	1,118	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	2,614	0	0	0	0	5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	35,424	40,190	5,335	5,062	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	30,251	17,610	253	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	622	9,882	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,899	547	275	0	0	9.00
10.00	01000	DIETARY	10,831	0	0	0	0	10.00
11.00	01100	CAFETERIA	805	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	4,048	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,044	0	0	0	0	14.00
15.00	01500	PHARMACY	1,748	1,029	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	656	2,979	1,562	0	0	16.00
17.00	01700	SOCIAL SERVICE	696	184	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	3,075	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,633	25,879	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,808	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	6,010	0	0	0	41.00
43.00	04300	NURSERY	0	1,294	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	9,272	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,552	1,661	0	0	0	50.00
51.00	05100	RECOVERY ROOM	200	212	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,482	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,270	480	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	1,384	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	642	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,049	5,480	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,332		0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	417	4,012	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	47 BLDG (SQUARE FEET)	PROF ARTS PLAZA (SQUARE FEET)	ASBURY (SQUARE FEET)	MED ARTS BLDG (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	143	92	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,420	0	0	0	70.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	4,355	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	6,191	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	8,458	54	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	413	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	424	3,093	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	199,768	147,293	29,569	5,062	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	309	700	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	1,369	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	629	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	1,456	1,542	16,364	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	876	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	0	0	1,787	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	29	1,722	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	47 BLDG (SQUARE FEET)	PROF ARTS PLAZA (SQUARE FEET)	ASBURY (SQUARE FEET)	MED ARTS BLDG (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,318,062	951,865	206,595	1,698	599	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.518149	6.247022	4.303883	0.335441	0.335199	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: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			CAPITAL RELATED COSTS					
			ENERGY CENTER (SQUARE FEET)	RENTAL PROPERTIES (SQUARE FEET)	PARKING DECK (SQUARE FEET)	97 BLDG (SQUARE FEET)	BELLEVUE CLINIC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER	9,690					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES	0	1,042				1.06
1.07	00107	CAP REL COSTS-PARKING DECK	0	0	1,000			1.07
1.08	00108	CAP REL COSTS-97 BLDG	0	0	0	73,011		1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	1,180	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	0	0	1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00401	CHILD CARE	0	0	0	0	0	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00560	PURCHASING	0	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	0	0	653	0	5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	16,093	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	9,690	0	1,000	9,695	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	306	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	767	0	9.00
10.00	01000	DIETARY	0	0	0	185	0	10.00
11.00	01100	CAFETERIA	0	0	0	5,592	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	141	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,224	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	3,237	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,036	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	409	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	357	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
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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	1,180	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			CAPITAL RELATED COSTS					
			ENERGY CENTER (SQUARE FEET)	RENTAL PROPERTIES (SQUARE FEET)	PARKING DECK (SQUARE FEET)	97 BLDG (SQUARE FEET)	BELLEVUE CLINIC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,596	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	5,381	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	3,767	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,690	0	1,000	70,439	1,180	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	1,042	0	1,141	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	0	1,431	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			CAPITAL RELATED COSTS					
			ENERGY CENTER (SQUARE FEET)	RENTAL PROPERTIES (SQUARE FEET)	PARKING DECK (SQUARE FEET)	97 BLDG (SQUARE FEET)	BELLEVUE CLINIC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	202,983	349	19,236	703,621	396	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.947678	0.334933	19.236000	9.637192	0.335593	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: 16-0069

Period:
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To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
			CASCADE CLINIC	RETAIL PHARMACY	OAKCREST	MVBLE EQUIP		
			(SQUARE FEET)	(SQUARE FEET)	NURSING HOME (SQUARE FEET)	(DOLLAR VALUE)		
			1.10	1.11	1.12	2.00	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	2,778					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	0	14,878				1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	0	0	12,563			1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP				6,081,596		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	10,799	50,524,754	4.00
4.01	00401	CHILD CARE	0	0	0	9,708	1,065,203	4.01
5.01	01160	COMMUNICATIONS	0	0	0	4,740	292,392	5.01
5.02	00560	PURCHASING	0	0	0	1,288	268,731	5.02
5.03	00580	PFS/COLLECTION	0	0	0	9,824	666,600	5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	2,174,785	1,437,461	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	13,827	130,943	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	8,942	1,043,837	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	47,840	460,200	8.00
9.00	00900	HOUSEKEEPING	0	0	0	11,174	1,088,576	9.00
10.00	01000	DIETARY	0	0	0	27,566	1,676,965	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	71,142	2,217,748	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	68,175	401,893	14.00
15.00	01500	PHARMACY	0	0	0	247,242	2,263,969	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	8,280	1,311,456	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	210,847	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	93,291	279,899	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	298,907	10,960,096	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	58,088	1,529,741	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	8,978	342,430	41.00
43.00	04300	NURSERY	0	0	0	57,035	915,264	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	19,577	1,424,385	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,205,655	2,988,401	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,630	1,784,281	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	35,623	767,274	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	148,546	99,587	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	417,492	1,488,884	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	335,734	500,724	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	5,082	256,524	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	2,192	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,197	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	30,516	982,047	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
			CASCADE CLINIC (SQUARE FEET)	RETAIL PHARMACY (SQUARE FEET)	OAKCREST NURSING HOME (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
			1.10	1.11	1.12	2.00		
66.00	06600	PHYSICAL THERAPY	2,778	0	0	12,136	2,542,699	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	403,140	898,701	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	18,896	243,207	70.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	2,330	283,367	76.00
76.01	03951	SHOCK THERAPY	0	0	0	1,213	44,896	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,471	259,995	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	105,550	2,050,399	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	15,187	1,963,441	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,778	0	0	6,010,798	47,143,063	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	12,563	8,745	1,402,997	190.01
190.02	19002	SHARED SERVICES	0	0	0	170	240,913	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	10,635	117,716	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	1,318	242,115	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	731,584	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	187,081	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	490	1,130	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	20,219	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	14,878	0	48,562	43,808	194.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

Period:
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To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
			CASCADE CLINIC (SQUARE FEET)	RETAIL PHARMACY (SQUARE FEET)	OAKCREST NURSING HOME (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
			1.10	1.11	1.12	2.00		
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	878	276,558	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	117,570	194.14
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)	4,547	25,063	4,214	6,083,698	12,255,057	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.636789	1.684568	0.335429	1.000346	0.242556	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					43,845	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000868	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description		CHILD CARE (PAYROLL DEDUCTIONS)	COMMUNICATIONS (DUBUQUE PHONES)	PURCHASING (PURCHASING REQUISITIONS)	PFS/COLLECTION (GROSS REVENUE)	Reconciliation	
		4.01	5.01	5.02	5.03	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-47 BLDG					1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA					1.02
1.03	00103	CAP REL COSTS-ASBURY					1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES					1.06
1.07	00107	CAP REL COSTS-PARKING DECK					1.07
1.08	00108	CAP REL COSTS-97 BLDG					1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY					1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME					1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	CHILD CARE	610,572				4.01
5.01	01160	COMMUNICATIONS	0	1,752			5.01
5.02	00560	PURCHASING	6,870	6	26,022,564		5.02
5.03	00580	PFS/COLLECTION	6,065	36	13,670	425,448,360	5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	8,213	260	77,571	0	-15,426,717
6.00	00600	MAINTENANCE & REPAIRS	0	0	46,942	0	0
7.00	00700	OPERATION OF PLANT	1,314	65	234,210	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	6	221,586	0	0
9.00	00900	HOUSEKEEPING	0	11	113,426	0	0
10.00	01000	DIETARY	20,587	34	893,467	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	84,598	24	20,002	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6	16,455	0	0
15.00	01500	PHARMACY	0	25	6,228,752	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	11,703	92	3,420	0	0
17.00	01700	SOCIAL SERVICE	19,377	4	361	0	0
18.00	01850	CENTRAL STERILIZATION	0	3	64,942	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	130,069	374	204,327	53,275,078	0
31.00	03100	INTENSIVE CARE UNIT	7,784	42	50,845	6,356,845	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	44	15,900	2,938,811	0
43.00	04300	NURSERY	12,307	20	46,089	2,887,247	0
44.00	04400	SKILLED NURSING FACILITY	8,881	0	13,179	3,065,636	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,424	146	251,711	69,469,319	0
51.00	05100	RECOVERY ROOM	9,844	58	87,421	12,048,659	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	38	75,552	2,379,397	0
53.00	05300	ANESTHESIOLOGY	0	0	26,154	19,484,465	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,406	45	711,636	17,225,724	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	5,717	0	42,839	32,160,865	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,058	4	30,732	9,081,659	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	36	518	42,018,064	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	970,897	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	9,545	15	89,535	10,547,386	0
66.00	06600	PHYSICAL THERAPY	37,224	25	7,838	12,991,747	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:

11/25/2019 2:39 pm

Cost Center Description			CHILD CARE (PAYROLL DEDUCTIONS)	COMMUNICATIONS (DUBUQUE PHONES)	PURCHASING (PURCHASING REQUISITIONS)	PFS/COLLECTION (GROSS REVENUE)	Reconciliation	
			4.01	5.01	5.02	5.03	5A.06	
69.00	06900	ELECTROCARDIOLOGY	27,783	23	92,322	30,901,081	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,249	7	6,456	2,432,845	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,399	0	6,989,016	15,149,431	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	8,787,969	13,967,925	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,134	0	0	35,656,509	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	3,096	15	159,094	744,808	0	76.00
76.01	03951	SHOCK THERAPY	0	0	1,452	539,700	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	7	2,344	1,059,169	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	8,799	74	96,893	27,677,482	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	2,541	417,611	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	38,778	70	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	575,224	1,615	25,727,167	425,448,360	-15,426,717	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	162,196	0	0	190.01
190.02	19002	SHARED SERVICES	0	3	1,008	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	7	50,590	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	6,655	7	13,432	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	1	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	7,304	17	1,966	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	1	24,907	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	149	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	188	0	0	194.10
194.11	07961	RETAIL PHARMACY	1,850	94	23,510	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	19,539	0	17,451	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			CHILD CARE (PAYROLL DEDUCTIONS)	COMMUNICATIONS (DUBUQUE PHONES)	PURCHASING (PURCHASING REQUISITIONS)	PFS/COLLECTION (GROSS REVENUE)	Reconciliation	
			4.01	5.01	5.02	5.03	5A.06	
202.00		Cost to be allocated (per Wkst. B, Part I)	330,582	701,429	669,193	3,460,862		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.541430	400.359018	0.025716	0.008135		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	73,136	24,639	15,305	48,047		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.119783	14.063356	0.000588	0.000113		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: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	143,351,903					5.06
6.00	00600	MAINTENANCE & REPAIRS	304,727	364,663				6.00
7.00	00700	OPERATION OF PLANT	4,623,845	67,499	297,164			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	969,242	10,810	10,810	1,669,374		8.00
9.00	00900	HOUSEKEEPING	1,834,498	4,489	4,489	59,825	281,865	9.00
10.00	01000	DIETARY	2,209,730	11,017	11,017	17,017	11,017	10.00
11.00	01100	CAFETERIA	63,163	6,397	6,397	0	6,397	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,213,292	4,189	4,189	0	4,189	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	867,748	10,044	10,044	0	10,044	14.00
15.00	01500	PHARMACY	7,264,896	2,777	2,777	294	2,777	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,139,030	5,197	5,197	0	5,197	16.00
17.00	01700	SOCIAL SERVICE	316,750	880	880	0	880	17.00
18.00	01850	CENTRAL STERILIZATION	648,943	3,075	3,075	0	3,075	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,104,064	71,736	71,736	406,195	71,736	30.00
31.00	03100	INTENSIVE CARE UNIT	2,338,584	10,808	10,808	33,882	10,808	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	613,720	6,010	6,010	15,721	6,010	41.00
43.00	04300	NURSERY	1,356,681	1,294	1,294	2,882	1,294	43.00
44.00	04400	SKILLED NURSING FACILITY	2,028,535	9,272	9,272	42,509	9,272	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,322,706	22,450	22,450	133,534	22,450	50.00
51.00	05100	RECOVERY ROOM	2,700,726	13,449	13,449	56,474	13,449	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,133,950	5,482	5,482	5,516	5,482	52.00
53.00	05300	ANESTHESIOLOGY	499,071	409	409	0	409	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,860,048	10,108	10,108	56,308	10,108	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	1,371,355	1,384	1,384	16,754	1,384	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	493,619	642	642	0	642	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,274,684	7,529	7,529	0	7,529	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	424,824	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,567,204	1,332	1,332	275	1,332	65.00
66.00	06600	PHYSICAL THERAPY	3,635,440	4,428	4,428	17,786	4,428	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

COST ALLOCATION - STATISTICAL BASIS

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Worksheet B-1

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.00	6.00	7.00	8.00	9.00	
69.00	06900	ELECTROCARDIOLOGY	2,231,237	9,831	9,831	24,286	9,831	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	409,971	2,420	2,420	11,186	2,420	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,453,013	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,127,586	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,910,505	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	406,224	4,355	4,355	0	4,355	76.00
76.01	03951	SHOCK THERAPY	65,922	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	390,792	6,191	6,191	0	6,191	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	3,401,082	13,893	13,893	138,338	13,893	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	319,542	413	413	0	413	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	4,364,981	7,285	7,285	0	7,285	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	108,261,930	337,095	269,596	1,038,782	254,297	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,803	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	2,141,642	0	0	96,847	0	190.01
190.02	19002	SHARED SERVICES	341,596	1,009	1,009	0	1,009	190.02
190.03	19003	MATERNAL HEALTH	248,637	1,369	1,369	1,172	1,369	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	504,050	629	629	0	629	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	950,417	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	128,712	20,503	20,503	0	20,503	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	314,564	876	876	495,309	876	194.05
194.06	07956	RURAL OUTREACH PROGRAM	122,818	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	71,491	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	41,620	0	0	0	0	194.09
194.10	07960	CCH ELKADER	10,215	0	0	37,165	0	194.10
194.11	07961	RETAIL PHARMACY	28,962,498	1,431	1,431	99	1,431	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	1,064,182	1,751	1,751	0	1,751	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	184,728	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.06	6.00	7.00	8.00	9.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	15,426,717	337,520	5,183,910	1,272,127	2,159,969	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.107614	0.925567	17.444610	0.762038	7.663133	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,046,994	20,451	888,642	173,849	116,627	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.021255	0.056082	2.990409	0.104140	0.413769	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: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	170,301					10.00
11.00	01100	CAFETERIA	4,387	1,472,735				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	67,931	0	1,158,358		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23,798	0	0	24,385,235	14.00
15.00	01500	PHARMACY	0	56,006	0	0	6,228,752	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	48,882	0	0	3,420	16.00
17.00	01700	SOCIAL SERVICE	0	9,012	0	9,012	361	17.00
18.00	01850	CENTRAL STERILIZATION	0	16,877	0	16,877	64,942	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	118,184	421,252	0	421,252	204,327	30.00
31.00	03100	INTENSIVE CARE UNIT	4,654	51,004	0	51,004	50,845	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,743	11,094	0	11,094	15,900	41.00
43.00	04300	NURSERY	0	30,965	0	30,965	46,089	43.00
44.00	04400	SKILLED NURSING FACILITY	16,830	59,441	0	59,441	13,179	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	112,486	0	112,486	251,711	50.00
51.00	05100	RECOVERY ROOM	539	65,970	0	65,970	87,421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,160	0	26,160	75,552	52.00
53.00	05300	ANESTHESIOLOGY	0	4,433	0	4,433	26,154	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	52,928	0	52,928	711,636	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	17,545	0	17,545	42,839	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,231	0	0	30,732	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	518	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	34,976	0	0	89,535	65.00
66.00	06600	PHYSICAL THERAPY	0	84,936	0	0	7,838	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	28,054	0	28,054	92,322	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,724	0	0	6,456	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,989,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,787,969	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	12,317	0	12,317	159,094	76.00
76.01	03951	SHOCK THERAPY	734	1,835	0	1,835	1,452	76.01
76.97	07697	CARDIAC REHABILITATION	0	8,314	0	8,314	2,344	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	3,263	73,804	0	73,804	96,893	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	2,541	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	33,061	0	77,230	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	155,334	1,369,036	0	1,080,721	24,089,838	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	73,929	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	73,708	162,196	190.01
190.02	19002	SHARED SERVICES	0	2,080	0	0	1,008	190.02
190.03	19003	MATERNAL HEALTH	0	3,929	0	3,929	50,590	190.03
190.04	19004	CAFETERIA VISITORS	14,967	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	6,400	0	0	13,432	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	5,191	0	0	1,966	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	30	0	0	24,907	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	1,023	0	0	149	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	188	194.10
194.11	07961	RETAIL PHARMACY	0	850	0	0	23,510	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	9,116	0	0	17,451	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	1,151	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,747,305	307,266	0	3,682,313	1,227,574	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	16.132054	0.208636	0.000000	3.178908	0.050341	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	245,898	92,976	0	197,305	283,476	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.443902	0.063132	0.000000	0.170332	0.011625	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
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To 06/30/2019

Worksheet B-1

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Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	OTHER GENERAL SERVICE CENTRAL STERILIZATION (HOURS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	2,737,872					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	433,805,270				16.00
17.00	01700	SOCIAL SERVICE	0	0	9,041			17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	14,062		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	54,791,777	7,603	369	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,388,169	145	8	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,952,819	109	0	0	41.00
43.00	04300	NURSERY	0	2,976,180	813	187	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,110,747	349	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	72,136,026	0	11,410	0	50.00
51.00	05100	RECOVERY ROOM	0	12,405,916	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,379,397	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	20,055,797	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,183	17,749,457	0	46	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	42,081	32,851,371	0	14	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	28,075	9,529,608	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	42,584,395	0	4	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	986,223	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,671,501	0	238	0	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	OTHER GENERAL SERVICE CENTRAL STERILIZATION (HOURS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			15.00	16.00	17.00	18.00	19.00	
66.00	06600	PHYSICAL THERAPY	0	13,331,839	0	1	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	65,269	31,248,432	0	443	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,478,251	0	181	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,149,431	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,967,925	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,590,901	35,656,509	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	761,833	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	539,700	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,067,926	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	4,363	27,506,811	0	513	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	417,611	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	409	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,737,872	433,695,651	9,019	13,823	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	22	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	109,619	0	24	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	215	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	0	0	0	194.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	OTHER GENERAL SERVICE CENTRAL STERILIZATION (HOURS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			15.00	16.00	17.00	18.00	19.00	
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
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)	8,444,467	2,514,886	404,292	859,270	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.084318	0.005797	44.717620	61.105817	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	519,870	111,581	23,612	158,192	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.189881	0.000257	2.611658	11.249609	0.000000	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: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM (ASSIGNED TIME)		
			NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
				(ASSIGNED TIME)	(ASSIGNED TIME)			
			20.00	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	CENTRAL STERILIZATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			0			22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)		
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			20.00	21.00	22.00	23.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	194.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description			INTERNS & RESIDENTS					
			NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)		
				(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)		
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	20.00	21.00	22.00	23.00		194.14
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000		207.00

Provider CCN: 16-0069
Period: From 07/01/2018 To 06/30/2019
Worksheet B-2
Date/Time Prepared: 11/25/2019 2:39 pm

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0
7.00		ADULTS 7 PEDS TO SAME DAY SURGERY		1	30.00	-924,746
8.00		SAME DAY SURGERY		1	51.00	924,746

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII	Hospital	PPS	
Cost Center Description			Therapy Limit Adj.	Costs		
Total Cost (from Wkst. B, Part I, col. 26)			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	23,113,416	23,113,416	8,433	23,121,849
31.00	03100	INTENSIVE CARE UNIT	3,191,857	3,191,857	0	3,191,857
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,017,356	1,017,356	3,605	1,020,961
43.00	04300	NURSEY	1,710,812	1,710,812	0	1,710,812
44.00	04400	SKILLED NURSING FACILITY	3,027,771	3,027,771	0	3,027,771
45.00	04500	NURSING FACILITY	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,306,169	10,306,169	0	10,306,169
51.00	05100	RECOVERY ROOM	4,617,755	4,617,755	0	4,617,755
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,509,110	1,509,110	0	1,509,110
53.00	05300	ANESTHESIOLOGY	696,023	696,023	0	696,023
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,924,477	4,924,477	2,089	4,926,566
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0
57.00	05700	CT SCAN	1,950,406	1,950,406	0	1,950,406
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	708,343	708,343	0	708,343
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	8,500,679	8,500,679	0	8,500,679
60.01	06001	BLOOD LABORATORY	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	476,258	476,258	0	476,258
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,858,953	1,858,953	4,503	1,863,456
66.00	06600	PHYSICAL THERAPY	4,250,955	4,250,955	0	4,250,955
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,254,998	3,254,998	0	3,254,998
70.00	07000	ELECTROENCEPHALOGRAPHY	553,186	553,186	0	553,186
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,694,717	8,694,717	0	8,694,717
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,633,205	10,633,205	0	10,633,205
73.00	07300	DRUGS CHARGED TO PATIENTS	11,421,579	11,421,579	0	11,421,579
74.00	07400	RENAL DIALYSIS	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
76.00	03950	BEHAVIORAL HEALTH COUNSELING	617,464	617,464	6,835	624,299
76.01	03951	SHOCK THERAPY	94,275	94,275	0	94,275
76.97	07697	CARDIAC REHABILITATION	628,492	628,492	0	628,492
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	0	0	0
91.00	09100	EMERGENCY	4,745,978	4,745,978	17,824	4,763,802
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	854,684	854,684	0	854,684
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0
98.00	09850	PURCHASED DIALYSIS SERVICES	367,230	367,230	0	367,230
99.00	09900	CMHC	0	0	0	0
99.10	09910	CORF	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	5,301,764	5,301,764	0	5,301,764
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0
106.00	10600	HEART ACQUISITION	0	0	0	0
107.00	10700	LIVER ACQUISITION	0	0	0	0
108.00	10800	LUNG ACQUISITION	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet C
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			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	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	119,027,912	0	119,027,912	43,289	119,071,201	200.00
201.00		Less Observation Beds	854,684		854,684		854,684	201.00
202.00		Total (see instructions)	118,173,228	0	118,173,228	43,289	118,216,517	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 2:39 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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	53,275,078		53,275,078		30.00
31.00	03100	INTENSIVE CARE UNIT	6,356,845		6,356,845		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	2,938,811		2,938,811		41.00
43.00	04300	NURSERY	2,887,247		2,887,247		43.00
44.00	04400	SKILLED NURSING FACILITY	3,065,636		3,065,636		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,814,290	41,655,029	69,469,319	0.148356	50.00
51.00	05100	RECOVERY ROOM	3,658,818	8,389,841	12,048,659	0.383259	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,379,397	0	2,379,397	0.634241	52.00
53.00	05300	ANESTHESIOLOGY	8,922,026	10,562,439	19,484,465	0.035722	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,676,235	11,549,489	17,225,724	0.285879	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	9,994,965	22,165,900	32,160,865	0.060645	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,453,073	6,628,586	9,081,659	0.077997	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	24,649,174	17,368,890	42,018,064	0.202310	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	556,627	414,270	970,897	0.490534	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	9,387,542	1,159,844	10,547,386	0.176248	65.00
66.00	06600	PHYSICAL THERAPY	6,840,334	6,151,414	12,991,748	0.327204	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,090,023	18,811,058	30,901,081	0.105336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	503,270	1,929,575	2,432,845	0.227382	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,773,465	7,375,966	15,149,431	0.573930	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,106,713	6,861,212	13,967,925	0.761259	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,629,137	14,027,372	35,656,509	0.320322	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	1,219	743,589	744,808	0.829024	76.00
76.01	03951	SHOCK THERAPY	178,101	361,599	539,700	0.174680	76.01
76.97	07697	CARDIAC REHABILITATION	3,292	1,055,877	1,059,169	0.593382	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	8,255,748	19,421,734	27,677,482	0.171474	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	765,392	1,574,430	2,339,822	0.365277	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	345,710	71,901	417,611	0.879359	98.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	7,947,893	7,947,893		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

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Period:
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			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	229,508,168	206,227,908	435,736,076			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	229,508,168	206,227,908	435,736,076			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
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
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.148356			50.00
51.00	05100	RECOVERY ROOM	0.383259			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.634241			52.00
53.00	05300	ANESTHESIOLOGY	0.035722			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.286001			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.060645			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077997			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.202310			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.490534			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.176675			65.00
66.00	06600	PHYSICAL THERAPY	0.327204			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.105336			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.227382			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.573930			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.761259			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.320322			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0.838201			76.00
76.01	03951	SHOCK THERAPY	0.174680			76.01
76.97	07697	CARDIAC REHABILITATION	0.593382			76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.172118			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.365277			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0.879359			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
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			Title XIX	Hospital	Cost	
Cost Center Description			Therapy Limit Adj.	Costs		
Total Cost (from Wkst. B, Part I, col. 26)			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	23,113,416	23,113,416	8,433	23,121,849
31.00	03100	INTENSIVE CARE UNIT	3,191,857	3,191,857	0	3,191,857
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,017,356	1,017,356	3,605	1,020,961
43.00	04300	NURSEY	1,710,812	1,710,812	0	1,710,812
44.00	04400	SKILLED NURSING FACILITY	3,027,771	3,027,771	0	3,027,771
45.00	04500	NURSING FACILITY	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,306,169	10,306,169	0	10,306,169
51.00	05100	RECOVERY ROOM	4,617,755	4,617,755	0	4,617,755
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,509,110	1,509,110	0	1,509,110
53.00	05300	ANESTHESIOLOGY	696,023	696,023	0	696,023
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,924,477	4,924,477	2,089	4,926,566
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0
57.00	05700	CT SCAN	1,950,406	1,950,406	0	1,950,406
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	708,343	708,343	0	708,343
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	8,500,679	8,500,679	0	8,500,679
60.01	06001	BLOOD LABORATORY	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	476,258	476,258	0	476,258
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,858,953	1,858,953	4,503	1,863,456
66.00	06600	PHYSICAL THERAPY	4,250,955	4,250,955	0	4,250,955
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,254,998	3,254,998	0	3,254,998
70.00	07000	ELECTROENCEPHALOGRAPHY	553,186	553,186	0	553,186
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,694,717	8,694,717	0	8,694,717
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,633,205	10,633,205	0	10,633,205
73.00	07300	DRUGS CHARGED TO PATIENTS	11,421,579	11,421,579	0	11,421,579
74.00	07400	RENAL DIALYSIS	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
76.00	03950	BEHAVIORAL HEALTH COUNSELING	617,464	617,464	6,835	624,299
76.01	03951	SHOCK THERAPY	94,275	94,275	0	94,275
76.97	07697	CARDIAC REHABILITATION	628,492	628,492	0	628,492
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	0	0	0
91.00	09100	EMERGENCY	4,745,978	4,745,978	17,824	4,763,802
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	854,684	854,684	0	854,684
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0
98.00	09850	PURCHASED DIALYSIS SERVICES	367,230	367,230	0	367,230
99.00	09900	CMHC	0	0	0	0
99.10	09910	CORF	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	5,301,764	5,301,764	0	5,301,764
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0
106.00	10600	HEART ACQUISITION	0	0	0	0
107.00	10700	LIVER ACQUISITION	0	0	0	0
108.00	10800	LUNG ACQUISITION	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
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					Title XIX		Hospital		Cost	
Cost Center Description					Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
							Total Costs	RCE Disallowance	Total Costs	
					1.00	2.00	3.00	4.00	5.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			0		0		0	115.00
116.00	11600	HOSPICE			0		0		0	116.00
200.00		Subtotal (see instructions)			119,027,912	0	119,027,912	43,289	119,071,201	200.00
201.00		Less Observation Beds			854,684		854,684		854,684	201.00
202.00		Total (see instructions)			118,173,228	0	118,173,228	43,289	118,216,517	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2018
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	53,275,078		53,275,078		30.00
31.00	03100	INTENSIVE CARE UNIT	6,356,845		6,356,845		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	2,938,811		2,938,811		41.00
43.00	04300	NURSERY	2,887,247		2,887,247		43.00
44.00	04400	SKILLED NURSING FACILITY	3,065,636		3,065,636		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,814,290	41,655,029	69,469,319	0.148356	50.00
51.00	05100	RECOVERY ROOM	3,658,818	8,389,841	12,048,659	0.383259	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,379,397	0	2,379,397	0.634241	52.00
53.00	05300	ANESTHESIOLOGY	8,922,026	10,562,439	19,484,465	0.035722	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,676,235	11,549,489	17,225,724	0.285879	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	9,994,965	22,165,900	32,160,865	0.060645	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,453,073	6,628,586	9,081,659	0.077997	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	24,649,174	17,368,890	42,018,064	0.202310	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	556,627	414,270	970,897	0.490534	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	9,387,542	1,159,844	10,547,386	0.176248	65.00
66.00	06600	PHYSICAL THERAPY	6,840,334	6,151,414	12,991,748	0.327204	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,090,023	18,811,058	30,901,081	0.105336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	503,270	1,929,575	2,432,845	0.227382	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,773,465	7,375,966	15,149,431	0.573930	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,106,713	6,861,212	13,967,925	0.761259	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,629,137	14,027,372	35,656,509	0.320322	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	1,219	743,589	744,808	0.829024	76.00
76.01	03951	SHOCK THERAPY	178,101	361,599	539,700	0.174680	76.01
76.97	07697	CARDIAC REHABILITATION	3,292	1,055,877	1,059,169	0.593382	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	8,255,748	19,421,734	27,677,482	0.171474	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	765,392	1,574,430	2,339,822	0.365277	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	345,710	71,901	417,611	0.879359	98.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	7,947,893	7,947,893		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
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			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	229,508,168	206,227,908	435,736,076			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	229,508,168	206,227,908	435,736,076			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
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
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0.000000			76.00
76.01	03951	SHOCK THERAPY	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0.000000			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/25/2019 2:39 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	1,967,095	0	1,967,095	29,001	67.83	30.00
31.00	INTENSIVE CARE UNIT	298,158		298,158	1,761	169.31	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	98,273	0	98,273	1,678	58.57	41.00
43.00	NURSERY	114,412		114,412	2,194	52.15	43.00
44.00	SKILLED NURSING FACILITY	199,971		199,971	4,145	48.24	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	2,677,909		2,677,909	38,779		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	16,221	1,100,270				
31.00	INTENSIVE CARE UNIT	1,123	190,135				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	1,172	68,644				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	3,587	173,037				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	22,103	1,532,086				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
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			Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,945,318	69,469,319	0.028003	19,346,172	541,751
51.00	05100	RECOVERY ROOM	278,055	12,048,659	0.023078	2,417,042	55,780
52.00	05200	DELIVERY ROOM & LABOR ROOM	122,636	2,379,397	0.051541	13,202	680
53.00	05300	ANESTHESIOLOGY	173,358	19,484,465	0.008897	5,856,019	52,101
54.00	05400	RADIOLOGY-DIAGNOSTIC	686,581	17,225,724	0.039858	4,010,588	159,854
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0
57.00	05700	CT SCAN	413,437	32,160,865	0.012855	7,262,950	93,365
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,357	9,081,659	0.003893	1,622,524	6,316
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0
60.00	06000	LABORATORY	256,952	42,018,064	0.006115	15,343,514	93,826
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,590	970,897	0.010907	446,403	4,869
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	88,917	10,547,386	0.008430	5,979,557	50,408
66.00	06600	PHYSICAL THERAPY	175,184	12,991,748	0.013484	2,777,307	37,449
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	622,958	30,901,081	0.020160	8,747,423	176,348
70.00	07000	ELECTROENCEPHALOGRAPHY	58,469	2,432,845	0.024033	285,252	6,855
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	250,861	15,149,431	0.016559	4,846,739	80,257
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	306,505	13,967,925	0.021943	4,783,432	104,963
73.00	07300	DRUGS CHARGED TO PATIENTS	572,307	35,656,509	0.016051	13,041,454	209,328
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
76.00	03950	BEHAVIORAL HEALTH COUNSELING	61,067	744,808	0.081990	216	18
76.01	03951	SHOCK THERAPY	4,360	539,700	0.008079	81,726	660
76.97	07697	CARDIAC REHABILITATION	64,534	1,059,169	0.060929	2,598	158
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	0	0	0.000000	0	0
91.00	09100	EMERGENCY	433,768	27,677,482	0.015672	4,736,607	74,232
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	72,712	2,339,822	0.031076	215,851	6,708
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0
98.00	09850	PURCHASED DIALYSIS SERVICES	13,163	417,611	0.031520	236,211	7,445
200.00		Total (lines 50 through 199)	6,647,089	359,264,566		102,052,787	1,763,371

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0069		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/25/2019 2:39 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	29,001	0.00	16,221	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	1,761	0.00	1,123	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	1,678	0.00	1,172	41.00		
43.00	04300	NURSERY	0	0	2,194	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	4,145	0.00	3,587	44.00		
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00		
200.00		Total (lines 30 through 199)	0	0	38,779	0.00	22,103	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		
32.00	03200	CORONARY CARE UNIT	0					32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00		
40.00	04000	SUBPROVIDER - IPF	0					40.00		
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: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	98.00
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: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	69,469,319	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	12,048,659	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,379,397	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,484,465	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,225,724	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	32,160,865	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	9,081,659	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	42,018,064	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	970,897	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,547,386	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,991,748	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	30,901,081	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,432,845	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	15,149,431	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,967,925	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	35,656,509	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	744,808	0.000000	76.00
76.01	03951	SHOCK THERAPY	0	0	0	539,700	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,059,169	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	27,677,482	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,339,822	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	417,611	0.000000	98.00
200.00		Total (lines 50 through 199)	0	0	0	359,264,566		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 2:39 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	19,346,172	0	18,530,421	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,417,042	0	2,802,889	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	13,202	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	5,856,019	0	4,638,194	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,010,588	0	5,138,817	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	7,262,950	0	9,419,189	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,622,524	0	2,919,881	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	15,343,514	0	7,644,135	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	446,403	0	281,810	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	5,979,557	0	604,555	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,777,307	0	254,818	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	8,747,423	0	11,074,834	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	285,252	0	1,225,527	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	4,846,739	0	3,923,446	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,783,432	0	4,011,202	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	13,041,454	0	6,212,967	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0.000000	216	0	98,901	0	76.00
76.01	03951	SHOCK THERAPY	0.000000	81,726	0	111,795	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	2,598	0	755,972	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	4,736,607	0	6,804,494	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	215,851	0	702,615	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0.000000	236,211	0	4,500	0	98.00
200.00		Total (lines 50 through 199)		102,052,787	0	87,160,962	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/25/2019 2:39 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	0.148356	18,530,421	53,900	0	2,749,099	50.00
51.00	05100	RECOVERY ROOM	0.383259	2,802,889	0	0	1,074,232	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.634241	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.035722	4,638,194	0	0	165,686	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.285879	5,138,817	0	0	1,469,080	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	0.060645	9,419,189	0	0	571,227	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077997	2,919,881	0	0	227,742	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.202310	7,644,135	0	0	1,546,485	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.490534	281,810	0	0	138,237	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.176248	604,555	0	0	106,552	65.00
66.00	06600	PHYSICAL THERAPY	0.327204	254,818	0	0	83,377	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	0.105336	11,074,834	0	0	1,166,579	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.227382	1,225,527	0	0	278,663	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.573930	3,923,446	0	0	2,251,783	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.761259	4,011,202	0	0	3,053,564	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.320322	6,212,967	0	158,983	1,990,150	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0.829024	98,901	0	0	81,991	76.00
76.01	03951	SHOCK THERAPY	0.174680	111,795	0	0	19,528	76.01
76.97	07697	CARDIAC REHABILITATION	0.593382	755,972	0	0	448,580	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.171474	6,804,494	0	0	1,166,794	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.365277	702,615	0	0	256,649	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0.879359	4,500	0	0	3,957	98.00
200.00		Subtotal (see instructions)		87,160,962	53,900	158,983	18,849,955	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		87,160,962	53,900	158,983	18,849,955	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/25/2019 2:39 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	7,996	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
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	50,926		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0		76.00
76.01	03951	SHOCK THERAPY	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0		98.00
200.00		Subtotal (see instructions)	7,996	50,926		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	7,996	50,926		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0069

Period:

Worksheet D

Component CCN: 16-T069

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,945,318	69,469,319	0.028003	0	50.00
51.00	05100	RECOVERY ROOM	278,055	12,048,659	0.023078	7,759	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	122,636	2,379,397	0.051541	0	52.00
53.00	05300	ANESTHESIOLOGY	173,358	19,484,465	0.008897	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	686,581	17,225,724	0.039858	28,801	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	56.00
57.00	05700	CT SCAN	413,437	32,160,865	0.012855	25,534	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,357	9,081,659	0.003893	24,361	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	59.00
60.00	06000	LABORATORY	256,952	42,018,064	0.006115	173,110	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,590	970,897	0.010907	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	88,917	10,547,386	0.008430	40,856	65.00
66.00	06600	PHYSICAL THERAPY	175,184	12,991,748	0.013484	1,038,191	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	622,958	30,901,081	0.020160	9,527	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	58,469	2,432,845	0.024033	1,042	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	250,861	15,149,431	0.016559	13,184	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	306,505	13,967,925	0.021943	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	572,307	35,656,509	0.016051	122,289	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	61,067	744,808	0.081990	0	76.00
76.01	03951	SHOCK THERAPY	4,360	539,700	0.008079	0	76.01
76.97	07697	CARDIAC REHABILITATION	64,534	1,059,169	0.060929	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	90.00
91.00	09100	EMERGENCY	433,768	27,677,482	0.015672	212	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,339,822	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	13,163	417,611	0.031520	0	98.00
200.00		Total (lines 50 through 199)	6,574,377	359,264,566		1,484,866	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0069 Component CCN: 16-T069		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 2:39 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
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
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: 16-0069 Component CCN: 16-T069		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 2:39 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	69,469,319	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	12,048,659	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	2,379,397	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	19,484,465	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	17,225,724	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	32,160,865	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	9,081,659	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	42,018,064	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	970,897	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	10,547,386	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	12,991,748	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	30,901,081	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	2,432,845	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	15,149,431	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	13,967,925	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	35,656,509	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING		0	0	0	744,808	0.000000	76.00
76.01	03951	SHOCK THERAPY		0	0	0	539,700	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,059,169	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	27,677,482	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	2,339,822	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0.000000	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES		0	0	0	417,611	0.000000	98.00
200.00		Total (lines 50 through 199)		0	0	0	359,264,566		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0069 Component CCN: 16-T069		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 2:39 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	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	7,759	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	28,801	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	25,534	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	24,361	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	173,110	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	40,856	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,038,191	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	9,527	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,042	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	13,184	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	122,289	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING		0.000000	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY		0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	212	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									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES							95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES		0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)			1,484,866	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0069 Component CCN: 16-5116		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 2:39 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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0069 Component CCN: 16-5116		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 2:39 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	69,469,319	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	12,048,659	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	2,379,397	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	19,484,465	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	17,225,724	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	32,160,865	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	9,081,659	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	42,018,064	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	970,897	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	10,547,386	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	12,991,748	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	30,901,081	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	2,432,845	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	15,149,431	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	13,967,925	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	35,656,509	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING		0	0	0	744,808	0.000000	76.00
76.01	03951	SHOCK THERAPY		0	0	0	539,700	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,059,169	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	27,677,482	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	2,339,822	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0.000000	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES		0	0	0	417,611	0.000000	98.00
200.00		Total (lines 50 through 199)		0	0	0	359,264,566		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0069 Component CCN: 16-5116		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 2:39 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	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	31,364	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	78,479	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	14,677	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	457,038	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	12,933	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	689,802	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,534,358	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	46,956	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	8,697	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	48,374	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	664,081	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING		0.000000	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY		0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
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									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES							95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES		0.000000	19,530	0	0	0	98.00
200.00		Total (lines 50 through 199)			3,606,289	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0069	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 2:39 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)		29,001	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,001	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)		27,929	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)		16,221	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)		23,121,849	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)		23,121,849	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)		23,121,849	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)		797.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,932,679	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)		12,932,679	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0069

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 2:39 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	3,191,857	1,761	1,812.53	1,123	2,035,471
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					23,721,066
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,689,216
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,290,405
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,763,371
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,053,776
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					35,635,440
	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)					1,072
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					797.28
89.00	Observation bed cost (line 87 x line 88) (see instructions)					854,684

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0069

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 2:39 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	1,967,095	23,121,849	0.085075	854,684	72,712 90.00
91.00	Nursing School cost	0	23,121,849	0.000000	854,684	0 91.00
92.00	Allied health cost	0	23,121,849	0.000000	854,684	0 92.00
93.00	All other Medical Education	0	23,121,849	0.000000	854,684	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0069 Component CCN: 16-T069	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 2:39 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)		1,678	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,678	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,678	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)		1,172	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)		1,020,961	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)		1,020,961	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)		1,020,961	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)		608.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		713,092	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)		713,092	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 16-0069 Component CCN: 16-T069		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/25/2019 2:39 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	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					444,616	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,157,708	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)					68,644	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					19,553	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					88,197	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,069,511	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: 16-0069

Period:

Worksheet D-1

Component CCN: 16-T069

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 2:39 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	98,273	1,020,961	0.096255	0	0	90.00
91.00	Nursing School cost	0	1,020,961	0.000000	0	0	91.00
92.00	Allied health cost	0	1,020,961	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,020,961	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0069 Component CCN: 16-5116	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 2:39 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)		4,145	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,145	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)		4,145	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)		3,587	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,027,771	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,027,771	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,027,771	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: 16-0069	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 16-5116		Date/Time Prepared: 11/25/2019 2:39 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			
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)					3,027,771	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					730.46	71.00
72.00	Program routine service cost (line 9 x line 71)					2,620,160	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)					2,620,160	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)					2,620,160	83.00
84.00	Program inpatient ancillary services (see instructions)					1,022,918	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)					3,643,078	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: 16-0069 Component CCN: 16-5116		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 2:39 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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0069	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 2:39 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		31,598,894		30.00
31.00	03100 INTENSIVE CARE UNIT		4,056,559		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.148356	19,346,172	2,870,121	50.00
51.00	05100 RECOVERY ROOM	0.383259	2,417,042	926,353	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.634241	13,202	8,373	52.00
53.00	05300 ANESTHESIOLOGY	0.035722	5,856,019	209,189	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.286001	4,010,588	1,147,032	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.060645	7,262,950	440,462	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.077997	1,622,524	126,552	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.202310	15,343,514	3,104,146	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.490534	446,403	218,976	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.176675	5,979,557	1,056,438	65.00
66.00	06600 PHYSICAL THERAPY	0.327204	2,777,307	908,746	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.105336	8,747,423	921,419	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.227382	285,252	64,861	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.573930	4,846,739	2,781,689	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.761259	4,783,432	3,641,431	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.320322	13,041,454	4,177,465	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 BEHAVIORAL HEALTH COUNSELING	0.838201	216	181	76.00
76.01	03951 SHOCK THERAPY	0.174680	81,726	14,276	76.01
76.97	07697 CARDIAC REHABILITATION	0.593382	2,598	1,542	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.172118	4,736,607	815,255	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.365277	215,851	78,845	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 PURCHASED DIALYSIS SERVICES	0.879359	236,211	207,714	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		102,052,787	23,721,066	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		102,052,787		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0069	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3	
		Component CCN: 16-T069		Date/Time Prepared: 11/25/2019 2:39 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
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		2,051,560		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.148356	0	0	50.00
51.00	05100 RECOVERY ROOM	0.383259	7,759	2,974	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.634241	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.035722	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.286001	28,801	8,237	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.060645	25,534	1,549	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.077997	24,361	1,900	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.202310	173,110	35,022	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.490534	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.176675	40,856	7,218	65.00
66.00	06600 PHYSICAL THERAPY	0.327204	1,038,191	339,700	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.105336	9,527	1,004	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.227382	1,042	237	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.573930	13,184	7,567	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.761259	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.320322	122,289	39,172	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 BEHAVIORAL HEALTH COUNSELING	0.838201	0	0	76.00
76.01	03951 SHOCK THERAPY	0.174680	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.593382	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.172118	212	36	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.365277	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 PURCHASED DIALYSIS SERVICES	0.879359	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,484,866	444,616	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)		1,484,866		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0069	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3	
		Component CCN: 16-5116		Date/Time Prepared: 11/25/2019 2:39 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
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.148356	0	0	50.00
51.00	05100 RECOVERY ROOM	0.383259	31,364	12,021	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.634241	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.035722	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.286001	78,479	22,445	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.060645	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.077997	14,677	1,145	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.202310	457,038	92,463	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.490534	12,933	6,344	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.176675	689,802	121,871	65.00
66.00	06600 PHYSICAL THERAPY	0.327204	1,534,358	502,048	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.105336	46,956	4,946	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.227382	8,697	1,978	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.573930	48,374	27,763	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.761259	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.320322	664,081	212,720	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 BEHAVIORAL HEALTH COUNSELING	0.838201	0	0	76.00
76.01	03951 SHOCK THERAPY	0.174680	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.593382	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.172118	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.365277	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 PURCHASED DIALYSIS SERVICES	0.879359	19,530	17,174	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,606,289	1,022,918	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)		3,606,289		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0069	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 2:39 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)		7,825,568	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		25,247,876	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)		561,526	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		2,416,929	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		153.88	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)		3.81	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.10	31.00
32.00	Sum of lines 30 and 31		19.91	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.69	33.00
34.00	Disproportionate share adjustment (see instructions)		470,470	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0069	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 2:39 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)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	727,996	713,578		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	183,495	533,717		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	717,212			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)	34,822,652			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)			34,822,652	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,827,495	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)			37,650,147	59.00
60.00	Primary payer payments			34,601	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			37,615,546	61.00
62.00	Deductibles billed to program beneficiaries			4,127,812	62.00
63.00	Coinsurance billed to program beneficiaries			27,489	63.00
64.00	Allowable bad debts (see instructions)			256,335	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			166,618	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			165,820	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			33,626,863	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)				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)			313,656	70.93
70.94	HRR adjustment amount (see instructions)			-160,320	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/25/2019 2:39 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		33,780,199	71.00	
71.01	Sequestration adjustment (see instructions)		675,604	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		32,955,449	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)		149,146	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,052,735	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	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0069	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 2:39 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		58,922	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,849,955	2.00
3.00	OPPS payments		18,848,312	3.00
4.00	Outlier payment (see instructions)		17,580	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		58,922	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		212,883	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)		212,883	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		212,883	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		153,961	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)		58,922	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)		18,865,892	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		10,780	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,217,552	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)		15,696,482	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)		15,696,482	30.00
31.00	Primary payer payments		4,359	31.00
32.00	Subtotal (line 30 minus line 31)		15,692,123	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)		108,987	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		70,842	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		77,686	36.00
37.00	Subtotal (see instructions)		15,762,965	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-88	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)		15,763,053	40.00
40.01	Sequestration adjustment (see instructions)		315,261	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		15,359,309	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		88,483	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: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/25/2019 2:39 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		32,818,118		15,359,309	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		137,331		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)		32,955,449		15,359,309	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		149,146		88,483	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		33,104,595		15,447,792	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: 16-0069
 Component CCN: 16-T069

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/25/2019 2:39 pm

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,457,662		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)		1,457,662		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		12,044		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,445,618		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 16-0069
 Component CCN: 16-5116

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/25/2019 2:39 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		1,316,103		0
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
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		1,316,103		0
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		201		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		1,316,304		0
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/25/2019 2:39 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: 16-0069 Component CCN: 16-T069	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 11/25/2019 2:39 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
1.00	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)			1,442,853 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			27,126 3.00
4.00	Outlier Payments			17,004 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)			4.597260 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)			1,486,983 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)			1,486,983 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,486,983 19.00
20.00	Deductibles			6,748 20.00
21.00	Subtotal (line 19 minus line 20)			1,480,235 21.00
22.00	Coinsurance			5,115 22.00
23.00	Subtotal (line 21 minus line 22)			1,475,120 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)			1,475,120 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)			1,475,120 32.00
32.01	Sequestration adjustment (see instructions)			29,502 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			1,457,662 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)			-12,044 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			17,004 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:16-0069 Component CCN:16-5116	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VI Date/Time Prepared: 11/25/2019 2:39 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)			1,422,428 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)			1,422,428 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			79,466 7.00
8.00	Allowable bad debts (see instructions)			315 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			205 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)			1,343,167 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)			1,343,167 15.00
15.01	Sequestration adjustment (see instructions)			26,863 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
16.00	Interim payments			1,316,103 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)			201 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: 16-0069

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

Worksheet G

Date/Time Prepared:
11/25/2019 2:39 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	481,217	0	0	0	1.00
2.00 Temporary investments	63,598,783	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	19,123,523	0	0	0	4.00
5.00 Other receivable	8,995,479	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-1,073,262	0	0	0	6.00
7.00 Inventory	5,857,105	0	0	0	7.00
8.00 Prepaid expenses	188,054	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	97,170,899	0	0	0	11.00
FIXED ASSETS					
12.00 Land	2,825,189	0	0	0	12.00
13.00 Land improvements	5,877,965	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	128,728,860	0	0	0	15.00
16.00 Accumulated depreciation	-85,724,731	0	0	0	16.00
17.00 Leasehold improvements	573,066	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	-502,383	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	53,872,855	0	0	0	23.00
24.00 Accumulated depreciation	-40,094,285	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)	65,556,536	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	40,840,202	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	9,999,126	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	50,839,328	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	213,566,763	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	9,034,995	0	0	0	37.00
38.00 Salaries, wages, and fees payable	624,563	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	1,034,839	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	6,310,988	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	17,005,385	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	28,613,147	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	577,848	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	29,190,995	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	46,196,380	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	167,370,383				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)	167,370,383	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	213,566,763	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0069

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

Worksheet G-1

Date/Time Prepared:
11/25/2019 2:39 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		159,377,448		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		13,850,786				2.00
3.00	Total (sum of line 1 and line 2)		173,228,234		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	FEDERAL GRANT LONG LIVE ASSET	8,151		0		0	5.00
6.00	TEMP REST NET ASSETS, CONTROL INT	1,068		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)		9,219		0		10.00
11.00	Subtotal (line 3 plus line 10)		173,237,453		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	UNREST TRANSFER EQUITY IC	3,363,884		0		0	13.00
14.00	IC PENSION EQUITY TRANSFER	2,502,293		0		0	14.00
15.00	NA TRANSFERS-UNRESTRICTED	893		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		5,867,070		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		167,370,383		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	FEDERAL GRANT LONG LIVE ASSET		0				5.00
6.00	TEMP REST NET ASSETS, CONTROL INT		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	UNREST TRANSFER EQUITY IC		0				13.00
14.00	IC PENSION EQUITY TRANSFER		0				14.00
15.00	NA TRANSFERS-UNRESTRICTED		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: 16-0069

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2019 2:39 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	56,769,131		56,769,131	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	2,952,819		2,952,819	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	3,110,747		3,110,747	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	62,832,697		62,832,697	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,407,422		6,407,422	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,407,422		6,407,422	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	69,240,119		69,240,119	17.00
18.00	Ancillary services	155,213,299	184,769,914	339,983,213	18.00
19.00	Outpatient services	8,237,374	19,276,829	27,514,203	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		7,947,893	7,947,893	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	PHYSICIAN PRACTICE	141,269	136,931	278,200	27.00
27.01	OAKCREST NURSING FACILITY	2,915,861	0	2,915,861	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	235,747,922	212,131,567	447,879,489	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		170,239,532		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)		170,239,532		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0069

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

Worksheet G-3

Date/Time Prepared:
11/25/2019 2:39 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	447,879,489	1.00
2.00	Less contractual allowances and discounts on patients' accounts	307,261,368	2.00
3.00	Net patient revenues (line 1 minus line 2)	140,618,121	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	170,239,532	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-29,621,411	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 (SPECIFY)	36,145,858	24.00
25.00	Total other income (sum of lines 6-24)	36,145,858	25.00
26.00	Total (line 5 plus line 25)	6,524,447	26.00
27.00	OTHER EXPENSES (SPECIFY)	-7,326,339	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-7,326,339	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,850,786	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0069

Period:

Worksheet H

HHA CCN: 16-7145

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 2:39 pmHome Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	864,485	182,219	45,582	0	49,576	1,141,862
7.00	Physical Therapy	346,847	73,109	22,446	0	19,541	461,943
8.00	Occupational Therapy	93,166	19,638	7,368	0	5,234	125,406
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	660	139	0	0	73	872
11.00	Home Health Aide	54,014	11,385	6,252	0	3,521	75,172
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	472,356	120,897	13,594	0	1,489,308	2,096,155
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	131,913	28,901	1,063	0	0	161,877
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,963,441	436,288	96,305	0	1,567,253	4,063,287
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-123,594	1,018,268	-139	1,018,129		6.00
7.00	Physical Therapy	-48,717	413,226	-55	413,171		7.00
8.00	Occupational Therapy	-13,048	112,358	-15	112,343		8.00
9.00	Speech Pathology	0	0	0	0		9.00
10.00	Medical Social Services	-181	691	0	691		10.00
11.00	Home Health Aide	-8,779	66,393	-10	66,383		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	-90,053	2,006,102	2,005	2,008,107		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	-16,686	145,191	0	145,191		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-301,058	3,762,229	1,786	3,764,015		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: 16-0069

Period:

Worksheet H-1

HHA CCN: 16-7145

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 2:39 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)	
							0	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	0	0	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,018,129	0	0	0	0	1,018,129	6.00
7.00	Physical Therapy	413,171	0	0	0	0	413,171	7.00
8.00	Occupational Therapy	112,343	0	0	0	0	112,343	8.00
9.00	Speech Pathology	0	0	0	0	0	0	9.00
10.00	Medical Social Services	691	0	0	0	0	691	10.00
11.00	Home Health Aide	66,383	0	0	0	0	66,383	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	2,008,107	0	0	0	0	2,008,107	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	145,191	0	0	0	0	145,191	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,764,015	0	0	0	0	3,764,015	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	0						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,018,129					6.00
7.00	Physical Therapy	0	413,171					7.00
8.00	Occupational Therapy	0	112,343					8.00
9.00	Speech Pathology	0	0					9.00
10.00	Medical Social Services	0	691					10.00
11.00	Home Health Aide	0	66,383					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	2,008,107					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	145,191					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		3,764,015					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0069

Period:

Worksheet H-1

HHA CCN: 16-7145

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 2:39 pmHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00						3.00
	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	0	3,764,015	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	1,018,129	6.00	
7.00	Physical Therapy	0	0	0	0	0	413,171	7.00	
8.00	Occupational Therapy	0	0	0	0	0	112,343	8.00	
9.00	Speech Pathology	0	0	0	0	0	0	9.00	
10.00	Medical Social Services	0	0	0	0	0	691	10.00	
11.00	Home Health Aide	0	0	0	0	0	66,383	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	2,008,107	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	145,191	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	0	0	3,764,015	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0		0	0	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.000000	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 2:39 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS	Agency 1					
			BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	MED ARTS BLDG		
				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	1,018,129	0	12,281	0	0	0	2.00	
3.00	Physical Therapy	413,171	0	4,848	0	0	0	3.00	
4.00	Occupational Therapy	112,343	0	1,299	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	691	0	19	0	0	0	6.00	
7.00	Home Health Aide	66,383	0	875	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	2,008,107	1,693	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	145,191	3,191	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)	3,764,015	4,884	19,322	0	0	0	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
Cost Center Description		CAPITAL RELATED COSTS							
		ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	BELLEVUE CLINIC	CASCADE CLINIC		
		1.05	1.06	1.07	1.08	1.09	1.10		
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	36,303	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	36,303	0	0	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 2:39 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	
		RETAIL PHARMACY	OAKCREST NURSING HOME	MVBLE EQUIP				
		1.11	1.12	2.00		4.01	5.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	1,416	209,686	1,862	12,811	2.00
3.00	Physical Therapy	0	0	558	82,651	734	5,205	3.00
4.00	Occupational Therapy	0	0	150	22,136	197	1,201	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	2	307	3	0	6.00
7.00	Home Health Aide	0	0	101	14,895	132	801	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	12,965	114,573	18,068	8,007	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	31,996	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	15,192	476,244	20,996	28,025	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		PURCHASING	PFS/COLLECTION	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.02	5.03	5A.03	5.06	6.00	7.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	1,256,185	135,183	1,822	34,331	2.00
3.00	Physical Therapy	0	0	507,167	54,578	718	13,537	3.00
4.00	Occupational Therapy	0	0	137,326	14,778	193	3,628	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	1,022	110	3	52	6.00
7.00	Home Health Aide	0	0	83,187	8,952	130	2,442	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	2,199,716	236,721	3,621	68,262	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	180,378	19,411	256	4,832	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	4,364,981	469,733	6,743	127,084	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: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/25/2019 2:39 pm

Home Health

PPS

Agency I

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	15,081	0	2,615	0	95,806	2.00
3.00	Physical Therapy	0	5,947	0	1,030	0	37,762	3.00
4.00	Occupational Therapy	0	1,594	0	276	0	10,115	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	23	0	4	0	140	6.00
7.00	Home Health Aide	0	1,073	0	186	0	6,806	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	29,985	0	2,710	0	79,686	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	2,123	0	77	0	15,192	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	55,826	0	6,898	0	245,507	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		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE CENTRAL STERILIZATION	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	18.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	6,783	0	2.00
3.00	Physical Therapy	0	0	0	0	2,689	0	3.00
4.00	Occupational Therapy	0	0	0	0	733	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	489	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	14,298	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	0	24,992	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 2:39 pmHome Health
Agency I

PPS

Cost Center Description		INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00	22.00	23.00	24.00	25.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,547,806	0	2.00
3.00	Physical Therapy	0	0	0	0	623,428	0	3.00
4.00	Occupational Therapy	0	0	0	0	168,643	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	1,354	0	6.00
7.00	Home Health Aide	0	0	0	0	103,265	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	2,634,999	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	222,269	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	0	5,301,764	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs				
		26.00	27.00	28.00				
1.00	Administrative and General	0						1.00
2.00	Skilled Nursing Care	1,547,806	0	1,547,806				2.00
3.00	Physical Therapy	623,428	0	623,428				3.00
4.00	Occupational Therapy	168,643	0	168,643				4.00
5.00	Speech Pathology	0	0	0				5.00
6.00	Medical Social Services	1,354	0	1,354				6.00
7.00	Home Health Aide	103,265	0	103,265				7.00
8.00	Supplies (see instructions)	0	0	0				8.00
9.00	Drugs	0	0	0				9.00
10.00	DME	2,634,999	0	2,634,999				10.00
11.00	Home Dialysis Aide Services	0	0	0				11.00
12.00	Respiratory Therapy	222,269	0	222,269				12.00
13.00	Private Duty Nursing	0	0	0				13.00
14.00	Clinic	0	0	0				14.00
15.00	Health Promotion Activities	0	0	0				15.00
16.00	Day Care Program	0	0	0				16.00
17.00	Home Delivered Meals Program	0	0	0				17.00
18.00	Homemaker Service	0	0	0				18.00
19.00	All Others (specify)	0	0	0				19.00
19.50	Telemedicine	0	0	0				19.50
20.00	Total (sum of lines 1-19) (2)	5,301,764	0	5,301,764				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 STATISTICAL BASIS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 2:39 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	47 BLDG (SQUARE FEET)	PROF ARTS PLAZA (SQUARE FEET)	ASBURY (SQUARE FEET)	MED ARTS BLDG (SQUARE FEET)	ENERGY CENTER (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	1,966	0	0	0	0	2.00
3.00	Physical Therapy	0	776	0	0	0	0	3.00
4.00	Occupational Therapy	0	208	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	3	0	0	0	0	6.00
7.00	Home Health Aide	0	140	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	147	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	277	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)	424	3,093	0	0	0	0	20.00
21.00	Total cost to be allocated	4,884	19,322	0	0	0	0	21.00
22.00	Unit cost multiplier	11.518868	6.247009	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		CAPITAL RELATED COSTS						
		RENTAL PROPERTIES (SQUARE FEET)	PARKING DECK (SQUARE FEET)	97 BLDG (SQUARE FEET)	BELLEVUE CLINIC (SQUARE FEET)	CASCADE CLINIC (SQUARE FEET)	RETAIL PHARMACY (SQUARE FEET)	
		1.06	1.07	1.08	1.09	1.10	1.11	
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	3,767	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	3,767	0	0	0	20.00
21.00	Total cost to be allocated	0	0	36,303	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	9.637112	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 2:39 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (PAYROLL DEDUCTIONS)	COMMUNICATIONS (DUBUQUE PHONES)	PURCHASING (PURCHASING REQUISITIONS)	
		OAKCREST NURSING HOME (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.12	2.00	4.00	4.01	5.01	5.02	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,416	864,485	3,439	32	0	2.00
3.00	Physical Therapy	0	558	340,750	1,356	13	0	3.00
4.00	Occupational Therapy	0	150	91,263	363	3	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	2	1,267	5	0	0	6.00
7.00	Home Health Aide	0	101	61,407	244	2	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	12,960	472,356	33,371	20	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	131,913	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	15,187	1,963,441	38,778	70	0	20.00
21.00	Total cost to be allocated	0	15,192	476,244	20,996	28,025	0	21.00
22.00	Unit cost multiplier	0.000000	1.000329	0.242556	0.541441	400.357143	0.000000	22.00
Cost Center Description		PFS/COLLECTION	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		(GROSS REVENUE)						
		5.03	5A.06	5.06	6.00	7.00	8.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	1,256,185	1,968	1,968	0	2.00
3.00	Physical Therapy	0	0	507,167	776	776	0	3.00
4.00	Occupational Therapy	0	0	137,326	208	208	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	1,022	3	3	0	6.00
7.00	Home Health Aide	0	0	83,187	140	140	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	2,199,716	3,913	3,913	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	180,378	277	277	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		4,364,981	7,285	7,285	0	20.00
21.00	Total cost to be allocated	0		469,733	6,743	127,084	0	21.00
22.00	Unit cost multiplier	0.000000		0.107614	0.925601	17.444612	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2018

Part II

To 06/30/2019

Date/Time Prepared:

11/25/2019 2:39 pm

						Home Health Agency I	PPS	
Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,968	0	12,532	0	30,138	0	2.00
3.00	Physical Therapy	776	0	4,939	0	11,879	0	3.00
4.00	Occupational Therapy	208	0	1,323	0	3,182	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	3	0	18	0	44	0	6.00
7.00	Home Health Aide	140	0	890	0	2,141	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	3,913	0	12,991	0	25,067	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	277	0	368	0	4,779	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)	7,285	0	33,061	0	77,230	0	20.00
21.00	Total cost to be allocated	55,826	0	6,898	0	245,507	0	21.00
22.00	Unit cost multiplier	7.663143	0.000000	0.208645	0.000000	3.178907	0.000000	22.00
Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
					CENTRAL STERILIZATION (HOURS)		NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	18.00	19.00	20.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	111	0	0	2.00
3.00	Physical Therapy	0	0	0	44	0	0	3.00
4.00	Occupational Therapy	0	0	0	12	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	8	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	234	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	409	0	0	20.00
21.00	Total cost to be allocated	0	0	0	24,992	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	61.105134	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

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

PPS

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)		
		SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		21.00	22.00			
1.00	Administrative and General	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0		2.00
3.00	Physical Therapy	0	0	0		3.00
4.00	Occupational Therapy	0	0	0		4.00
5.00	Speech Pathology	0	0	0		5.00
6.00	Medical Social Services	0	0	0		6.00
7.00	Home Health Aide	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0		8.00
9.00	Drugs	0	0	0		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others (specify)	0	0	0		19.00
19.50	Telemedicine	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0069

Period:

Worksheet H-3

HHA CCN: 16-7145

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 2:39 pm

Title XVIII

Home Health
Agency I

PPS

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

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

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	1,547,806		1,547,806	6,004	257.80	1.00
2.00	Physical Therapy	3.00	623,428	0	623,428	2,665	233.93	2.00
3.00	Occupational Therapy	4.00	168,643	0	168,643	877	192.30	3.00
4.00	Speech Pathology	5.00	0	0	0	0	0.00	4.00
5.00	Medical Social Services	6.00	1,354		1,354	2	677.00	5.00
6.00	Home Health Aide	7.00	103,265		103,265	1,844	56.00	6.00
7.00	Total (sum of lines 1-6)		2,444,496	0	2,444,496	11,392		7.00

Program Visits

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

Limitation Cost Computation

8.00	Skilled Nursing Care		20220	0	3,416			8.00
8.01	Skilled Nursing Care		99914	0	241			8.01
8.02	Skilled Nursing Care		99916	0	147			8.02
8.03	Skilled Nursing Care		99952	0	342			8.03
9.00	Physical Therapy		20220	0	1,561			9.00
9.01	Physical Therapy		99914	0	165			9.01
9.02	Physical Therapy		99916	0	102			9.02
9.03	Physical Therapy		99952	0	175			9.03
10.00	Occupational Therapy		20220	0	621			10.00
10.01	Occupational Therapy		99914	0	42			10.01
10.02	Occupational Therapy		99916	0	23			10.02
10.03	Occupational Therapy		99952	0	58			10.03
11.00	Speech Pathology		20220	0	0			11.00
11.01	Speech Pathology		99914	0	0			11.01
11.02	Speech Pathology		99916	0	0			11.02
11.03	Speech Pathology		99952	0	0			11.03
12.00	Medical Social Services		20220	0	3			12.00
12.01	Medical Social Services		99914	0	0			12.01
12.02	Medical Social Services		99916	0	0			12.02
12.03	Medical Social Services		99952	0	0			12.03
13.00	Home Health Aide		20220	0	666			13.00
13.01	Home Health Aide		99914	0	13			13.01
13.02	Home Health Aide		99916	0	5			13.02
13.03	Home Health Aide		99952	0	34			13.03
14.00	Total (sum of lines 8-13)			0	7,614			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	0	0	0	35,344	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0069

Period:

Worksheet H-3

HHA CCN: 16-7145

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

Home Health
Agency I

PPS

Cost Center Description		Program Visits		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
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	4,146	0	1,068,839		1.00	
2.00	Physical Therapy	0	2,003	0	468,562		2.00	
3.00	Occupational Therapy	0	744	0	143,071		3.00	
4.00	Speech Pathology	0	0	0	0		4.00	
5.00	Medical Social Services	0	3	0	2,031		5.00	
6.00	Home Health Aide	0	718	0	40,208		6.00	
7.00	Total (sum of lines 1-6)	0	7,614	0	1,722,711		7.00	
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges		Cost of Services				
		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
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0069

Period:

Worksheet H-3

HHA CCN: 16-7145

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 2:39 pm

Title XVIII

Home Health
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PPS

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	1,068,839		1.00
2.00	Physical Therapy	468,562		2.00
3.00	Occupational Therapy	143,071		3.00
4.00	Speech Pathology	0		4.00
5.00	Medical Social Services	2,031		5.00
6.00	Home Health Aide	40,208		6.00
7.00	Total (sum of lines 1-6)	1,722,711		7.00
Cost Center Description				
		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0069

Period:

Worksheet H-3

HHA CCN: 16-7145

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 2:39 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	0.327204	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.573930	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.320322	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0069 HHA CCN: 16-7145		Period: From 07/01/2018 To 06/30/2019		Worksheet H-4 Part I-II Date/Time Prepared: 11/25/2019 2:39 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		10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0		1,289,184		11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0		9,085		12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0		10,607		13.00
14.00	Total PPS Reimbursement - PEP Episodes		0		7,653		14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0		1,864		15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0		-1,640		16.00
17.00	Total Other Payments		0		0		17.00
18.00	DME Payments		0		0		18.00
19.00	Oxygen Payments		0		0		19.00
20.00	Prosthetic and Orthotic Payments		0		0		20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0		0		21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0		1,316,753		22.00
23.00	Excess reasonable cost (from line 8)		0		0		23.00
24.00	Subtotal (line 22 minus line 23)		0		1,316,753		24.00
25.00	Coinsurance billed to program patients (from your records)		0		0		25.00
26.00	Net cost (line 24 minus line 25)		0		1,316,753		26.00
27.00	Reimbursable bad debts (from your records)						27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)						28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0		1,316,753		29.00
30.00	OTHER (PER PS&R)		0		1,740		30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0		0		30.50
30.99	Demonstration payment adjustment amount before sequestration		0		0		30.99
31.00	Subtotal (see instructions)		0		1,318,493		31.00
31.01	Sequestration adjustment (see instructions)		0		26,370		31.01
31.02	Demonstration payment adjustment amount after sequestration		0		0		31.02
32.00	Interim payments (see instructions)		0		1,292,123		32.00
33.00	Tentative settlement (for contractor use only)		0		0		33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0		0		34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		0		35.00

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

Provider CCN: 16-0069

Period:

Worksheet H-5

HHA CCN: 16-7145

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 2:39 pmHome Health
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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		1,292,123	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,292,123	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		1,292,123	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0069	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/25/2019 2:39 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,662,872	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		55,179	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)		83.30	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)		3.81	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.10	8.00
9.00	Sum of lines 7 and 8		19.91	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.11	10.00
11.00	Disproportionate share adjustment (see instructions)		109,444	11.00
12.00	Total prospective capital payments (see instructions)		2,827,495	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