

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: 16-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/25/2019 2:56 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/25/2019	Time: 2:56 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 MERCY MEDICAL CENTER - CLINTON (16-0080) 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)

REGIONAL VICE PRESIDENT - FINANCE

Title

11/25/2019 02:56:39 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	-37,592	126,855	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-37,592	126,855	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: 16-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 2:56 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1410 N FOURTH STREET			PO Box:				1.00		
2.00	City: CLINTON			State: IA		Zip Code: 52732		County:		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		MERCY MEDICAL CENTER - CLINTON	160080	19340	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF		MERCY LIVING CENTER SOUTH	165119	19340		04/01/1983	N	P	N
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		MERCY HOME CARE	167154	19340		07/01/1998	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		MERCY HOSPICE	161527	19340		07/01/1998			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis		MERCY RENAL DIALYSIS	162313	19340		07/01/1991			
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019		
21.00	Type of Control (see instructions)						1			
							1.00	2.00		
							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)					N	N			
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			
				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.			241	116	115	53	2,007	76	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0080

Period:
From 07/01/2018
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					1		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					07/01/2018	06/30/2019	36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					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	N	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		
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
					1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 07/01/2018
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00	2.00	3.00	4.00		
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
	Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00	2.00	3.00			
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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

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

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			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00
		V	XIX	
		1.00	2.00	
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	N	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.	N	N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	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.	N	N	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.	N	N	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.	N	N	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 2:56 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	10,079	26,511	101,391	
		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.	Y	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1432		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 2:56 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		Contractor's Number: 08001						
142.00	Street: 20555 VICTOR PARKWAY	PO Box:								
143.00	City: LIVONIA	State: MI		Zip Code: 48152						
								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	Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N	N	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	N	N	157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF	N	N	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	N	N	161.00	
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								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)						07/01/2018	06/30/2019	170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 2:56 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	09/30/2019
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: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/25/2019 2:56 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.	JILL	TURNES		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.	734-343-0914	JILL.TURNES@TRINITY-HEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 2:56 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR. REIMBURSEMENT ANALYST		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: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 2:56 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	97	35,405	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)		97	35,405	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		107	39,055	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		107			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		4	1,460			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: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 2:56 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)	4,523	352	7,432			1.00
2.00	HMO and other (see instructions)	1,337	1,389				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	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)	4,523	352	7,432			7.00
8.00	INTENSIVE CARE UNIT	1,010	302	1,867			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		489	710			13.00
14.00	Total (see instructions)	5,533	1,143	10,009	0.00	592.42	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	9,175	152	44,740	0.00	39.98	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	6,375	0	9,744	0.00	9.83	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	642.23	27.00
28.00	Observation Bed Days		271	1,574			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			109			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	76	108			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			28			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: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 2:56 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	1,235	159	3,515	1.00
2.00 HMO and other (see instructions)			379	683		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,235	159	3,515	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						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: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 2:56 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	40,513,086	-136,304	40,376,782	1,335,477.00	30.23	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		786,072	0	786,072	8,320.00	94.48	3.00
4.00	Physician-Part A - Administrative		30,702	0	30,702	157.00	195.55	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		4,721,760	0	4,721,760	23,045.00	204.89	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	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		6,459,183	-211,691	6,247,492	281,257.00	22.21	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,442,991	0	1,442,991	20,727.00	69.62	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		659,714	0	659,714	3,213.00	205.33	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		3,778,707	0	3,778,707	85,524.00	44.18	14.01
14.02	Related organization salaries		84,616	0	84,616	597.00	141.74	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)		9,621,233	0	9,621,233			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,246,441	0	2,246,441			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		232,576	0	232,576			21.00
22.00	Physician Part A - Administrative		4,510	0	4,510			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		684,528	0	684,528			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,511,033	0	1,511,033			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,310,634	75,387	1,386,021	25,081.00	55.26	26.00
27.00	Administrative & General	5.00	2,546,672	0	2,546,672	92,843.00	27.43	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 2:56 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.)		888,682	0	888,682	8,786.00	101.15	28.00
29.00	Maintenance & Repairs	6.00	530,078	0	530,078	22,263.00	23.81	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	65,162	0	65,162	5,133.00	12.69	31.00
32.00	Housekeeping	9.00	648,824	0	648,824	50,251.00	12.91	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	855,415	0	855,415	53,932.00	15.86	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,486,599	0	1,486,599	40,289.00	36.90	38.00
39.00	Central Services and Supply	14.00	111,222	0	111,222	6,982.00	15.93	39.00
40.00	Pharmacy	15.00	1,171,508	0	1,171,508	29,089.00	40.27	40.00
41.00	Medical Records & Medical Records Library	16.00	604,879	0	604,879	24,897.00	24.30	41.00
42.00	Social Service	17.00	89,362	0	89,362	3,114.00	28.70	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/25/2019 2:56 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)	35,893,936	-136,304	35,757,632	1,312,898.00	27.24	1.00
2.00	Excluded area salaries (see instructions)	6,459,183	-211,691	6,247,492	281,257.00	22.21	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,434,753	75,387	29,510,140	1,031,641.00	28.61	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,966,028	0	5,966,028	110,061.00	54.21	4.00
5.00	Subtotal wage-related costs (see inst.)	11,136,776	0	11,136,776	0.00	37.74	5.00
6.00	Total (sum of lines 3 thru 5)	46,537,557	75,387	46,612,944	1,141,702.00	40.83	6.00
7.00	Total overhead cost (see instructions)	10,309,037	75,387	10,384,424	362,660.00	28.63	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
11/25/2019 2:56 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,815,462	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)	1,840,503	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	-2,395	6.00
7.00	Employee Managed Care Program Administration Fees	239,066	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)	1,678,624	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	1,735,787	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,394,322	9.00
10.00	Dental, Hearing and Vision Plan	172,627	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	42,190	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)	413,742	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	280,755	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,615,037	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	63,023	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	234,708	22.00
23.00	Tuition Reimbursement	265,838	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,789,289	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: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,442,991	12,789,289	1.00
2.00	Hospital	1,442,991	9,621,233	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	2,202,874	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	397,170	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	568,012	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 16-0080 Component CCN: 16-7154		Period: From 07/01/2018 To 06/30/2019		Worksheet S-4 Date/Time Prepared: 11/25/2019 2:56 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County	CLINTON				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,616	1	3,184	4,801	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	497.00	2.00	309.00	808.00	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		3.53	0.00	3.53	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			11.93	0.00	11.93	5.00
6.00	Direct Nursing Service			8.72	0.00	8.72	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			3.24	0.00	3.24	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.84	0.00	0.84	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.31	0.00	0.31	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.07	0.00	0.07	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.42	0.00	2.42	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	DME			11.69	0.00	11.69	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.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
20.01				99916			20.01
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,633	271	181	79	5,164	21.00
22.00	Skilled Nursing Visit Charges	832,500	48,780	32,580	14,220	928,080	22.00
23.00	Physical Therapy Visits	2,109	30	10	59	2,208	23.00
24.00	Physical Therapy Visit Charges	378,540	5,220	1,800	10,620	396,180	24.00
25.00	Occupational Therapy Visits	1,061	39	3	12	1,115	25.00
26.00	Occupational Therapy Visit Charges	190,440	7,020	540	2,160	200,160	26.00
27.00	Speech Pathology Visits	231	0	0	0	231	27.00
28.00	Speech Pathology Visit Charges	41,580	0	0	0	41,580	28.00
29.00	Medical Social Service Visits	51	0	3	0	54	29.00
30.00	Medical Social Service Visit Charges	10,200	0	600	0	10,800	30.00
31.00	Home Health Aide Visits	765	53	2	4	824	31.00
32.00	Home Health Aide Visit Charges	57,375	3,975	150	300	61,800	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	8,850	393	199	154	9,596	33.00
34.00	Other Charges	30,297	12,165	1,715	57	44,234	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,540,932	77,160	37,385	27,357	1,682,834	35.00
36.00	Total Number of Episodes (standard/non outlier)	606		75	12	693	36.00
37.00	Total Number of Outlier Episodes		13		1	14	37.00
38.00	Total Non-Routine Medical Supply Charges	7,894	1,442	863	19	10,218	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 16-0080

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

Worksheet S-5

Date/Time Prepared:
11/25/2019 2:56 pm

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	56	0	0	0	0	0	1.00	
2.00	Number of times per week patient receives dialysis	3.50	0.00	0.00	0.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	0.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	312	0					5.00	
6.00	Number of stations	13	0	0	0			6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	69.40	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						0		11.00
12.00	Number of patients transplanted during the cost reporting period						0		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X		21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOETINE-EPO AL	140,496	0	149,911	0		22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 16-0080

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

Worksheet S-5

Date/Time Prepared:
11/25/2019 2:56 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 16-0080

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

Worksheet S-7

Date/Time Prepared:
11/25/2019 2:56 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.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 16-0080

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

Worksheet S-7

Date/Time Prepared:
11/25/2019 2:56 pm

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

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 16-0080

Period:

Worksheet S-9

Hospice CCN: 16-1527

From 07/01/2018
To 06/30/2019PARTS I THROUGH IV
Date/Time Prepared:
11/25/2019 2:56 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	8,957	0	738	9,695	11.00
12.00	Hospice Inpatient Respite Care	33	0	12	45	12.00
13.00	Hospice General Inpatient Care	4	0	0	4	13.00
14.00	Total Hospice Days	8,994	0	750	9,744	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	33	0	12	45	15.00
16.00	Hospice General Inpatient Care	4	0	0	4	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 16-0080

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

Worksheet S-10

Date/Time Prepared:
11/25/2019 2:56 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)		0.286421	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		8,959,682	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		42,776,409	6.00
7.00	Medicaid cost (line 1 times line 6)		12,252,062	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)		3,292,380	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)		1,428	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		1,428	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		409	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		36,451	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,292,380	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)	3,682,380	233,325	3,915,705
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,054,711	233,325	1,288,036
22.00	Payments received from patients for amounts previously written off as charity care	105,572	30,575	136,147
23.00	Cost of charity care (line 21 minus line 22)	949,139	202,750	1,151,889
			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)		2,801,873	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		321,074	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		493,960	27.01
28.00	Non-Medicare bad debt expense (see instructions)		2,307,913	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		833,921	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,985,810	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,278,190	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0080

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

Worksheet A

Date/Time Prepared:
11/25/2019 2:56 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		2,495,789	2,495,789	787,583	3,283,372
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG		0	0	22,475	22,475
1.02	00102	CAP REL COSTS-MAT BUILDING		0	0	0	0
1.03	00103	CAP REL COSTS-RAD ONC		0	0	417	417
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,010,084	3,010,084
3.00	00300	OTHER CAP REL COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,310,634	471,022	1,781,656	5,933,221	7,714,877
5.02	00550	A&G-INFO SVCS	187,800	6,843,170	7,030,970	-56,436	6,974,534
5.03	00560	A&G-PURCH	415,328	189,667	604,995	-84,678	520,317
5.04	00570	A&G-ADMIT/REG	616,526	932,703	1,549,229	-134,289	1,414,940
5.06	00590	A&G-ALL OTHER	1,327,018	6,739,884	8,066,902	-175,158	7,891,744
6.00	00600	MAINTENANCE & REPAIRS	530,078	4,389,401	4,919,479	-122,954	4,796,525
8.00	00800	LAUNDRY & LINEN SERVICE	65,162	27,507	92,669	233,476	326,145
9.00	00900	HOUSEKEEPING	648,824	460,031	1,108,855	-183,326	925,529
10.00	01000	DIETARY	855,415	825,709	1,681,124	-134,724	1,546,400
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,486,599	634,757	2,121,356	-220,633	1,900,723
14.00	01400	CENTRAL SERVICES & SUPPLY	111,222	160,516	271,738	-148,839	122,899
15.00	01500	PHARMACY	1,171,508	3,048,593	4,220,101	-504,405	3,715,696
16.00	01600	MEDICAL RECORDS & LIBRARY	604,879	256,047	860,926	-104,321	756,605
17.00	01700	SOCIAL SERVICE	89,362	19,541	108,903	-13,345	95,558
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	839,119	839,119
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,163,022	3,613,900	8,776,922	-2,157,212	6,619,710
31.00	03100	INTENSIVE CARE UNIT	1,183,639	497,642	1,681,281	-333,308	1,347,973
43.00	04300	NURSERY	0	0	0	452,675	452,675
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,012,124	4,446,508	6,458,632	-3,355,614	3,103,018
51.00	05100	RECOVERY ROOM	255,622	76,874	332,496	-56,175	276,321
52.00	05200	DELIVERY ROOM & LABOR ROOM	150,112	52,603	202,715	273,736	476,451
53.00	05300	ANESTHESIOLOGY	1,237,681	249,517	1,487,198	-938,713	548,485
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,338,206	1,472,726	2,810,932	-973,125	1,837,807
54.01	05401	RADIATION ONCOLOGY	265,865	379,622	645,487	-59,693	585,794
58.00	05800	MRI	100,262	275,559	375,821	-24,574	351,247
59.00	05900	CARDIAC CATHETERIZATION	506,366	2,427,819	2,934,185	-1,579,310	1,354,875
60.00	06000	LABORATORY	1,039,534	1,537,184	2,576,718	-328,099	2,248,619
65.00	06500	RESPIRATORY THERAPY	724,855	277,217	1,002,072	-165,834	836,238
66.00	06600	PHYSICAL THERAPY	611,900	229,172	841,072	-108,124	732,948
67.00	06700	OCCUPATIONAL THERAPY	326,945	110,004	436,949	-43,697	393,252
68.00	06800	SPEECH PATHOLOGY	228,883	59,925	288,808	-29,080	259,728
69.00	06900	ELECTROCARDIOLOGY	356,063	183,924	539,987	-88,138	451,849
70.00	07000	ELECTROENCEPHALOGRAPHY	10,895	7,621	18,516	-5,479	13,037
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,046,699	3,046,699
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,657,969	1,657,969
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,220,082	1,220,082
74.00	07400	RENAL DIALYSIS	605,072	779,624	1,384,696	-125,104	1,259,592
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,606,215	2,981,452	9,587,667	-1,293,884	8,293,783
91.00	09100	EMERGENCY	1,910,287	3,852,422	5,762,709	-557,503	5,205,206
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	11,317	11,317	-9,975	1,342
101.00	10100	HOME HEALTH AGENCY	2,346,601	1,971,315	4,317,916	-664,568	3,653,348
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		710,063	710,063	-710,063	0
116.00	11600	HOSPICE	423,084	583,357	1,006,441	177,101	1,183,542
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,823,588	54,281,704	91,105,292	2,164,257	93,269,549
NONREIMBURSABLE COST CENTERS							
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	PASSTHRU COSTS	11,570	3,237	14,807	-2,225	12,582
194.07	07957	PHYSICIAN CLINICS	39,226	61,702	100,928	-15,151	85,777
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	33,544	8,104	41,648	-4,592	37,056
194.13	07963	TENDER CARE (PRENATAL CLASSES)	28,307	9,697	38,004	-5,876	32,128
194.16	07966	MERCY LIVING CENTER - NORTH	2,744,819	2,330,363	5,075,182	-701,923	4,373,259
194.17	07967	CHILD DAY CARE CENTER	441,022	215,425	656,447	-402,180	254,267
194.18	07968	MARKETING & ADVERTISING	132,475	461,129	593,604	-129,423	464,181
194.19	07969	MERCY FOUNDATION	54,625	12,343	66,968	-8,282	58,686
194.20	07970	RETAIL PHARMACY	203,910	918,571	1,122,481	-894,605	227,876
200.00		TOTAL (SUM OF LINES 118 through 199)	40,513,086	58,302,275	98,815,361	0	98,815,361

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0080

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

Worksheet A

Date/Time Prepared:
11/25/2019 2:56 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	-753,673	2,529,699	1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	38,231	60,706	1.01
1.02	00102	CAP REL COSTS-MAT BUILDING	0	0	1.02
1.03	00103	CAP REL COSTS-RAD ONC	0	417	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	173,765	3,183,849	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	640,979	8,355,856	4.00
5.02	00550	A&G-INFO SVCS	-539,027	6,435,507	5.02
5.03	00560	A&G-PURCH	-145,101	375,216	5.03
5.04	00570	A&G-ADMIT/REG	0	1,414,940	5.04
5.06	00590	A&G-ALL OTHER	156,737	8,048,481	5.06
6.00	00600	MAINTENANCE & REPAIRS	-1,805,911	2,990,614	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	326,145	8.00
9.00	00900	HOUSEKEEPING	-8,833	916,696	9.00
10.00	01000	DIETARY	-449,617	1,096,783	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-65,316	1,835,407	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	122,899	14.00
15.00	01500	PHARMACY	-4,505	3,711,191	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-5,337	751,268	16.00
17.00	01700	SOCIAL SERVICE	0	95,558	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-839,119	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,307,346	5,312,364	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,347,973	31.00
43.00	04300	NURSERY	0	452,675	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-77,543	3,025,475	50.00
51.00	05100	RECOVERY ROOM	0	276,321	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	476,451	52.00
53.00	05300	ANESTHESIOLOGY	-437,290	111,195	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-122,723	1,715,084	54.00
54.01	05401	RADIATION ONCOLOGY	-233,883	351,911	54.01
58.00	05800	MRI	0	351,247	58.00
59.00	05900	CARDIAC CATHETERIZATION	-281,925	1,072,950	59.00
60.00	06000	LABORATORY	-198,741	2,049,878	60.00
65.00	06500	RESPIRATORY THERAPY	0	836,238	65.00
66.00	06600	PHYSICAL THERAPY	0	732,948	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	393,252	67.00
68.00	06800	SPEECH PATHOLOGY	0	259,728	68.00
69.00	06900	ELECTROCARDIOLOGY	-7,615	444,234	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,037	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,046,699	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,657,969	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,220,082	73.00
74.00	07400	RENAL DIALYSIS	-6,798	1,252,794	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-4,739,435	3,554,348	90.00
91.00	09100	EMERGENCY	-1,232,441	3,972,765	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-1,342	0	95.00
101.00	10100	HOME HEALTH AGENCY	-14,424	3,638,924	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-3,516	1,180,026	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-12,271,749	80,997,800	118.00
NONREIMBURSABLE COST CENTERS					
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	12,582	194.01
194.07	07957	PHYSICIAN CLINICS	0	85,777	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	37,056	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	32,128	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	4,373,259	194.16
194.17	07967	CHILD DAY CARE CENTER	0	254,267	194.17
194.18	07968	MARKETING & ADVERTISING	0	464,181	194.18
194.19	07969	MERCY FOUNDATION	0	58,686	194.19
194.20	07970	RETAIL PHARMACY	0	227,876	194.20
200.00		TOTAL (SUM OF LINES 118 through 199)	-12,271,749	86,543,612	200.00

RECLASSIFICATIONS

Provider CCN: 16-0080

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 2:56 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CHARGEABLE SUPPLIES & IMPLANTS						
1.00	A&G-PURCH	5.03	0	535		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,046,699		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,657,969		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
TOTALS			0	4,705,203		
B - CHARGEABLE DRUGS RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,220,082		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
TOTALS			0	1,220,082		
C - LAUNDRY EXP ACCRUAL REVERSAL RCLS						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	250,484		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
TOTALS			0	250,484		
D - DIETARY EXP ACCRUAL REVERSAL RCLS						
1.00	DIETARY	10.00	0	143,102		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

RECLASSIFICATIONS

Provider CCN: 16-0080

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 2:56 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	143,102		
E - DIRECT ASSIGNED EMP BENE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,703,126		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
	TOTALS		0	5,703,126		
F - BUILDING DEPRECIATION						
1.00	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	1.01	0	22,475		1.00
2.00	CAP REL COSTS-RAD ONC	1.03	0	417		2.00
	TOTALS		0	22,892		
G - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	710,063		1.00
	TOTALS		0	710,063		
H - CHILDCARE RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	211,691	23,017		1.00
	TOTALS		211,691	23,017		

RECLASSIFICATIONS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	I - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	101,553		1.00
	TOTALS		0	101,553		
	J - MOVEABLE EQUIPMENT					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,010,084		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
	TOTALS		0	3,010,084		
	K - HOMECARE/HOSPICE BUSIN OFFICE					
1.00	HOSPICE	116.00	116,659	122,450		1.00
	TOTALS		116,659	122,450		
	L - EMPLOYEE HEALTH AND WELLNESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	136,304		1.00
	TOTALS		0	136,304		
	N - CRNA					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	786,072	53,047		1.00
	TOTALS		786,072	53,047		
	O - LDRP					
1.00	NURSERY	43.00	415,818	80,528		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	251,947	59,716		2.00
	TOTALS		667,765	140,244		
	P - MERCY1 REBRANDING					
1.00	A&G-ALL OTHER	5.06	0	105,703		1.00
	TOTALS		0	105,703		
500.00	Grand Total: Increases		1,782,187	16,447,354		500.00

RECLASSIFICATIONS

Provider CCN: 16-0080

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

Worksheet A-6

Date/Time Prepared:
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	Decreases				Wkst. A-7 Ref.			
	Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00				10.00
	A - CHARGEABLE SUPPLIES & IMPLANTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	159	0	1.00		
2.00	A&G-ADMIT/REG	5.04	0	1,643	0	2.00		
3.00	A&G-ALL OTHER	5.06	0	43	0	3.00		
4.00	MAINTENANCE & REPAIRS	6.00	0	10	0	4.00		
5.00	HOUSEKEEPING	9.00	0	1,246	0	5.00		
6.00	DIETARY	10.00	0	4,182	0	6.00		
7.00	NURSING ADMINISTRATION	13.00	0	131	0	7.00		
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,392	0	8.00		
9.00	PHARMACY	15.00	0	62,799	0	9.00		
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	6	0	10.00		
11.00	ADULTS & PEDIATRICS	30.00	0	163,980	0	11.00		
12.00	INTENSIVE CARE UNIT	31.00	0	84,251	0	12.00		
13.00	OPERATING ROOM	50.00	0	2,420,553	0	13.00		
14.00	RECOVERY ROOM	51.00	0	2,604	0	14.00		
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	12,850	0	15.00		
16.00	ANESTHESIOLOGY	53.00	0	2,555	0	16.00		
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	82,148	0	17.00		
18.00	RADIATION ONCOLOGY	54.01	0	3,280	0	18.00		
19.00	MRI	58.00	0	1,050	0	19.00		
20.00	CARDIAC CATHETERIZATION	59.00	0	1,108,003	0	20.00		
21.00	LABORATORY	60.00	0	22,207	0	21.00		
22.00	RESPIRATORY THERAPY	65.00	0	21,541	0	22.00		
23.00	PHYSICAL THERAPY	66.00	0	709	0	23.00		
24.00	ELECTROCARDIOLOGY	69.00	0	8,451	0	24.00		
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	14	0	25.00		
26.00	CLINIC	90.00	0	481,223	0	26.00		
27.00	EMERGENCY	91.00	0	132,302	0	27.00		
28.00	MERCY LIVING CENTER - NORTH	194.16	0	73,061	0	28.00		
29.00	CHILD DAY CARE CENTER	194.17	0	777	0	29.00		
30.00	RETAIL PHARMACY	194.20	0	33	0	30.00		
	TOTALS		0	4,705,203				
	B - CHARGEABLE DRUGS RECLASS							
1.00	DIETARY	10.00	0	2,184	0	1.00		
2.00	PHARMACY	15.00	0	110,273	0	2.00		
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	920	0	3.00		
4.00	CARDIAC CATHETERIZATION	59.00	0	120,264	0	4.00		
5.00	CLINIC	90.00	0	119,669	0	5.00		
6.00	RETAIL PHARMACY	194.20	0	866,772	0	6.00		
	TOTALS		0	1,220,082				
	C - LAUNDRY EXP ACCRUAL REVERSAL RCLS							
1.00	HOUSEKEEPING	9.00	0	8,705	0	1.00		
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,305	0	2.00		
3.00	ADULTS & PEDIATRICS	30.00	0	49,758	0	3.00		
4.00	INTENSIVE CARE UNIT	31.00	0	37,913	0	4.00		
5.00	OPERATING ROOM	50.00	0	37,275	0	5.00		
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,190	0	6.00		
7.00	RADIATION ONCOLOGY	54.01	0	2,655	0	7.00		
8.00	MRI	58.00	0	1,395	0	8.00		
9.00	CARDIAC CATHETERIZATION	59.00	0	1,529	0	9.00		
10.00	LABORATORY	60.00	0	826	0	10.00		
11.00	PHYSICAL THERAPY	66.00	0	2,272	0	11.00		
12.00	ELECTROCARDIOLOGY	69.00	0	3,650	0	12.00		
13.00	RENAL DIALYSIS	74.00	0	4,395	0	13.00		
14.00	CLINIC	90.00	0	3,176	0	14.00		
15.00	EMERGENCY	91.00	0	35,119	0	15.00		
16.00	AMBULANCE SERVICES	95.00	0	9,975	0	16.00		
17.00	MERCY LIVING CENTER - NORTH	194.16	0	35,346	0	17.00		
	TOTALS		0	250,484				
	D - DIETARY EXP ACCRUAL REVERSAL RCLS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,899	0	1.00		
2.00	A&G-ADMIT/REG	5.04	0	7	0	2.00		
3.00	A&G-ALL OTHER	5.06	0	26,723	0	3.00		
4.00	HOUSEKEEPING	9.00	0	761	0	4.00		
5.00	NURSING ADMINISTRATION	13.00	0	98	0	5.00		
6.00	PHARMACY	15.00	0	30	0	6.00		
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	45	0	7.00		
8.00	ADULTS & PEDIATRICS	30.00	0	32,107	0	8.00		
9.00	INTENSIVE CARE UNIT	31.00	0	4,825	0	9.00		
10.00	OPERATING ROOM	50.00	0	3,010	0	10.00		
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	112	0	11.00		
12.00	RADIATION ONCOLOGY	54.01	0	213	0	12.00		
13.00	CARDIAC CATHETERIZATION	59.00	0	248	0	13.00		
14.00	RESPIRATORY THERAPY	65.00	0	62	0	14.00		

RECLASSIFICATIONS

Provider CCN: 16-0080

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
15.00	PHYSICAL THERAPY	66.00	0	114	0		15.00
16.00	SPEECH PATHOLOGY	68.00	0	46	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	104	0		17.00
18.00	CLINIC	90.00	0	116	0		18.00
19.00	EMERGENCY	91.00	0	5,756	0		19.00
20.00	HOSPICE	116.00	0	249	0		20.00
21.00	PHYSICIAN CLINICS	194.07	0	8,037	0		21.00
22.00	TENDERCARE (PRENATAL CLASSES)	194.13	0	712	0		22.00
23.00	MERCY LIVING CENTER - NORTH	194.16	0	10,752	0		23.00
24.00	CHILD DAY CARE CENTER	194.17	0	42,876	0		24.00
25.00	MARKETING & ADVERTISING	194.18	0	2,200	0		25.00
	TOTALS		0	143,102			
E - DIRECT ASSIGNED EMP BENE							
1.00	A&G-INFO SVCS	5.02	0	21,209	0		1.00
2.00	A&G-PURCH	5.03	0	78,362	0		2.00
3.00	A&G-ADMIT/REG	5.04	0	132,335	0		3.00
4.00	A&G-ALL OTHER	5.06	0	121,737	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	88,731	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	17,008	0		6.00
7.00	HOUSEKEEPING	9.00	0	168,406	0		7.00
8.00	DIETARY	10.00	0	188,576	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	206,391	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	24,554	0		10.00
11.00	PHARMACY	15.00	0	141,541	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	99,367	0		12.00
13.00	SOCIAL SERVICE	17.00	0	13,345	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	783,514	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	163,005	0		15.00
16.00	OPERATING ROOM	50.00	0	307,139	0		16.00
17.00	RECOVERY ROOM	51.00	0	35,382	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	21,606	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	97,039	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	208,347	0		20.00
21.00	RADIATION ONCOLOGY	54.01	0	37,589	0		21.00
22.00	MRI	58.00	0	15,046	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	68,563	0		23.00
24.00	LABORATORY	60.00	0	172,569	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	105,405	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	93,226	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	43,697	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	29,034	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	57,659	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,672	0		30.00
31.00	RENAL DIALYSIS	74.00	0	95,993	0		31.00
32.00	CLINIC	90.00	0	628,011	0		32.00
33.00	EMERGENCY	91.00	0	281,979	0		33.00
34.00	HOME HEALTH AGENCY	101.00	0	367,566	0		34.00
35.00	HOSPICE	116.00	0	61,759	0		35.00
36.00	PASSTHRU COSTS	194.01	0	2,225	0		36.00
37.00	PHYSICIAN CLINICS	194.07	0	7,114	0		37.00
38.00	TENDERCARE (PRENATAL CLASSES)	194.13	0	5,164	0		38.00
39.00	MERCY LIVING CENTER - NORTH	194.16	0	526,028	0		39.00
40.00	CHILD DAY CARE CENTER	194.17	0	123,819	0		40.00
41.00	MARKETING & ADVERTISING	194.18	0	20,740	0		41.00
42.00	MERCY FOUNDATION	194.19	0	8,282	0		42.00
43.00	RETAIL PHARMACY	194.20	0	27,800	0		43.00
44.00	MEDICALLY ASSISTED TREATMENT	194.08	0	4,592	0		44.00
	BLDG						
	TOTALS		0	5,703,126			
F - BUILDING DEPRECIATION							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	22,892	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	22,892			
G - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	710,063	11		1.00
	TOTALS		0	710,063			
H - CHILDCARE RECLASS							
1.00	CHILD DAY CARE CENTER	194.17	211,691	23,017	0		1.00
	TOTALS		211,691	23,017			

RECLASSIFICATIONS

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Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/25/2019 2:56 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	I - PROPERTY INSURANCE						
1.00	A&G-ALL OTHER	5.06	0	101,553	12		1.00
	TOTALS		0	101,553			
	J - MOVEABLE EQUIPMENT						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	24,033	9		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	555	0		2.00
3.00	A&G-INFO SVCS	5.02	0	35,227	0		3.00
4.00	A&G-PURCH	5.03	0	6,851	0		4.00
5.00	A&G-ADMIT/REG	5.04	0	304	0		5.00
6.00	A&G-ALL OTHER	5.06	0	30,805	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	34,213	0		7.00
8.00	HOUSEKEEPING	9.00	0	4,208	0		8.00
9.00	DIETARY	10.00	0	82,884	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	14,013	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	86,696	0		11.00
12.00	PHARMACY	15.00	0	189,762	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,903	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	319,844	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	43,314	0		15.00
16.00	NURSERY	43.00	0	43,671	0		16.00
17.00	OPERATING ROOM	50.00	0	587,637	0		17.00
18.00	RECOVERY ROOM	51.00	0	18,189	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,471	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	666,408	0		20.00
21.00	RADIATION ONCOLOGY	54.01	0	15,956	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	280,703	0		22.00
23.00	LABORATORY	60.00	0	132,497	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	38,826	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	11,803	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	18,274	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,793	0		27.00
28.00	RENAL DIALYSIS	74.00	0	24,716	0		28.00
29.00	CLINIC	90.00	0	61,689	0		29.00
30.00	EMERGENCY	91.00	0	102,347	0		30.00
31.00	HOME HEALTH AGENCY	101.00	0	57,893	0		31.00
32.00	MERCY LIVING CENTER - NORTH	194.16	0	56,736	0		32.00
33.00	MARKETING & ADVERTISING	194.18	0	780	0		33.00
34.00	MRI	58.00	0	7,083	0		34.00
	TOTALS		0	3,010,084			
	K - HOMECARE/HOSPICE BUSIN OFFICE						
1.00	HOME HEALTH AGENCY	101.00	116,659	122,450	0		1.00
	TOTALS		116,659	122,450			
	L - EMPLOYEE HEALTH AND WELLNESS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	136,304	0	0		1.00
	TOTALS		136,304	0			
	N - CRNA						
1.00	ANESTHESIOLOGY	53.00	786,072	53,047	0		1.00
	TOTALS		786,072	53,047			
	O - LDRP						
1.00	ADULTS & PEDIATRICS	30.00	667,765	140,244	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		667,765	140,244			
	P - MERCY1 REBRANDING						
1.00	MARKETING & ADVERTISING	194.18	0	105,703	0		1.00
	TOTALS		0	105,703			
500.00	Grand Total: Decreases		1,918,491	16,311,050			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/25/2019 2:56 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	905,281	0	0	0	0	1.00	
2.00	Land Improvements	3,187,078	176,139	0	176,139	0	2.00	
3.00	Buildings and Fixtures	85,767,346	3,500,731	0	3,500,731	2,692,901	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	41,215,589	801,027	0	801,027	1,024,774	6.00	
7.00	HIT designated Assets	24,496,690	829,596	0	829,596	0	7.00	
8.00	Subtotal (sum of lines 1-7)	155,571,984	5,307,493	0	5,307,493	3,717,675	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	155,571,984	5,307,493	0	5,307,493	3,717,675	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	905,281	0					1.00
2.00	Land Improvements	3,363,217	1,820,068					2.00
3.00	Buildings and Fixtures	86,575,176	35,607,753					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	40,991,842	25,793,134					6.00
7.00	HIT designated Assets	25,326,286	0					7.00
8.00	Subtotal (sum of lines 1-7)	157,161,802	63,220,955					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	157,161,802	63,220,955					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/25/2019 2:56 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	2,495,789	0	0	0	0	1.00
1.01	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	0	0	0	0	1.01
1.02	CAP REL COSTS-MAT BUILDING	0	0	0	0	0	1.02
1.03	CAP REL COSTS-RAD ONC	0	0	0	0	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,495,789	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	2,495,789				1.00
1.01	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	0				1.01
1.02	CAP REL COSTS-MAT BUILDING	0	0				1.02
1.03	CAP REL COSTS-RAD ONC	0	0				1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,495,789				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/25/2019 2:56 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	90,843,674	0	90,843,674	0.578026	0	1.00
1.01	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS-MAT BUILDING	0	0	0	0.000000	0	1.02
1.03	CAP REL COSTS-RAD ONC	0	0	0	0.000000	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	66,318,128	0	66,318,128	0.421974	0	2.00
3.00	Total (sum of lines 1-2)	157,161,802	0	157,161,802	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	2,471,756	0	1.00
1.01	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	0	0	60,706	0	1.01
1.02	CAP REL COSTS-MAT BUILDING	0	0	0	0	0	1.02
1.03	CAP REL COSTS-RAD ONC	0	0	0	417	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,183,849	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,716,728	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	-43,610	101,553	0	0	2,529,699	1.00
1.01	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	0	0	0	60,706	1.01
1.02	CAP REL COSTS-MAT BUILDING	0	0	0	0	0	1.02
1.03	CAP REL COSTS-RAD ONC	0	0	0	0	417	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,183,849	2.00
3.00	Total (sum of lines 1-2)	-43,610	101,553	0	0	5,774,671	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0080

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 2:56 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		A	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-753,673	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - CAP REL COSTS-SOUTH 1970 BLUFF BLDG (chapter 2)			0CAP REL COSTS-SOUTH 1970 BLUFF BLDG	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-MAT BUILDING (chapter 2)			0CAP REL COSTS-MAT BUILDING	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-RAD ONC (chapter 2)			0CAP REL COSTS-RAD ONC	1.03	0	1.03
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	-8,451,362			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	-646,565			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-392,645	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		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	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	-7,075	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-SOUTH 1970 BLUFF BLDG	A	38,231	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	1.01	9	26.01
26.02	Depreciation - CAP REL COSTS-MAT BUILDING			0CAP REL COSTS-MAT BUILDING	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-RAD ONC			0CAP REL COSTS-RAD ONC	1.03	0	26.03
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0080

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 2:56 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
28.00 Non-physician Anesthetist	A	-839,119	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 CATERING REVENUE	B	-4,213	DIETARY	10.00	0	33.01
33.02 NON PATIENT DRUG REVENUE	B	-4,505	PHARMACY	15.00	0	33.02
33.03 RENTAL SPACE REVENUE	B	-86,618	A&G-ALL OTHER	5.06	0	33.03
33.04 RENTAL SPACE REVENUE	B	-114,046	MAINTENANCE & REPAIRS	6.00	0	33.04
33.05 OTHER OPERATING REVENUE	B	-407	A&G-ALL OTHER	5.06	0	33.05
33.06 OTHER OPERATING REVENUE	B	-3,633	MAINTENANCE & REPAIRS	6.00	0	33.06
33.07 OTHER OPERATING REVENUE	B	-122	NURSING ADMINISTRATION	13.00	0	33.07
33.08 OTHER OPERATING REVENUE	B	-37	MEDICAL RECORDS & LIBRARY	16.00	0	33.08
33.09 OTHER OPERATING REVENUE	B	-1,560	ADULTS & PEDIATRICS	30.00	0	33.09
33.10 OTHER OPERATING REVENUE	B	-49	LABORATORY	60.00	0	33.10
33.11 OTHER OPERATING REVENUE	B	-2	RENAL DIALYSIS	74.00	0	33.11
33.12 OTHER OPERATING REVENUE	B	-41,388	CLINIC	90.00	0	33.12
33.13 OTHER OPERATING REVENUE	B	-1,391	HOME HEALTH AGENCY	101.00	0	33.13
33.14 OTHER REVENUE COPIES	B	-79	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.14
33.15 OTHER REVENUE COPIES	B	-5,300	MEDICAL RECORDS & LIBRARY	16.00	0	33.15
33.16 DME OTHER INCOME	B	-12,495	HOME HEALTH AGENCY	101.00	0	33.16
33.17 CLINICAL LAB REVENUE	B	-19,731	LABORATORY	60.00	0	33.17
33.18 MGT REVENUE MRI	B	-38,933	RADIOLOGY-DIAGNOSTIC	54.00	0	33.18
33.19 CE AND CPR REVENUE	B	-894	NURSING ADMINISTRATION	13.00	0	33.19
33.20 IC OTHER REVENUE	B	-5,075	RADIOLOGY-DIAGNOSTIC	54.00	0	33.20
33.21 IC RENT REVENUE	B	-78,715	RADIOLOGY-DIAGNOSTIC	54.00	0	33.21
33.22 EMPLOYEE WELLNESS REVENUES	B	-5,420	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.22
33.23 WELLNESS REVENUE	B	-15,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.23
33.24 INCOME TAXES	B	8,000	A&G-ALL OTHER	5.06	0	33.24
33.25 EXTERNAL PERSONNEL SRVC	B	-45	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.25
34.01 PHYSICIAN RECRUITING EXPENSE	A	-23,389	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.01
34.02 PHYSICIAN RECRUITING EXPENSE	A	-113,981	A&G-ALL OTHER	5.06	0	34.02
34.03 OFFSET PATIENT TRANSPORTATION	A	-8,925	CARDIAC CATHETERIZATION	59.00	0	34.03
34.04 OFFSET PATIENT TRANSPORTATION	A	-1,342	AMBULANCE SERVICES	95.00	0	34.04
34.05 OFFSET PATIENT TRANSPORTATION	A	-3,516	HOSPICE	116.00	0	34.05
34.06 MEDICAID TAX EXPENSE	A	-578,115	A&G-ALL OTHER	5.06	0	34.06
34.07 PT TUITION	A	-1,956	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.07
34.08 DONATIONS EXPENSE	A	-36,680	A&G-ALL OTHER	5.06	0	34.08
34.09 ADVERTISING EXPENSE	A	-4,312	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.09
34.10 ADVERTISING EXPENSE	A	-538	HOME HEALTH AGENCY	101.00	0	34.10
34.11 LOBBYING EXPENSE	A	-15,129	A&G-ALL OTHER	5.06	0	34.11
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,271,749				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 16-0080

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 2:56 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	IC - LOAN	653,531	653,531	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	TH - CAPITAL	121,543	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	TIS - CAPITAL	52,222	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC - PHARMACY REBATE	-259,786	-259,786	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC - PENSION	676,484	-600,991	4.01
4.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC - STOP LOSS	0	100,660	4.02
4.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC - TUITION	205,662	205,662	4.03
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC - HR	0	228,938	4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC - WORKERS COMP	280,755	537,452	4.05
4.06	5.02	A&G-INFO SVCS	IC - AMORTIZATION	1,351,277	1,351,277	4.06
4.07	5.02	A&G-INFO SVCS	IC - TELECOM	291,442	291,442	4.07
4.08	5.02	A&G-INFO SVCS	TIS - HOME OFFICE	4,601,041	5,140,068	4.08
4.09	5.03	A&G-PURCH	IC - SUPPLY CHAIN	0	145,101	4.09
4.10	5.04	A&G-ADMIT/REG	IC - PFS	625,800	625,800	4.10
4.11	5.06	A&G-ALL OTHER	TH - HOME OFFICE	4,893,123	3,632,405	4.11
4.12	5.06	A&G-ALL OTHER	IC - FEES	5,999	5,999	4.12
4.13	5.06	A&G-ALL OTHER	IC - MALPRACTICE	137,981	201,892	4.13
4.14	5.06	A&G-ALL OTHER	IC - PROPERTY	75,246	101,553	4.14
4.15	5.06	A&G-ALL OTHER	IC - INTEGRATED RISK	72,489	184,396	4.15
4.16	6.00	MAINTENANCE & REPAIRS	IC - MAINTENANCE & REPAIRS	0	1,688,232	4.16
4.17	9.00	HOUSEKEEPING	IC - SUPPLY CHAIN	0	8,833	4.17
4.18	10.00	DIETARY	IC - SUPPLY CHAIN	53,435	99,119	4.18
4.19	30.00	ADULTS & PEDIATRICS	IC - OCCUPANCY	231	231	4.19
4.20	58.00	MRI	IC - RENT EXPENSE	83,790	83,790	4.20
4.21	90.00	CLINIC	IC - PURCHASED SERVICES	275,208	275,208	4.21
4.22	101.00	HOME HEALTH AGENCY	IC - FEES	242,763	242,763	4.22
4.23	194.07	PHYSICIAN CLINICS	IC - FEES	29,000	29,000	4.23
4.24	194.16	MERCY LIVING CENTER - NORTH	IC - FEES	494,051	494,051	4.24
4.25	5.06	A&G-ALL OTHER	IC-MCY1 REBRAND	129,250	129,250	4.25
4.26	5.06	A&G-ALL OTHER	IC-ACO FEES	70,830	109,629	4.26
4.27	13.00	NURSING ADMINISTRATION	IC-ACO FEES	117,382	181,682	4.27
4.28	5.06	A&G-ALL OTHER	IC-MCY1 OVERHEAD	538,218	578,345	4.28
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			15,818,967	16,465,532	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	G		0.00	TRINITY HEALTH	100.00	6.00
7.00	G		0.00	TRINITY INFO SV	100.00	7.00
8.00	G		0.00	MRI	75.00	8.00
9.00	G		0.00	MERCY HOMECARE	100.00	9.00
9.01	G		0.00	PHYSICIAN OFFIC	100.00	9.01
9.02	G		0.00	MLC - NORTH	100.00	9.02
10.00	G		0.00	MERCY ONE	0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00
		FINANCIAL				

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

Provider CCN: 16-0080

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 2:56 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

(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: 16-0080

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 2:56 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	0	11		1.00
2.00	121,543	9		2.00
3.00	52,222	9		3.00
4.00	0	0		4.00
4.01	1,277,475	0		4.01
4.02	-100,660	0		4.02
4.03	0	0		4.03
4.04	-228,938	0		4.04
4.05	-256,697	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	-539,027	0		4.08
4.09	-145,101	0		4.09
4.10	0	0		4.10
4.11	1,260,718	0		4.11
4.12	0	0		4.12
4.13	-63,911	0		4.13
4.14	-26,307	0		4.14
4.15	-111,907	0		4.15
4.16	-1,688,232	0		4.16
4.17	-8,833	0		4.17
4.18	-45,684	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
4.26	-38,799	0		4.26
4.27	-64,300	0		4.27
4.28	-40,127	0		4.28
5.00	-646,565			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	INFO SERVICES	7.00
8.00	JOINT VENTURE	8.00
9.00	HOMECARE	9.00
9.01	PHYSICIANS	9.01
9.02	NURSING HOME	9.02
10.00	OTHER	10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0080

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

Worksheet A-8-2

Date/Time Prepared:
11/25/2019 2:56 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	30.00	ADULTS & PEDIATRICS	1,305,786	1,305,786	0	211,500	0	1.00
2.00	50.00	OPERATING ROOM	77,543	77,543	0	246,400	0	2.00
3.00	53.00	ANESTHESIOLOGY	449,375	426,863	22,512	239,400	105	3.00
4.00	54.01	RADIATION ONCOLOGY	292,757	150,801	141,956	211,500	579	4.00
5.00	59.00	CARDIAC CATHETERIZATION	273,000	273,000	0	211,500	0	5.00
6.00	60.00	LABORATORY	245,055	122,528	122,527	211,500	650	6.00
7.00	69.00	ELECTROCARDIOLOGY	12,699	0	12,699	211,500	50	7.00
8.00	74.00	RENAL DIALYSIS	31,200	0	31,200	211,500	240	8.00
9.00	90.00	CLINIC	4,703,335	4,695,145	8,190	211,500	52	9.00
10.00	91.00	EMERGENCY	1,338,191	1,052,191	286,000	211,500	1,040	10.00
200.00			8,728,941	8,103,857	625,084		2,716	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	12,085	604	0	0	0	3.00
4.00	54.01	RADIATION ONCOLOGY	58,874	2,944	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	66,094	3,305	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	5,084	254	0	0	0	7.00
8.00	74.00	RENAL DIALYSIS	24,404	1,220	0	0	0	8.00
9.00	90.00	CLINIC	5,288	264	0	0	0	9.00
10.00	91.00	EMERGENCY	105,750	5,288	0	0	0	10.00
200.00			277,579	13,879	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	30.00	ADULTS & PEDIATRICS	0	0	0	1,305,786		1.00
2.00	50.00	OPERATING ROOM	0	0	0	77,543		2.00
3.00	53.00	ANESTHESIOLOGY	0	12,085	10,427	437,290		3.00
4.00	54.01	RADIATION ONCOLOGY	0	58,874	83,082	233,883		4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	273,000		5.00
6.00	60.00	LABORATORY	0	66,094	56,433	178,961		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	5,084	7,615	7,615		7.00
8.00	74.00	RENAL DIALYSIS	0	24,404	6,796	6,796		8.00
9.00	90.00	CLINIC	0	5,288	2,902	4,698,047		9.00
10.00	91.00	EMERGENCY	0	105,750	180,250	1,232,441		10.00
200.00			0	277,579	347,505	8,451,362		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	SOUTH 1970 BLUFF BLDG	MAT BUILDING	RAD ONC	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,529,699	2,529,699			1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	60,706	0	60,706		1.01
1.02	00102	CAP REL COSTS-MAT BUILDING	0	0	0	0	1.02
1.03	00103	CAP REL COSTS-RAD ONC	417	0	0	417	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,183,849				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,355,856	20,615	377	0	4.00
5.02	00550	A&G-INFO SVCS	6,435,507	35,114	0	0	5.02
5.03	00560	A&G-PURCH	375,216	71,273	0	0	5.03
5.04	00570	A&G-ADMIT/REG	1,414,940	38,609	0	0	5.04
5.06	00590	A&G-ALL OTHER	8,048,481	153,921	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,990,614	50,142	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	326,145	14,441	0	0	8.00
9.00	00900	HOUSEKEEPING	916,696	17,005	0	0	9.00
10.00	01000	DIETARY	1,096,783	105,527	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,835,407	116,788	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	122,899	41,560	0	0	14.00
15.00	01500	PHARMACY	3,711,191	35,214	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	751,268	47,277	0	0	16.00
17.00	01700	SOCIAL SERVICE	95,558	21,747	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,312,364	292,742	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,347,973	71,932	0	0	31.00
43.00	04300	NURSERY	452,675	45,027	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,025,475	366,036	0	0	50.00
51.00	05100	RECOVERY ROOM	276,321	10,988	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	476,451	47,678	0	0	52.00
53.00	05300	ANESTHESIOLOGY	111,195	1,877	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,715,084	224,363	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	351,911	0	0	417	54.01
58.00	05800	MRI	351,247	29,799	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,072,950	89,353	0	0	59.00
60.00	06000	LABORATORY	2,049,878	77,834	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	836,238	32,449	0	0	65.00
66.00	06600	PHYSICAL THERAPY	732,948	0	13,972	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	393,252	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	259,728	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	444,234	27,234	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,037	10,215	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,046,699	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,657,969	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,220,082	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,252,794	0	7,802	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,554,348	273,115	0	0	90.00
91.00	09100	EMERGENCY	3,972,765	99,066	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	42,391	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,638,924	0	23,227	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,180,026	0	1,324	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	80,997,800	2,511,332	46,702	0	118.00
NONREIMBURSABLE COST CENTERS							
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	12,582	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	85,777	7,708	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	37,056	0	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	32,128	989	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	4,373,259	0	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	254,267	0	14,004	0	194.17
194.18	07968	MARKETING & ADVERTISING	464,181	6,805	0	0	194.18
194.19	07969	MERCY FOUNDATION	58,686	2,865	0	0	194.19
194.20	07970	RETAIL PHARMACY	227,876	0	0	0	194.20

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	SOUTH 1970 BLUFF BLDG	MAT BUILDING	RAD ONC	
			0	1.00	1.01	1.02	1.03	
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)	86,543,612	2,529,699	60,706	0	417	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	A&G-INFO SVCS	A&G-PURCH	
			MYBLE EQUIP					
			2.00	4.00	4A	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-RAD ONC						1.03
2.00	00200	CAP REL COSTS-MYBLE EQUIP	3,183,849					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	592	8,377,440				4.00
5.02	00550	A&G-INFO SVCS	37,560	40,350	6,548,531	6,548,531		5.02
5.03	00560	A&G-PURCH	7,305	89,236	543,030	44,454	587,484	5.03
5.04	00570	A&G-ADMIT/REG	324	132,465	1,586,338	129,861	0	5.04
5.06	00590	A&G-ALL OTHER	32,846	285,119	8,520,367	697,465	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	36,479	113,891	3,191,126	261,232	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	14,001	354,587	29,027	0	8.00
9.00	00900	HOUSEKEEPING	4,487	139,404	1,077,592	88,214	0	9.00
10.00	01000	DIETARY	88,374	183,792	1,474,476	120,704	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	14,941	319,406	2,286,542	187,181	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	92,439	23,897	280,795	22,986	0	14.00
15.00	01500	PHARMACY	202,332	251,707	4,200,444	343,857	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,228	129,962	933,735	76,437	0	16.00
17.00	01700	SOCIAL SERVICE	0	19,200	136,505	11,175	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	168,893	168,893	13,826	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	341,030	965,837	6,911,973	565,828	50,903	30.00
31.00	03100	INTENSIVE CARE UNIT	46,183	254,313	1,720,401	140,835	16,013	31.00
43.00	04300	NURSERY	46,564	89,341	633,607	51,868	1,857	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	626,562	432,319	4,450,392	364,318	76,751	50.00
51.00	05100	RECOVERY ROOM	19,394	54,922	361,625	29,603	12,489	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,701	86,385	614,215	50,281	4,589	52.00
53.00	05300	ANESTHESIOLOGY	0	97,031	210,103	17,199	19,598	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	710,553	287,523	2,937,523	240,472	73,753	54.00
54.01	05401	RADIATION ONCOLOGY	17,013	57,123	426,464	34,911	10,418	54.01
58.00	05800	MRI	7,552	21,542	410,140	33,575	5,154	58.00
59.00	05900	CARDIAC CATHETERIZATION	299,297	108,796	1,570,396	128,556	36,815	59.00
60.00	06000	LABORATORY	141,274	223,351	2,492,337	204,028	58,240	60.00
65.00	06500	RESPIRATORY THERAPY	41,398	155,740	1,065,825	87,251	5,955	65.00
66.00	06600	PHYSICAL THERAPY	12,585	131,471	890,976	72,937	3,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	70,246	463,498	37,943	2,655	67.00
68.00	06800	SPEECH PATHOLOGY	0	49,177	308,905	25,288	1,341	68.00
69.00	06900	ELECTROCARDIOLOGY	19,484	76,503	567,455	46,453	19,278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,044	2,341	29,637	2,426	142	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,046,699	249,409	4,712	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,657,969	135,725	8,933	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,220,082	99,878	52,210	73.00
74.00	07400	RENAL DIALYSIS	26,353	130,004	1,416,953	115,995	43,730	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	65,775	1,419,395	5,312,633	434,903	12,424	90.00
91.00	09100	EMERGENCY	109,126	410,439	4,591,396	375,861	47,976	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	42,391	3,470	0	95.00
101.00	10100	HOME HEALTH AGENCY	61,728	479,119	4,202,998	344,066	13,978	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	115,968	1,297,318	106,201	4,314	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,122,523	7,630,209	80,156,872	6,025,699	587,484	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	2,486	15,068	1,233	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	8,428	101,913	8,343	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	7,207	44,263	3,623	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	6,082	39,199	3,209	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	60,494	589,744	5,023,497	411,234	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	49,273	317,544	25,995	0	194.17
194.18	07968	MARKETING & ADVERTISING	832	28,463	500,281	40,954	0	194.18
194.19	07969	MERCY FOUNDATION	0	11,737	73,288	6,000	0	194.19
194.20	07970	RETAIL PHARMACY	0	43,811	271,687	22,241	0	194.20
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	A&G-INFO SVCS	A&G-PURCH	
	MVBLE	EQUIP					
	2.00	4.00		4A	5.02	5.03	
202.00	TOTAL (sum lines 118 through 201)		3,183,849	8,377,440	86,543,612	6,548,531	587,484
							202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
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Cost Center Description			A&G-ADMIT/REG	Subtotal	A&G-ALL OTHER	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	
			5.04	5A.04	5.06	6.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-RAD ONC						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG	1,716,199					5.04
5.06	00590	A&G-ALL OTHER	0	9,217,832	9,217,832			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,452,358	411,549	3,863,907		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	383,614	45,730	19,302	448,646	8.00
9.00	00900	HOUSEKEEPING	0	1,165,806	138,973	22,730	10,514	9.00
10.00	01000	DIETARY	0	1,595,180	190,158	141,052	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,473,723	294,888	156,103	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	303,781	36,213	55,551	2,395	14.00
15.00	01500	PHARMACY	0	4,544,301	541,717	47,068	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,010,172	120,421	63,192	0	16.00
17.00	01700	SOCIAL SERVICE	0	147,680	17,605	29,068	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	182,719	21,782	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	148,709	7,677,413	915,188	391,291	90,898	30.00
31.00	03100	INTENSIVE CARE UNIT	46,781	1,924,030	229,360	96,147	69,598	31.00
43.00	04300	NURSERY	5,426	692,758	82,582	60,185	293	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	224,127	5,115,588	609,819	489,259	68,426	50.00
51.00	05100	RECOVERY ROOM	36,487	440,204	52,476	14,687	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,407	682,492	81,359	63,728	0	52.00
53.00	05300	ANESTHESIOLOGY	57,254	304,154	36,258	2,509	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	215,463	3,467,211	413,319	299,893	27,884	54.00
54.01	05401	RADIATION ONCOLOGY	30,437	502,230	59,870	187,277	4,874	54.01
58.00	05800	MRI	15,058	463,927	55,304	39,830	2,560	58.00
59.00	05900	CARDIAC CATHETERIZATION	107,553	1,843,320	219,738	119,432	2,809	59.00
60.00	06000	LABORATORY	170,144	2,924,749	348,653	104,037	7	60.00
65.00	06500	RESPIRATORY THERAPY	17,398	1,176,429	140,240	43,373	0	65.00
66.00	06600	PHYSICAL THERAPY	9,511	976,680	116,428	172,628	4,172	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,755	511,851	61,017	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,917	339,451	40,465	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	56,319	689,505	82,195	36,402	6,699	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	416	32,621	3,889	13,653	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,767	3,314,587	395,125	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,097	1,828,724	217,999	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	152,528	1,524,698	181,756	0	0	73.00
74.00	07400	RENAL DIALYSIS	127,754	1,704,432	203,182	96,396	4,023	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,296	5,796,256	690,960	365,057	5,829	90.00
91.00	09100	EMERGENCY	140,158	5,155,391	614,564	132,415	64,468	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	45,861	5,467	56,662	18,311	95.00
101.00	10100	HOME HEALTH AGENCY	40,834	4,601,876	548,580	287,005	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,603	1,420,436	169,327	16,353	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,716,199	79,634,040	8,394,156	3,622,285	383,760	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	16,301	1,943	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	110,256	13,143	10,302	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	47,886	5,708	44,043	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	42,408	5,055	1,321	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	5,434,731	647,863	0	64,886	194.16
194.17	07967	CHILD DAY CARE CENTER	0	343,539	40,953	173,030	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	541,235	64,520	9,096	0	194.18
194.19	07969	MERCY FOUNDATION	0	79,288	9,452	3,830	0	194.19
194.20	07970	RETAIL PHARMACY	0	293,928	35,039	0	0	194.20
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)	1,716,199	86,543,612	9,217,832	3,863,907	448,646	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-RAD ONC						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG						5.04
5.06	00590	A&G-ALL OTHER						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,338,023					9.00
10.00	01000	DIETARY	51,723	1,978,113				10.00
11.00	01100	CAFETERIA	0	1,422,191	1,422,191			11.00
13.00	01300	NURSING ADMINISTRATION	57,243	0	62,203	3,044,160		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,371	0	8,482	0	426,793	14.00
15.00	01500	PHARMACY	17,260	0	39,584	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,172	0	33,929	0	0	16.00
17.00	01700	SOCIAL SERVICE	10,659	0	2,827	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	143,486	533,783	229,020	969,266	0	30.00
31.00	03100	INTENSIVE CARE UNIT	35,257	22,139	48,066	219,566	0	31.00
43.00	04300	NURSERY	22,070	0	25,447	1,872	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	179,407	0	98,960	256,369	0	50.00
51.00	05100	RECOVERY ROOM	5,386	0	11,310	54,353	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,369	0	5,655	30,471	0	52.00
53.00	05300	ANESTHESIOLOGY	920	0	14,137	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	109,970	0	65,031	2,251	0	54.00
54.01	05401	RADIATION ONCOLOGY	68,674	0	11,310	11,948	0	54.01
58.00	05800	MRI	14,606	0	5,655	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,796	0	19,792	38,123	0	59.00
60.00	06000	LABORATORY	38,150	0	59,376	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	15,905	0	33,929	35	0	65.00
66.00	06600	PHYSICAL THERAPY	63,302	0	31,102	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	14,137	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	8,482	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,349	0	19,792	28,178	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,007	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	276,387	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	150,406	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	35,348	0	31,102	48,455	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	133,866	0	130,061	238,358	0	90.00
91.00	09100	EMERGENCY	48,556	0	90,477	333,534	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	20,778	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	105,244	0	62,203	122,428	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,997	0	0	56,804	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,312,871	1,978,113	1,162,069	2,412,011	426,793	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	3,778	0	2,827	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	16,150	0	0	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	485	0	0	366	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	189,437	631,783	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	0	50,894	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	3,335	0	5,655	0	0	194.18
194.19	07969	MERCY FOUNDATION	1,404	0	2,827	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	0	8,482	0	0	194.20
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)	1,338,023	1,978,113	1,422,191	3,044,160	426,793	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
			15.00	16.00	17.00	19.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-RAD ONC						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG						5.04
5.06	00590	A&G-ALL OTHER						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	5,189,930					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,250,886				16.00
17.00	01700	SOCIAL SERVICE	0	0	207,839			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	204,501		19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	108,380	0	0	11,058,725	30.00
31.00	03100	INTENSIVE CARE UNIT	0	34,094	0	0	2,678,257	31.00
43.00	04300	NURSERY	0	3,955	0	0	889,162	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	163,460	0	0	6,981,288	50.00
51.00	05100	RECOVERY ROOM	0	26,592	0	0	605,008	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,771	0	0	896,845	52.00
53.00	05300	ANESTHESIOLOGY	0	41,727	0	204,501	604,206	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	157,030	0	0	4,542,589	54.00
54.01	05401	RADIATION ONCOLOGY	0	22,182	0	0	868,365	54.01
58.00	05800	MRI	0	10,974	0	0	592,856	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	78,385	0	0	2,365,395	59.00
60.00	06000	LABORATORY	0	124,002	0	0	3,598,974	60.00
65.00	06500	RESPIRATORY THERAPY	0	12,680	0	0	1,422,591	65.00
66.00	06600	PHYSICAL THERAPY	0	6,932	0	0	1,371,244	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,652	0	0	592,657	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,855	0	0	391,253	68.00
69.00	06900	ELECTROCARDIOLOGY	0	41,045	0	0	917,165	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	303	0	0	55,473	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,033	0	0	3,996,132	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,019	0	0	2,216,148	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,189,930	111,163	36,543	0	7,044,090	73.00
74.00	07400	RENAL DIALYSIS	0	93,107	0	0	2,216,045	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	26,452	0	0	7,386,839	90.00
91.00	09100	EMERGENCY	0	102,148	0	0	6,541,553	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	147,079	95.00
101.00	10100	HOME HEALTH AGENCY	0	29,760	4,218	0	5,761,314	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	9,185	49,874		1,727,976	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,189,930	1,250,886	90,635	204,501	77,469,229	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	18,244	194.01
194.07	07957	PHYSICIAN CLINICS	0	0	0	0	140,306	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	0	0	113,787	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	0	0	0	49,635	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	117,204	0	7,085,904	194.16
194.17	07967	CHILD DAY CARE CENTER	0	0	0	0	608,416	194.17
194.18	07968	MARKETING & ADVERTISING	0	0	0	0	623,841	194.18
194.19	07969	MERCY FOUNDATION	0	0	0	0	96,801	194.19
194.20	07970	RETAIL PHARMACY	0	0	0	0	337,449	194.20
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,189,930	1,250,886	207,839	204,501	86,543,612	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG		1.01
1.02	00102	CAP REL COSTS-MAT BUILDING		1.02
1.03	00103	CAP REL COSTS-RAD ONC		1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00550	A&G-INFO SVCS		5.02
5.03	00560	A&G-PURCH		5.03
5.04	00570	A&G-ADMIT/REG		5.04
5.06	00590	A&G-ALL OTHER		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 11,058,725	30.00
31.00	03100	INTENSIVE CARE UNIT	0 2,678,257	31.00
43.00	04300	NURSERY	0 889,162	43.00
44.00	04400	SKILLED NURSING FACILITY	0 0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 6,981,288	50.00
51.00	05100	RECOVERY ROOM	0 605,008	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 896,845	52.00
53.00	05300	ANESTHESIOLOGY	0 604,206	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 4,542,589	54.00
54.01	05401	RADIATION ONCOLOGY	0 868,365	54.01
58.00	05800	MRI	0 592,856	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 2,365,395	59.00
60.00	06000	LABORATORY	0 3,598,974	60.00
65.00	06500	RESPIRATORY THERAPY	0 1,422,591	65.00
66.00	06600	PHYSICAL THERAPY	0 1,371,244	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 592,657	67.00
68.00	06800	SPEECH PATHOLOGY	0 391,253	68.00
69.00	06900	ELECTROCARDIOLOGY	0 917,165	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 55,473	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 3,996,132	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 2,216,148	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 7,044,090	73.00
74.00	07400	RENAL DIALYSIS	-140,496 2,075,549	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0 7,386,839	90.00
91.00	09100	EMERGENCY	0 6,541,553	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0 147,079	95.00
101.00	10100	HOME HEALTH AGENCY	0 5,761,314	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0 1,727,976	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0 77,328,733	118.00
NONREIMBURSABLE COST CENTERS				
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0 0	194.00
194.01	07951	PASSTHRU COSTS	0 18,244	194.01
194.07	07957	PHYSICIAN CLINICS	0 140,306	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0 113,787	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0 49,635	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0 7,085,904	194.16
194.17	07967	CHILD DAY CARE CENTER	0 608,416	194.17
194.18	07968	MARKETING & ADVERTISING	0 623,841	194.18
194.19	07969	MERCY FOUNDATION	0 96,801	194.19
194.20	07970	RETAIL PHARMACY	0 337,449	194.20
200.00		Cross Foot Adjustments	0 0	200.00
201.00		Negative Cost Centers	0 0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
202.00	TOTAL (sum lines 118 through 201)	0	86,403,116	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description			CAPITAL RELATED COSTS					
			Directly Assigned New Capital Related Costs	BLDG & FIXT	SOUTH 1970 BLUFF BLDG	MAT BUILDING		RAD ONC
			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-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-RAD ONC						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	20,615	377	0	0	4.00
5.02	00550	A&G-INFO SVCS	0	35,114	0	0	0	5.02
5.03	00560	A&G-PURCH	0	71,273	0	0	0	5.03
5.04	00570	A&G-ADMIT/REG	0	38,609	0	0	0	5.04
5.06	00590	A&G-ALL OTHER	0	153,921	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	-39,513	50,142	0	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	14,441	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	17,005	0	0	0	9.00
10.00	01000	DIETARY	0	105,527	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	116,788	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,508	41,560	0	0	0	14.00
15.00	01500	PHARMACY	13,942	35,214	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	47,277	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	21,747	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,738	292,742	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,535	71,932	0	0	0	31.00
43.00	04300	NURSERY	0	45,027	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,360	366,036	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	10,988	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	47,678	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,877	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	224,363	0	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	0	0	0	0	417	54.01
58.00	05800	MRI	0	29,799	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	89,353	0	0	0	59.00
60.00	06000	LABORATORY	0	77,834	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,702	32,449	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	13,972	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	660	27,234	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,215	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	7,802	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	21,978	273,115	0	0	0	90.00
91.00	09100	EMERGENCY	0	99,066	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	42,391	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,000	0	23,227	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	29,661	0	1,324	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	77,571	2,511,332	46,702	0	417	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	7,708	0	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	0	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	989	0	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	1,458	0	0	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	0	14,004	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	6,805	0	0	0	194.18
194.19	07969	MERCY FOUNDATION	0	2,865	0	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	0	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	SOUTH 1970 BLUFF BLDG	MAT BUILDING	RAD ONC	
			1.00	1.01	1.02	1.03	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	79,029	2,529,699	60,706	0	417	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	A&G-INFO SVCS	A&G-PURCH	
			MOVBLE EQUIP					
			2.00	2A	4.00	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-RAD ONC						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	592	21,584	21,584			4.00
5.02	00550	A&G-INFO SVCS	37,560	72,674	104	72,778		5.02
5.03	00560	A&G-PURCH	7,305	78,578	230	494	79,302	5.03
5.04	00570	A&G-ADMIT/REG	324	38,933	342	1,444	0	5.04
5.06	00590	A&G-ALL OTHER	32,846	186,767	735	7,734	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	36,479	47,108	294	2,904	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	14,441	36	323	0	8.00
9.00	00900	HOUSEKEEPING	4,487	21,492	359	981	0	9.00
10.00	01000	DIETARY	88,374	193,901	474	1,342	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	14,941	131,729	824	2,081	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	92,439	138,507	62	256	0	14.00
15.00	01500	PHARMACY	202,332	251,488	649	3,822	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,228	52,505	335	850	0	16.00
17.00	01700	SOCIAL SERVICE	0	21,747	50	124	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	435	154	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	341,030	643,510	2,490	6,290	6,878	30.00
31.00	03100	INTENSIVE CARE UNIT	46,183	121,650	656	1,566	2,164	31.00
43.00	04300	NURSERY	46,564	91,591	230	577	251	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	626,562	1,020,958	1,115	4,050	10,294	50.00
51.00	05100	RECOVERY ROOM	19,394	30,382	142	329	1,687	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,701	51,379	223	559	620	52.00
53.00	05300	ANESTHESIOLOGY	0	1,877	250	191	2,648	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	710,553	934,916	741	2,673	9,965	54.00
54.01	05401	RADIATION ONCOLOGY	17,013	17,430	147	388	1,408	54.01
58.00	05800	MRI	7,552	37,351	56	373	696	58.00
59.00	05900	CARDIAC CATHETERIZATION	299,297	388,650	281	1,429	4,974	59.00
60.00	06000	LABORATORY	141,274	219,108	576	2,268	7,869	60.00
65.00	06500	RESPIRATORY THERAPY	41,398	75,549	402	970	805	65.00
66.00	06600	PHYSICAL THERAPY	12,585	26,557	339	811	440	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	181	422	359	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	127	281	181	68.00
69.00	06900	ELECTROCARDIOLOGY	19,484	47,378	197	516	2,605	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,044	14,259	6	27	19	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,772	637	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,509	1,207	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,110	7,054	73.00
74.00	07400	RENAL DIALYSIS	26,353	34,155	335	1,289	5,908	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	65,775	360,868	3,642	4,834	1,679	90.00
91.00	09100	EMERGENCY	109,126	208,192	1,058	4,178	6,482	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	42,391	0	39	0	95.00
101.00	10100	HOME HEALTH AGENCY	61,728	87,955	1,235	3,825	1,889	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	30,985	299	1,181	583	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,122,523	5,758,545	19,657	66,966	79,302	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	6	14	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	7,708	22	93	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	19	40	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	989	16	36	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	60,494	61,952	1,521	4,571	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	14,004	127	289	0	194.17
194.18	07968	MARKETING & ADVERTISING	832	7,637	73	455	0	194.18
194.19	07969	MERCY FOUNDATION	0	2,865	30	67	0	194.19
194.20	07970	RETAIL PHARMACY	0	0	113	247	0	194.20
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	A&G-INFO SVCS	A&G-PURCH	
			MVBLE EQUIP					
			2.00	2A	4.00	5.02	5.03	
202.00	TOTAL (sum lines 118 through 201)		3,183,849	5,853,700	21,584	72,778	79,302	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
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Cost Center Description		A&G-ADMIT/REG	A&G-ALL OTHER	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	5.06	6.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG					1.01
1.02	00102	CAP REL COSTS-MAT BUILDING					1.02
1.03	00103	CAP REL COSTS-RAD ONC					1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00550	A&G-INFO SVCS					5.02
5.03	00560	A&G-PURCH					5.03
5.04	00570	A&G-ADMIT/REG	40,719				5.04
5.06	00590	A&G-ALL OTHER	0	195,236			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	8,717	59,023		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	969	295	16,064	8.00
9.00	00900	HOUSEKEEPING	0	2,944	347	376	26,499
10.00	01000	DIETARY	0	4,028	2,155	0	1,024
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	6,246	2,385	0	1,134
14.00	01400	CENTRAL SERVICES & SUPPLY	0	767	849	86	403
15.00	01500	PHARMACY	0	11,474	719	0	342
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,551	965	0	459
17.00	01700	SOCIAL SERVICE	0	373	444	0	211
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	461	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,532	19,375	5,977	3,255	2,842
31.00	03100	INTENSIVE CARE UNIT	1,111	4,858	1,469	2,492	698
43.00	04300	NURSERY	129	1,749	919	10	437
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,278	12,917	7,474	2,450	3,553
51.00	05100	RECOVERY ROOM	867	1,112	224	0	107
52.00	05200	DELIVERY ROOM & LABOR ROOM	318	1,723	973	0	463
53.00	05300	ANESTHESIOLOGY	1,360	768	38	0	18
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,118	8,755	4,581	998	2,178
54.01	05401	RADIATION ONCOLOGY	723	1,268	2,861	175	1,360
58.00	05800	MRI	358	1,171	608	92	289
59.00	05900	CARDIAC CATHETERIZATION	2,555	4,654	1,824	101	867
60.00	06000	LABORATORY	4,041	7,385	1,589	0	756
65.00	06500	RESPIRATORY THERAPY	413	2,970	663	0	315
66.00	06600	PHYSICAL THERAPY	226	2,466	2,637	149	1,254
67.00	06700	OCCUPATIONAL THERAPY	184	1,292	0	0	0
68.00	06800	SPEECH PATHOLOGY	93	857	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,338	1,741	556	240	264
70.00	07000	ELECTROENCEPHALOGRAPHY	10	82	209	0	99
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	327	8,369	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	620	4,618	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,623	3,850	0	0	0
74.00	07400	RENAL DIALYSIS	3,035	4,304	1,472	144	700
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	862	14,636	5,576	209	2,651
91.00	09100	EMERGENCY	3,329	13,017	2,023	2,308	962
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	116	866	656	411
101.00	10100	HOME HEALTH AGENCY	970	11,620	4,384	0	2,084
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	299	3,587	250	0	119
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,719	177,790	55,332	13,741	26,000
NONREIMBURSABLE COST CENTERS							
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	PASSTHRU COSTS	0	41	0	0	0
194.07	07957	PHYSICIAN CLINICS	0	278	157	0	75
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	121	673	0	320
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	107	20	0	10
194.16	07966	MERCY LIVING CENTER - NORTH	0	13,723	0	2,323	0
194.17	07967	CHILD DAY CARE CENTER	0	867	2,643	0	0
194.18	07968	MARKETING & ADVERTISING	0	1,367	139	0	66
194.19	07969	MERCY FOUNDATION	0	200	59	0	28
194.20	07970	RETAIL PHARMACY	0	742	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	40,719	195,236	59,023	16,064	26,499

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-RAD ONC						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG						5.04
5.06	00590	A&G-ALL OTHER						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	202,924					10.00
11.00	01100	CAFETERIA	145,895	145,895				11.00
13.00	01300	NURSING ADMINISTRATION	0	6,381	150,780			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	870	0	141,800		14.00
15.00	01500	PHARMACY	0	4,061	0	0	272,555	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,481	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	290	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,758	23,495	48,008	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,271	4,931	10,875	0	0	31.00
43.00	04300	NURSERY	0	2,610	93	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	10,152	12,698	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,160	2,692	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	580	1,509	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,450	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,671	112	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	0	1,160	592	0	0	54.01
58.00	05800	MRI	0	580	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,030	1,888	0	0	59.00
60.00	06000	LABORATORY	0	6,091	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,481	2	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,191	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,450	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	870	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,030	1,396	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	91,829	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	49,971	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	272,555	73.00
74.00	07400	RENAL DIALYSIS	0	3,191	2,400	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	13,342	11,806	0	0	90.00
91.00	09100	EMERGENCY	0	9,282	16,520	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	6,381	6,064	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	2,814	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	202,924	119,211	119,469	141,800	272,555	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	290	0	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	0	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	0	18	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	19,433	31,293	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	5,221	0	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	580	0	0	0	194.18
194.19	07969	MERCY FOUNDATION	0	290	0	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	870	0	0	0	194.20
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)	202,924	145,895	150,780	141,800	272,555	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	19.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-RAD ONC						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG						5.04
5.06	00590	A&G-ALL OTHER						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	61,146					16.00
17.00	01700	SOCIAL SERVICE	0	23,239				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	1,050			19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,287	0		825,697	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,663	0		156,404	0	31.00
43.00	04300	NURSERY	193	0		98,789	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,100	0		1,099,039	0	50.00
51.00	05100	RECOVERY ROOM	1,297	0		39,999	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	477	0		58,824	0	52.00
53.00	05300	ANESTHESIOLOGY	2,035	0		10,635	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,660	0		984,368	0	54.00
54.01	05401	RADIATION ONCOLOGY	1,082	0		28,594	0	54.01
58.00	05800	MRI	535	0		42,109	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,824	0		413,077	0	59.00
60.00	06000	LABORATORY	6,049	0		255,732	0	60.00
65.00	06500	RESPIRATORY THERAPY	619	0		86,189	0	65.00
66.00	06600	PHYSICAL THERAPY	338	0		38,408	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	276	0		4,164	0	67.00
68.00	06800	SPEECH PATHOLOGY	139	0		2,548	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,002	0		60,263	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15	0		14,726	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	489	0		104,423	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	928	0		58,853	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,423	4,086		297,701	0	73.00
74.00	07400	RENAL DIALYSIS	4,542	0		61,475	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,290	0		421,395	0	90.00
91.00	09100	EMERGENCY	4,983	0		272,334	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0		44,479	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,452	472		128,331	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	448	5,577		46,142	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	61,146	10,135	0	5,654,698	0	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0		61	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	0		8,623	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0		1,173	0	194.08
194.13	07963	TENDERCARE (PRENATAL CLASSES)	0	0		1,196	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	13,104		147,920	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	0		23,151	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	0		10,317	0	194.18
194.19	07969	MERCY FOUNDATION	0	0		3,539	0	194.19
194.20	07970	RETAIL PHARMACY	0	0		1,972	0	194.20
200.00		Cross Foot Adjustments			1,050	1,050	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
202.00	TOTAL (sum lines 118 through 201)	61,146	23,239	1,050	5,853,700	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	1.01
1.02	00102	CAP REL COSTS-MAT BUILDING	1.02
1.03	00103	CAP REL COSTS-RAD ONC	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.02	00550	A&G-INFO SVCS	5.02
5.03	00560	A&G-PURCH	5.03
5.04	00570	A&G-ADMIT/REG	5.04
5.06	00590	A&G-ALL OTHER	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	RADIATION ONCOLOGY	54.01
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	194.00
194.01	07951	PASSTHRU COSTS	194.01
194.07	07957	PHYSICIAN CLINICS	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	194.16
194.17	07967	CHILD DAY CARE CENTER	194.17
194.18	07968	MARKETING & ADVERTISING	194.18
194.19	07969	MERCY FOUNDATION	194.19
194.20	07970	RETAIL PHARMACY	194.20
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	SOUTH 1970 BLUFF BLDG (SQUARE FEET)	MAT BUILDING (SQUARE FEET)	RAD ONC (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
1.00	1.01	1.02	1.03	2.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	176,578					1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	39,170				1.01
1.02	00102	CAP REL COSTS-MAT BUILDING	0	0	2,300			1.02
1.03	00103	CAP REL COSTS-RAD ONC	0	0	0	9,780		1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2,986,052	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,439	243	0	0	555	4.00
5.02	00550	A&G-INFO SVCS	2,451	0	0	0	35,227	5.02
5.03	00560	A&G-PURCH	4,975	0	0	0	6,851	5.03
5.04	00570	A&G-ADMIT/REG	2,695	0	0	0	304	5.04
5.06	00590	A&G-ALL OTHER	10,744	0	0	0	30,805	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,500	0	0	0	34,213	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,008	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,187	0	0	0	4,208	9.00
10.00	01000	DIETARY	7,366	0	0	0	82,884	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,152	0	0	0	14,013	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,901	0	0	0	86,696	14.00
15.00	01500	PHARMACY	2,458	0	0	0	189,762	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,300	0	0	0	4,903	16.00
17.00	01700	SOCIAL SERVICE	1,518	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,434	0	0	0	319,844	30.00
31.00	03100	INTENSIVE CARE UNIT	5,021	0	0	0	43,314	31.00
43.00	04300	NURSERY	3,143	0	0	0	43,671	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,550	0	0	0	587,637	50.00
51.00	05100	RECOVERY ROOM	767	0	0	0	18,189	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,328	0	0	0	3,471	52.00
53.00	05300	ANESTHESIOLOGY	131	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,661	0	0	0	666,409	54.00
54.01	05401	RADIATION ONCOLOGY	0	0	0	9,780	15,956	54.01
58.00	05800	MRI	2,080	0	0	0	7,083	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,237	0	0	0	280,703	59.00
60.00	06000	LABORATORY	5,433	0	0	0	132,497	60.00
65.00	06500	RESPIRATORY THERAPY	2,265	0	0	0	38,826	65.00
66.00	06600	PHYSICAL THERAPY	0	9,015	0	0	11,803	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	1,901	0	0	0	18,274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	713	0	0	0	3,793	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,034	0	0	24,716	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	19,064	0	0	0	61,689	90.00
91.00	09100	EMERGENCY	6,915	0	0	0	102,347	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,959	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	14,988	0	0	57,893	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	854	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	175,296	30,134	0	9,780	2,928,536	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	538	0	0	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	2,300	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	69	0	0	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	0	0	56,736	194.16
194.17	07967	CHILD DAY CARE CENTER	0	9,036	0	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	475	0	0	0	780	194.18
194.19	07969	MERCY FOUNDATION	200	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	0	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	SOUTH 1970 BLUFF BLDG (SQUARE FEET)	MAT BUILDING (SQUARE FEET)	RAD ONC (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.00	1.01	1.02	1.03	2.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	2,529,699	60,706	0	417	3,183,849	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.326241	1.549809	0.000000	0.042638	1.066240	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: 16-0080

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	A&G-INFO SVCS (ACCUM. COST)	A&G-PURCH (GROSS CHAR GES)	A&G-ADMIT/REG (GROSS CHAR GES)	
			4.00	5A.02	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-RAD ONC						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	38,990,761					4.00
5.02	00550	A&G-INFO SVCS	187,800	-6,548,531	79,995,081			5.02
5.03	00560	A&G-PURCH	415,328	0	543,030	269,983,150		5.03
5.04	00570	A&G-ADMIT/REG	616,526	0	1,586,338	0	269,983,150	5.04
5.06	00590	A&G-ALL OTHER	1,327,018	0	8,520,367	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	530,078	0	3,191,126	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	65,162	0	354,587	0	0	8.00
9.00	00900	HOUSEKEEPING	648,824	0	1,077,592	0	0	9.00
10.00	01000	DIETARY	855,415	0	1,474,476	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,486,599	0	2,286,542	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	111,222	0	280,795	0	0	14.00
15.00	01500	PHARMACY	1,171,508	0	4,200,444	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	604,879	0	933,735	0	0	16.00
17.00	01700	SOCIAL SERVICE	89,362	0	136,505	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	786,072	0	168,893	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,495,257	0	6,911,973	23,392,960	23,392,960	30.00
31.00	03100	INTENSIVE CARE UNIT	1,183,639	0	1,720,401	7,358,995	7,358,995	31.00
43.00	04300	NURSERY	415,818	0	633,607	853,593	853,593	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,012,124	0	4,450,392	35,269,996	35,269,996	50.00
51.00	05100	RECOVERY ROOM	255,622	0	361,625	5,739,659	5,739,659	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	402,059	0	614,215	2,108,982	2,108,982	52.00
53.00	05300	ANESTHESIOLOGY	451,609	0	210,103	9,006,394	9,006,394	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,338,206	0	2,937,523	33,893,770	33,893,770	54.00
54.01	05401	RADIATION ONCOLOGY	265,865	0	426,464	4,787,882	4,787,882	54.01
58.00	05800	MRI	100,262	0	410,140	2,368,677	2,368,677	58.00
59.00	05900	CARDIAC CATHETERIZATION	506,366	0	1,570,396	16,918,865	16,918,865	59.00
60.00	06000	LABORATORY	1,039,534	0	2,492,337	26,764,894	26,764,894	60.00
65.00	06500	RESPIRATORY THERAPY	724,855	0	1,065,825	2,736,852	2,736,852	65.00
66.00	06600	PHYSICAL THERAPY	611,900	0	890,976	1,496,190	1,496,190	66.00
67.00	06700	OCCUPATIONAL THERAPY	326,945	0	463,498	1,219,978	1,219,978	67.00
68.00	06800	SPEECH PATHOLOGY	228,883	0	308,905	616,156	616,156	68.00
69.00	06900	ELECTROCARDIOLOGY	356,063	0	567,455	8,859,377	8,859,377	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,895	0	29,637	65,472	65,472	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,046,699	2,165,613	2,165,613	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,657,969	4,105,200	4,105,200	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,220,082	23,993,648	23,993,648	73.00
74.00	07400	RENAL DIALYSIS	605,072	0	1,416,953	20,096,525	20,096,525	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,606,215	0	5,312,633	5,709,553	5,709,553	90.00
91.00	09100	EMERGENCY	1,910,287	0	4,591,396	22,047,878	22,047,878	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	42,391	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	2,229,942	0	4,202,998	6,423,511	6,423,511	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	539,743	0	1,297,318	1,982,530	1,982,530	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,512,954	-6,548,531	73,608,341	269,983,150	269,983,150	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	11,570	0	15,068	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	39,226	0	101,913	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	33,544	0	44,263	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	28,307	0	39,199	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	2,744,819	0	5,023,497	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	229,331	0	317,544	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	132,475	0	500,281	0	0	194.18
194.19	07969	MERCY FOUNDATION	54,625	0	73,288	0	0	194.19
194.20	07970	RETAIL PHARMACY	203,910	0	271,687	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	A&G-INFO SVCS (ACCUM. COST)	A&G-PURCH (GROSS CHAR GES)	A&G-ADMIT/REG (GROSS CHAR GES)	
		4.00	5A.02	5.02	5.03	5.04	
202.00	Cost to be allocated (per Wkst. B, Part I)	8,377,440		6,548,531	587,484	1,716,199	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.214857		0.081862	0.002176	0.006357	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	21,584		72,778	79,302	40,719	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000554		0.000910	0.000294	0.000151	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: 16-0080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		Reconciliation	A&G-ALL OTHER (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	6.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG					1.01
1.02	00102	CAP REL COSTS-MAT BUILDING					1.02
1.03	00103	CAP REL COSTS-RAD ONC					1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00550	A&G-INFO SVCS					5.02
5.03	00560	A&G-PURCH					5.03
5.04	00570	A&G-ADMIT/REG					5.04
5.06	00590	A&G-ALL OTHER	-9,217,832	77,325,780			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,452,358	201,781		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	383,614	1,008	663,583	8.00
9.00	00900	HOUSEKEEPING	0	1,165,806	1,187	15,551	190,550 9.00
10.00	01000	DIETARY	0	1,595,180	7,366	0	7,366 10.00
11.00	01100	CAFETERIA	0	0	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	2,473,723	8,152	0	8,152 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	303,781	2,901	3,543	2,901 14.00
15.00	01500	PHARMACY	0	4,544,301	2,458	0	2,458 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,010,172	3,300	0	3,300 16.00
17.00	01700	SOCIAL SERVICE	0	147,680	1,518	0	1,518 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	182,719	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	7,677,413	20,434	134,445	20,434 30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,924,030	5,021	102,941	5,021 31.00
43.00	04300	NURSERY	0	692,758	3,143	433	3,143 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	5,115,588	25,550	101,208	25,550 50.00
51.00	05100	RECOVERY ROOM	0	440,204	767	0	767 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	682,492	3,328	0	3,328 52.00
53.00	05300	ANESTHESIOLOGY	0	304,154	131	0	131 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,467,211	15,661	41,243	15,661 54.00
54.01	05401	RADIATION ONCOLOGY	0	502,230	9,780	7,209	9,780 54.01
58.00	05800	MRI	0	463,927	2,080	3,787	2,080 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,843,320	6,237	4,154	6,237 59.00
60.00	06000	LABORATORY	0	2,924,749	5,433	11	5,433 60.00
65.00	06500	RESPIRATORY THERAPY	0	1,176,429	2,265	0	2,265 65.00
66.00	06600	PHYSICAL THERAPY	0	976,680	9,015	6,170	9,015 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	511,851	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	339,451	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	689,505	1,901	9,908	1,901 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	32,621	713	0	713 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,314,587	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,828,724	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,524,698	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	1,704,432	5,034	5,951	5,034 74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	5,796,256	19,064	8,622	19,064 90.00
91.00	09100	EMERGENCY	0	5,155,391	6,915	95,353	6,915 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	45,861	2,959	27,083	2,959 95.00
101.00	10100	HOME HEALTH AGENCY	0	4,601,876	14,988	0	14,988 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	1,420,436	854	0	854 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,217,832	70,416,208	189,163	567,612	186,968 118.00
NONREIMBURSABLE COST CENTERS							
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01	07951	PASSTHRU COSTS	0	16,301	0	0	0 194.01
194.07	07957	PHYSICIAN CLINICS	0	110,256	538	0	538 194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	47,886	2,300	0	2,300 194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	42,408	69	0	69 194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	5,434,731	0	95,971	0 194.16
194.17	07967	CHILD DAY CARE CENTER	0	343,539	9,036	0	0 194.17
194.18	07968	MARKETING & ADVERTISING	0	541,235	475	0	475 194.18
194.19	07969	MERCY FOUNDATION	0	79,288	200	0	200 194.19
194.20	07970	RETAIL PHARMACY	0	293,928	0	0	0 194.20
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			Reconciliation	A&G-ALL OTHER (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5A.06	5.06	6.00	8.00	9.00	
202.00		Cost to be allocated (per Wkst. B, Part I)		9,217,832	3,863,907	448,646	1,338,023	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.119208	19.149013	0.676096	7.021900	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		195,236	59,023	16,064	26,499	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.002525	0.292510	0.024208	0.139066	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: 16-0080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-RAD ONC						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG						5.04
5.06	00590	A&G-ALL OTHER						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	166,996					10.00
11.00	01100	CAFETERIA	120,064	503				11.00
13.00	01300	NURSING ADMINISTRATION	0	22	440,779			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3	0	4,704,668		14.00
15.00	01500	PHARMACY	0	14	0	0	1,220,082	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,063	81	140,345	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,869	17	31,792	0	0	31.00
43.00	04300	NURSERY	0	9	271	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	35	37,121	0	0	50.00
51.00	05100	RECOVERY ROOM	0	4	7,870	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2	4,412	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	23	326	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	0	4	1,730	0	0	54.01
58.00	05800	MRI	0	2	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7	5,520	0	0	59.00
60.00	06000	LABORATORY	0	21	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	12	5	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	11	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7	4,080	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,046,699	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,657,969	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,220,082	73.00
74.00	07400	RENAL DIALYSIS	0	11	7,016	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	46	34,513	0	0	90.00
91.00	09100	EMERGENCY	0	32	48,294	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	22	17,727	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	8,225	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	166,996	411	349,247	4,704,668	1,220,082	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	1	0	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	0	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	0	53	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	67	91,479	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	18	0	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	2	0	0	0	194.18
194.19	07969	MERCY FOUNDATION	0	1	0	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	3	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,978,113	1,422,191	3,044,160	426,793	5,189,930	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.845272	2,827.417495	6.906318	0.090717	4.253755	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	202,924	145,895	150,780	141,800	272,555	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.215143	290.049702	0.342076	0.030140	0.223391	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: 16-0080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG				1.01
1.02	00102	CAP REL COSTS-MAT BUILDING				1.02
1.03	00103	CAP REL COSTS-RAD ONC				1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.02	00550	A&G-INFO SVCS				5.02
5.03	00560	A&G-PURCH				5.03
5.04	00570	A&G-ADMIT/REG				5.04
5.06	00590	A&G-ALL OTHER				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	269,983,150			16.00
17.00	01700	SOCIAL SERVICE	0	6,751		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	100	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,392,960	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,358,995	0	0	31.00
43.00	04300	NURSERY	853,593	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,269,996	0	0	50.00
51.00	05100	RECOVERY ROOM	5,739,659	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,108,982	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,006,394	0	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,893,770	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	4,787,882	0	0	54.01
58.00	05800	MRI	2,368,677	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,918,865	0	0	59.00
60.00	06000	LABORATORY	26,764,894	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,736,852	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,496,190	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,219,978	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	616,156	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,859,377	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	65,472	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,165,613	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,105,200	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,993,648	1,187	0	73.00
74.00	07400	RENAL DIALYSIS	20,096,525	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,709,553	0	0	90.00
91.00	09100	EMERGENCY	22,047,878	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,423,511	137	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	1,982,530	1,620		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	269,983,150	2,944	100	118.00
NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	3,807	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	0	0	194.18
194.19	07969	MERCY FOUNDATION	0	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	0	0	194.20
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
		16.00	17.00	19.00		
202.00	Cost to be allocated (per Wkst. B, Part I)	1,250,886	207,839	204,501		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.004633	30.786402	2,045.010000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	61,146	23,239	1,050		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000226	3.442305	10.500000		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

Provider CCN: 16-0080

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

Worksheet B-2

Date/Time Prepared:
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		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 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	-140,496 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00

Worksheet C
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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
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			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,598,731		20,598,731		30.00
31.00	03100	INTENSIVE CARE UNIT	7,358,995		7,358,995		31.00
43.00	04300	NURSERY	853,593		853,593		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,595,325	24,674,671	35,269,996	0.197938	50.00
51.00	05100	RECOVERY ROOM	1,247,142	4,492,517	5,739,659	0.105408	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,887,888	221,094	2,108,982	0.425250	52.00
53.00	05300	ANESTHESIOLOGY	2,734,450	6,271,944	9,006,394	0.067086	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,939,248	26,954,522	33,893,770	0.134024	54.00
54.01	05401	RADIATION ONCOLOGY	27,449	4,760,433	4,787,882	0.181367	54.01
58.00	05800	MRI	158,835	2,209,842	2,368,677	0.250290	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,340,191	11,578,674	16,918,865	0.139808	59.00
60.00	06000	LABORATORY	9,495,588	17,269,306	26,764,894	0.134466	60.00
65.00	06500	RESPIRATORY THERAPY	2,087,733	649,119	2,736,852	0.519791	65.00
66.00	06600	PHYSICAL THERAPY	599,417	896,773	1,496,190	0.916491	66.00
67.00	06700	OCCUPATIONAL THERAPY	540,383	679,595	1,219,978	0.485793	67.00
68.00	06800	SPEECH PATHOLOGY	274,819	341,337	616,156	0.634990	68.00
69.00	06900	ELECTROCARDIOLOGY	2,917,299	5,942,078	8,859,377	0.103525	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,670	41,802	65,472	0.847278	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	804,688	1,360,925	2,165,613	1.845266	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,431,900	2,673,300	4,105,200	0.539839	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,095,598	14,898,050	23,993,648	0.293581	73.00
74.00	07400	RENAL DIALYSIS	155,760	19,940,765	20,096,525	0.103279	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	43,279	5,666,274	5,709,553	1.293768	90.00
91.00	09100	EMERGENCY	3,454,725	18,593,153	22,047,878	0.296698	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	371,988	2,422,241	2,794,229	0.691698	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	6,423,511	6,423,511		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,982,530	1,982,530		116.00
200.00		Subtotal (see instructions)	89,038,694	180,944,456	269,983,150		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	89,038,694	180,944,456	269,983,150		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet C
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.197938		50.00
51.00	05100	RECOVERY ROOM	0.105408		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.425250		52.00
53.00	05300	ANESTHESIOLOGY	0.068244		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134024		54.00
54.01	05401	RADIATION ONCOLOGY	0.198720		54.01
58.00	05800	MRI	0.250290		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139808		59.00
60.00	06000	LABORATORY	0.136575		60.00
65.00	06500	RESPIRATORY THERAPY	0.519791		65.00
66.00	06600	PHYSICAL THERAPY	0.916491		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.485793		67.00
68.00	06800	SPEECH PATHOLOGY	0.634990		68.00
69.00	06900	ELECTROCARDIOLOGY	0.104384		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.847278		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.845266		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.539839		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.293581		73.00
74.00	07400	RENAL DIALYSIS	0.103617		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.294277		90.00
91.00	09100	EMERGENCY	0.304873		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.691698		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0080

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.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,058,725		11,058,725	0
31.00	03100	INTENSIVE CARE UNIT	2,678,257		2,678,257	0
43.00	04300	NURSERY	889,162		889,162	0
44.00	04400	SKILLED NURSING FACILITY	0		0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,981,288		6,981,288	0
51.00	05100	RECOVERY ROOM	605,008		605,008	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	896,845		896,845	0
53.00	05300	ANESTHESIOLOGY	604,206		604,206	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,542,589		4,542,589	0
54.01	05401	RADIATION ONCOLOGY	868,365		868,365	0
58.00	05800	MRI	592,856		592,856	0
59.00	05900	CARDIAC CATHETERIZATION	2,365,395		2,365,395	0
60.00	06000	LABORATORY	3,598,974		3,598,974	0
65.00	06500	RESPIRATORY THERAPY	1,422,591	0	1,422,591	0
66.00	06600	PHYSICAL THERAPY	1,371,244	0	1,371,244	0
67.00	06700	OCCUPATIONAL THERAPY	592,657	0	592,657	0
68.00	06800	SPEECH PATHOLOGY	391,253	0	391,253	0
69.00	06900	ELECTROCARDIOLOGY	917,165		917,165	0
70.00	07000	ELECTROENCEPHALOGRAPHY	55,473		55,473	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,996,132		3,996,132	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,216,148		2,216,148	0
73.00	07300	DRUGS CHARGED TO PATIENTS	7,044,090		7,044,090	0
74.00	07400	RENAL DIALYSIS	2,075,549		2,075,549	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,386,839		7,386,839	0
91.00	09100	EMERGENCY	6,541,553		6,541,553	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	147,079		147,079	0
101.00	10100	HOME HEALTH AGENCY	5,761,314		5,761,314	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	1,727,976		1,727,976	0
200.00		Subtotal (see instructions)	77,328,733	0	77,328,733	0
201.00		Less Observation Beds	0		0	0
202.00		Total (see instructions)	77,328,733	0	77,328,733	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0080

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Part I
Date/Time Prepared:
11/25/2019 2:56 pm

			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	0		0			30.00	
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00	
43.00	04300	NURSERY	0		0			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00	
54.01	05401	RADIATION ONCOLOGY	0	0	0	0.000000	0.000000	54.01	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	0	0			116.00	
200.00		Subtotal (see instructions)	0	0	0			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	0	0	0			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	RADIATION ONCOLOGY	0.000000			54.01
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/25/2019 2:56 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	825,697	0	825,697	9,006	91.68	30.00
31.00	INTENSIVE CARE UNIT	156,404		156,404	1,867	83.77	31.00
43.00	NURSERY	98,789		98,789	710	139.14	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	1,080,890		1,080,890	11,583		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	4,523	414,669				30.00
31.00	INTENSIVE CARE UNIT	1,010	84,608				31.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	5,533	499,277				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/25/2019 2:56 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,099,039	35,269,996	0.031161	6,080,912	189,487	50.00
51.00	05100	RECOVERY ROOM	39,999	5,739,659	0.006969	599,288	4,176	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,824	2,108,982	0.027892	5,932	165	52.00
53.00	05300	ANESTHESIOLOGY	10,635	9,006,394	0.001181	1,269,312	1,499	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	984,368	33,893,770	0.029043	3,962,444	115,081	54.00
54.01	05401	RADIATION ONCOLOGY	28,594	4,787,882	0.005972	24,081	144	54.01
58.00	05800	MRI	42,109	2,368,677	0.017777	86,672	1,541	58.00
59.00	05900	CARDIAC CATHETERIZATION	413,077	16,918,865	0.024415	1,888,166	46,100	59.00
60.00	06000	LABORATORY	255,732	26,764,894	0.009555	5,124,346	48,963	60.00
65.00	06500	RESPIRATORY THERAPY	86,189	2,736,852	0.031492	866,122	27,276	65.00
66.00	06600	PHYSICAL THERAPY	38,408	1,496,190	0.025671	342,281	8,787	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,164	1,219,978	0.003413	332,829	1,136	67.00
68.00	06800	SPEECH PATHOLOGY	2,548	616,156	0.004135	170,076	703	68.00
69.00	06900	ELECTROCARDIOLOGY	60,263	8,859,377	0.006802	2,024,528	13,771	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,726	65,472	0.224921	17,679	3,976	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	104,423	2,165,613	0.048219	488,163	23,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	58,853	4,105,200	0.014336	925,700	13,271	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	297,701	23,993,648	0.012407	4,114,509	51,049	73.00
74.00	07400	RENAL DIALYSIS	61,475	20,096,525	0.003059	122,752	375	74.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	421,395	5,709,553	0.073805	43,266	3,193	90.00
91.00	09100	EMERGENCY	272,334	22,047,878	0.012352	1,694,958	20,936	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	144,310	2,794,229	0.051646	84,281	4,353	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	4,499,166	232,765,790		30,268,297	579,521	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/25/2019 2:56 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	9,006	0.00	4,523		30.00	
31.00	03100	INTENSIVE CARE UNIT			0	1,867	0.00	1,010		31.00	
43.00	04300	NURSERY			0	710	0.00	0		43.00	
44.00	04400	SKILLED NURSING FACILITY			0	0	0.00	0		44.00	
200.00		Total (lines 30 through 199)			0	11,583		5,533		200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
43.00	04300	NURSERY		0						43.00	
44.00	04400	SKILLED NURSING FACILITY		0						44.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0080

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

Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 2:56 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
54.01	05401	RADIATION ONCOLOGY	0	0	0	0	54.01
58.00	05800	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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 2:56 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	35,269,996	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,739,659	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,108,982	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	9,006,394	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	33,893,770	0.000000	54.00
54.01	05401	RADIATION ONCOLOGY	0	0	0	4,787,882	0.000000	54.01
58.00	05800	MRI	0	0	0	2,368,677	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,918,865	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	26,764,894	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,736,852	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,496,190	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,219,978	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	616,156	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,859,377	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	65,472	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,165,613	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,105,200	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,993,648	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	20,096,525	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	5,709,553	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	22,047,878	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,794,229	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	232,765,790		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 2:56 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		6,080,912	0	9,700,268	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		599,288	0	1,121,476	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		5,932	0	473	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		1,269,312	0	1,634,581	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		3,962,444	0	8,918,907	0	54.00
54.01	05401	RADIATION ONCOLOGY	0.000000		24,081	0	1,899,395	0	54.01
58.00	05800	MRI	0.000000		86,672	0	624,002	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		1,888,166	0	5,180,431	0	59.00
60.00	06000	LABORATORY	0.000000		5,124,346	0	4,800,442	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		866,122	0	103,312	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		342,281	0	60,319	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		332,829	0	49,311	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		170,076	0	13,602	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		2,024,528	0	2,418,880	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		17,679	0	13,850	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		488,163	0	860,250	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		925,700	0	1,136,400	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		4,114,509	0	3,514,270	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		122,752	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		43,266	0	3,316,586	0	90.00
91.00	09100	EMERGENCY	0.000000		1,694,958	0	6,079,384	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		84,281	0	923,279	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			30,268,297	0	52,369,418	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/25/2019 2:56 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	0.197938	9,700,268	0	0	1,920,052	50.00	
51.00	05100	RECOVERY ROOM	0.105408	1,121,476	0	0	118,213	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.425250	473	0	0	201	52.00	
53.00	05300	ANESTHESIOLOGY	0.067086	1,634,581	0	0	109,658	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134024	8,918,907	0	0	1,195,348	54.00	
54.01	05401	RADIATION ONCOLOGY	0.181367	1,899,395	0	0	344,488	54.01	
58.00	05800	MRI	0.250290	624,002	0	0	156,181	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.139808	5,180,431	0	0	724,266	59.00	
60.00	06000	LABORATORY	0.134466	4,800,442	0	0	645,496	60.00	
65.00	06500	RESPIRATORY THERAPY	0.519791	103,312	0	0	53,701	65.00	
66.00	06600	PHYSICAL THERAPY	0.916491	60,319	0	0	55,282	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.485793	49,311	0	0	23,955	67.00	
68.00	06800	SPEECH PATHOLOGY	0.634990	13,602	0	0	8,637	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.103525	2,418,880	0	0	250,415	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.847278	13,850	0	0	11,735	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.845266	860,250	0	0	1,587,390	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.539839	1,136,400	0	0	613,473	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.293581	3,514,270	0	82,844	1,031,723	73.00	
74.00	07400	RENAL DIALYSIS	0.103279	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1.293768	3,316,586	0	0	4,290,893	90.00	
91.00	09100	EMERGENCY	0.296698	6,079,384	0	0	1,803,741	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.691698	923,279	0	0	638,630	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00	
200.00		Subtotal (see instructions)		52,369,418	0	82,844	15,583,478	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		52,369,418	0	82,844	15,583,478	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/25/2019 2:56 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	RADIATION ONCOLOGY	0	0		54.01
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,321		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	24,321		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	24,321		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0080 Component CCN: 16-5119		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 2:56 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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
54.01	05401	RADIATION ONCOLOGY		0	0	0	0	0	54.01
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0080 Component CCN: 16-5119		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 2:56 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	35,269,996	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,739,659	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,108,982	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	9,006,394	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	33,893,770	0.000000	54.00
54.01	05401	RADIATION ONCOLOGY	0	0	0	4,787,882	0.000000	54.01
58.00	05800	MRI	0	0	0	2,368,677	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,918,865	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	26,764,894	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,736,852	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,496,190	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,219,978	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	616,156	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,859,377	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	65,472	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,165,613	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,105,200	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,993,648	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	20,096,525	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	5,709,553	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	22,047,878	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,794,229	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	232,765,790		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0080 Component CCN: 16-5119		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 2:56 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	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	0.000000	0	0	0	0	0	54.01
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/25/2019 2:56 pm

			Title XIX		Hospital	Cost	
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	825,697	0	825,697	9,006	91.68	30.00
31.00	INTENSIVE CARE UNIT	156,404		156,404	1,867	83.77	31.00
43.00	NURSERY	98,789		98,789	710	139.14	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	1,080,890		1,080,890	11,583		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	352	32,271				
31.00	INTENSIVE CARE UNIT	302	25,299				
43.00	NURSERY	489	68,039				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	1,143	125,609				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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	1,099,039	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	39,999	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,824	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	10,635	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	984,368	0	0.000000	0	54.00
54.01	05401	RADIATION ONCOLOGY	28,594	0	0.000000	0	54.01
58.00	05800	MRI	42,109	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	413,077	0	0.000000	0	59.00
60.00	06000	LABORATORY	255,732	0	0.000000	0	60.00
65.00	06500	RESPIRATORY THERAPY	86,189	0	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	38,408	0	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,164	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,548	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	60,263	0	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,726	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	104,423	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	58,853	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	297,701	0	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	61,475	0	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	421,395	0	0.000000	0	90.00
91.00	09100	EMERGENCY	272,334	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	4,354,856	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/25/2019 2:56 pm	
					Title XIX		Hospital		Cost	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	9,006	0.00	352	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	1,867	0.00	302	31.00	
43.00	04300	NURSERY		0	0	710	0.00	489	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)		0	0	11,583		1,143	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0						30.00
31.00	03100	INTENSIVE CARE UNIT		0						31.00
43.00	04300	NURSERY		0						43.00
44.00	04400	SKILLED NURSING FACILITY		0						44.00
200.00		Total (lines 30 through 199)		0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 2:56 pm	
			Title XIX		Hospital		Cost	
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
54.01	05401	RADIATION ONCOLOGY	0	0	0	0	0	54.01
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 2:56 pm	
Cost Center Description			Title XIX		Hospital		Cost	
			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	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
54.01	05401	RADIATION ONCOLOGY	0	0	0	0	0.000000	54.01
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	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	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0080

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

Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	0.000000	0	0	0	54.01
58.00	05800	MRI	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 2:56 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)		9,006	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,006	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)		7,432	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)		4,523	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)		11,058,725	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)		11,058,725	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)		11,058,725	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,227.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,553,927	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)		5,553,927	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0080

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 2:56 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	2,678,257	1,867	1,434.52	1,010	1,448,865
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,389,452
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,392,244
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					499,277
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					579,521
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,078,798
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,313,446
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)					1,574
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,227.93
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,932,762

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0080

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 2:56 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	825,697	11,058,725	0.074665	1,932,762	144,310
91.00	Nursing School cost	0	11,058,725	0.000000	1,932,762	0
92.00	Allied health cost	0	11,058,725	0.000000	1,932,762	0
93.00	All other Medical Education	0	11,058,725	0.000000	1,932,762	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0080 Component CCN: 16-5119	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 2:56 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)		0	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		0	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)		0	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		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)		0	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)		0	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)	0		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: 16-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 16-5119		Date/Time Prepared: 11/25/2019 2:56 pm	
				Title XVIII		Skilled Nursing Facility	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						0 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						0.00 71.00
72.00	Program routine service cost (line 9 x line 71)						0 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						0 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						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)						0 83.00
84.00	Program inpatient ancillary services (see instructions)						0 84.00
85.00	Utilization review - physician compensation (see instructions)						0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						0 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0 89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0080

Period:

Worksheet D-1

Component CCN: 16-5119

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/25/2019 2:56 pm

Title XVIII

Skilled Nursing

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: 16-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 2:56 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		10,623,883		30.00
31.00	03100	INTENSIVE CARE UNIT		4,019,345		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.197938	6,080,912	1,203,644	50.00
51.00	05100	RECOVERY ROOM	0.105408	599,288	63,170	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.425250	5,932	2,523	52.00
53.00	05300	ANESTHESIOLOGY	0.068244	1,269,312	86,623	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134024	3,962,444	531,063	54.00
54.01	05401	RADIATION ONCOLOGY	0.198720	24,081	4,785	54.01
58.00	05800	MRI	0.250290	86,672	21,693	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139808	1,888,166	263,981	59.00
60.00	06000	LABORATORY	0.136575	5,124,346	699,858	60.00
65.00	06500	RESPIRATORY THERAPY	0.519791	866,122	450,202	65.00
66.00	06600	PHYSICAL THERAPY	0.916491	342,281	313,697	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.485793	332,829	161,686	67.00
68.00	06800	SPEECH PATHOLOGY	0.634990	170,076	107,997	68.00
69.00	06900	ELECTROCARDIOLOGY	0.104384	2,024,528	211,328	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.847278	17,679	14,979	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.845266	488,163	900,791	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.539839	925,700	499,729	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.293581	4,114,509	1,207,942	73.00
74.00	07400	RENAL DIALYSIS	0.103617	122,752	12,719	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.294277	43,266	55,998	90.00
91.00	09100	EMERGENCY	0.304873	1,694,958	516,747	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.691698	84,281	58,297	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		30,268,297	7,389,452	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)		30,268,297		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 2:56 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)		2,419,066	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,961,404	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)		232,870	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		2,726,171	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		106.61	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.85	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.50	31.00
32.00	Sum of lines 30 and 31		31.35	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.08	33.00
34.00	Disproportionate share adjustment (see instructions)		353,644	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 2:56 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)		0.000099180	0.000086059	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		671,121	711,955	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		169,159	532,503	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		701,662		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)		10,668,646		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		12,531,218		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			12,531,218	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			787,140	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)			13,318,358	59.00
60.00	Primary payer payments			6,984	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			13,311,374	61.00
62.00	Deductibles billed to program beneficiaries			1,220,676	62.00
63.00	Coinsurance billed to program beneficiaries			38,860	63.00
64.00	Allowable bad debts (see instructions)			269,364	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			175,087	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			137,904	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			12,226,925	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			29,735	70.93
70.94	HRR adjustment amount (see instructions)			-88,166	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 2:56 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			12,168,494	71.00
71.01	Sequestration adjustment (see instructions)			243,370	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			11,962,716	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)			-37,592	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 2:56 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		24,321	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,583,478	2.00
3.00	OPPS payments		11,650,828	3.00
4.00	Outlier payment (see instructions)		80,860	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)		24,321	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		82,844	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)		82,844	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		82,844	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		58,523	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)		24,321	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)		11,731,688	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,297,544	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)		9,458,465	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)		9,458,465	30.00
31.00	Primary payer payments		5,179	31.00
32.00	Subtotal (line 30 minus line 31)		9,453,286	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)		224,596	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		145,987	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		120,293	36.00
37.00	Subtotal (see instructions)		9,599,273	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-124	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,599,397	40.00
40.01	Sequestration adjustment (see instructions)		191,988	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		9,280,554	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		126,855	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: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/25/2019 2:56 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		11,876,990		9,248,454	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		85,726		32,100	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)		11,962,716		9,280,554	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		126,855	6.01	
6.02	SETTLEMENT TO PROGRAM		37,592		0	6.02	
7.00	Total Medicare program liability (see instructions)		11,925,124		9,407,409	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/25/2019 2:56 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: 16-0080 Component CCN: 16-5119	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VI Date/Time Prepared: 11/25/2019 2:56 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)		0	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)		0	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		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		0	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)		0	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 16-0080

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

Worksheet G

Date/Time Prepared:
11/25/2019 2:56 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	490,352	0	0	0	1.00
2.00	Temporary investments	9,530,292	0	0	0	2.00
3.00	Notes receivable	236,284	0	0	0	3.00
4.00	Accounts receivable	18,478,100	0	0	0	4.00
5.00	Other receivable	-2,601,215	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,198,087	0	0	0	6.00
7.00	Inventory	2,105,699	0	0	0	7.00
8.00	Prepaid expenses	953,927	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	90,437	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	27,085,789	0	0	0	11.00
FIXED ASSETS						
12.00	Land	905,281	0	0	0	12.00
13.00	Land improvements	3,363,217	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	78,868,742	0	0	0	15.00
16.00	Accumulated depreciation	-66,953,046	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	48,698,276	0	0	0	23.00
24.00	Accumulated depreciation	-33,216,855	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)	31,665,615	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	5,639,820	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	69,199,573	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	74,839,393	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	133,590,797	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,700,450	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,202,736	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	571,801	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	3,540,780	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,015,767	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	16,565,864	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,745,272	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	18,311,136	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	29,326,903	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	104,263,894				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)	104,263,894	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	133,590,797	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0080

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

Worksheet G-1

Date/Time Prepared:
11/25/2019 2:56 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		107,484,758		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-1,081,642				2.00
3.00	Total (sum of line 1 and line 2)		106,403,116		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	NA REL FROM REST FOR CAP ACQ	11,000		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		11,000		0		10.00
11.00	Subtotal (line 3 plus line 10)		106,414,116		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFERS (TO) FROM SPONS/AFF - IC T	2,150,222		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2,150,222		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		104,263,894		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	NA REL FROM REST FOR CAP ACQ		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFERS (TO) FROM SPONS/AFF - IC T		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 16-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	32,709,850		32,709,850	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	32,709,850		32,709,850	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	32,709,850		32,709,850	17.00
18.00	Ancillary services	61,912,936	153,249,135	215,162,071	18.00
19.00	Outpatient services	0	19,015,129	19,015,129	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		6,423,511	6,423,511	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,982,530	1,982,530	26.00
27.00	PHYSICIAN SERVICES	1,258,979	18,798,931	20,057,910	27.00
27.01	MLC - NORTH	4,993,473	0	4,993,473	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	100,875,238	199,469,236	300,344,474	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		98,815,361		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)		98,815,361		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0080

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

Worksheet G-3

Date/Time Prepared:
11/25/2019 2:56 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	300,344,474	1.00
2.00	Less contractual allowances and discounts on patients' accounts	210,601,611	2.00
3.00	Net patient revenues (line 1 minus line 2)	89,742,863	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	98,815,361	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,072,498	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 OP/NON OP REVN	3,997,872	24.00
25.00	Total other income (sum of lines 6-24)	3,997,872	25.00
26.00	Total (line 5 plus line 25)	-5,074,626	26.00
27.00	INVESTMENT EXPENSE	-3,992,984	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-3,992,984	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,081,642	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0080

Period:

Worksheet H

HHA CCN: 16-7154

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/25/2019 2:56 pm

Home 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	377,981	109,376	4,793	394,057	886,207	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	719,926	159,192	41,537	0	26,193	6.00
7.00	Physical Therapy	388,070	85,811	28,613	957	12,255	7.00
8.00	Occupational Therapy	116,270	25,710	8,170	0	5,486	8.00
9.00	Speech Pathology	31,029	6,861	3,230	0	796	9.00
10.00	Medical Social Services	5,501	1,216	476	0	302	10.00
11.00	Home Health Aide	121,498	26,866	14,646	0	7,171	11.00
12.00	Supplies (see instructions)	0	0	0	0	69,946	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	469,666	123,362	1,332	51,026	761,933	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,229,941	538,394	102,797	446,040	884,082	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-547,909	338,298	-14,421	323,877		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	946,848	0	946,848		6.00
7.00	Physical Therapy	0	515,706	0	515,706		7.00
8.00	Occupational Therapy	0	155,636	0	155,636		8.00
9.00	Speech Pathology	0	41,916	0	41,916		9.00
10.00	Medical Social Services	0	7,495	0	7,495		10.00
11.00	Home Health Aide	0	170,181	0	170,181		11.00
12.00	Supplies (see instructions)	0	69,946	0	69,946		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	1,407,319	0	1,407,319		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-547,909	3,653,345	-14,421	3,638,924		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: 16-0080

Period:

Worksheet H-1

HHA CCN: 16-7154

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/25/2019 2:56 pm

Home Health

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	323,877	0	0	0	0	323,877	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	946,848	0	0	0	0	946,848	6.00
7.00	Physical Therapy	515,706	0	0	0	0	515,706	7.00
8.00	Occupational Therapy	155,636	0	0	0	0	155,636	8.00
9.00	Speech Pathology	41,916	0	0	0	0	41,916	9.00
10.00	Medical Social Services	7,495	0	0	0	0	7,495	10.00
11.00	Home Health Aide	170,181	0	0	0	0	170,181	11.00
12.00	Supplies (see instructions)	69,946	0	0	0	0	69,946	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	1,407,319	0	0	0	0	1,407,319	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,638,924	0	0	0	0	3,638,924	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	323,877						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	92,506	1,039,354					6.00
7.00	Physical Therapy	50,384	566,090					7.00
8.00	Occupational Therapy	15,205	170,841					8.00
9.00	Speech Pathology	4,095	46,011					9.00
10.00	Medical Social Services	732	8,227					10.00
11.00	Home Health Aide	16,627	186,808					11.00
12.00	Supplies (see instructions)	6,834	76,780					12.00
13.00	Drugs	0	0					13.00
14.00	DME	137,494	1,544,813					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		3,638,924					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0080

Period:

Worksheet H-1

HHA CCN: 16-7154

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 2:56 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	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	14,988			0		1.00
2.00	Capital Related - Movable Equipment		57,894		0		2.00
3.00	Plant Operation & Maintenance	0	0	14,988	0		3.00
4.00	Transportation (see instructions)	0	0	0	177,155		4.00
5.00	Administrative and General	750	2,750	750	32,947	-323,877	3,315,047
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	6,938	28,415	6,938	59,711	0	946,848
7.00	Physical Therapy	0	0	0	44,195	0	515,706
8.00	Occupational Therapy	0	0	0	11,540	0	155,636
9.00	Speech Pathology	0	0	0	5,309	0	41,916
10.00	Medical Social Services	0	0	0	685	0	7,495
11.00	Home Health Aide	0	0	0	22,144	0	170,181
12.00	Supplies (see instructions)	0	0	0	0	0	69,946
13.00	Drugs	0	0	0	0	0	0
14.00	DME	7,300	26,729	7,300	624	0	1,407,319
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	14,988	57,894	14,988	177,155	-323,877	3,315,047
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		323,877
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.097699

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0080

Period:

Worksheet H-2

HHA CCN: 16-7154

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/25/2019 2:56 pm

Home Health

PPS

Agency I

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		Agency 1			
			BLDG & FIXT	SOUTH 1970 BLUFF BLDG	MAT BUILDING	RAD ONC	MVBLE EQUIP	
		0	1.00	1.01	1.02	1.03	2.00	
1.00	Administrative and General	0	0	1,162	0	0	2,932	1.00
2.00	Skilled Nursing Care	1,039,354	0	10,752	0	0	30,297	2.00
3.00	Physical Therapy	566,090	0	0	0	0	0	3.00
4.00	Occupational Therapy	170,841	0	0	0	0	0	4.00
5.00	Speech Pathology	46,011	0	0	0	0	0	5.00
6.00	Medical Social Services	8,227	0	0	0	0	0	6.00
7.00	Home Health Aide	186,808	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	76,780	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	1,544,813	0	11,313	0	0	28,499	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)	3,638,924	0	23,227	0	0	61,728	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		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	A&G-INFO SVCS	A&G-PURCH	A&G-ADMIT/REG	Subtotal	
		4.00	4A	5.02	5.03	5.04	5A.04	
1.00	Administrative and General	81,212	85,306	6,983	0	0	92,289	1.00
2.00	Skilled Nursing Care	154,681	1,235,084	101,106	3,689	10,776	1,350,655	2.00
3.00	Physical Therapy	83,380	649,470	53,167	1,575	4,600	708,812	3.00
4.00	Occupational Therapy	24,981	195,822	16,030	796	2,324	214,972	4.00
5.00	Speech Pathology	6,667	52,678	4,312	165	483	57,638	5.00
6.00	Medical Social Services	1,182	9,409	770	43	125	10,347	6.00
7.00	Home Health Aide	26,105	212,913	17,429	246	718	231,306	7.00
8.00	Supplies (see instructions)	0	76,780	6,285	216	632	83,913	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	100,911	1,685,536	137,984	7,248	21,176	1,851,944	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)	479,119	4,202,998	344,066	13,978	40,834	4,601,876	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				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: 16-0080

Period:

Worksheet H-2

HHA CCN: 16-7154

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/25/2019 2:56 pm

Home Health
Agency I

PPS

Cost Center Description		A&G-ALL OTHER	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		5.00	6.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	11,002	14,362	0	5,266	0	31,101	1.00
2.00	Skilled Nursing Care	161,009	132,856	0	48,718	0	0	2.00
3.00	Physical Therapy	84,496	0	0	0	0	0	3.00
4.00	Occupational Therapy	25,626	0	0	0	0	0	4.00
5.00	Speech Pathology	6,871	0	0	0	0	0	5.00
6.00	Medical Social Services	1,233	0	0	0	0	0	6.00
7.00	Home Health Aide	27,574	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	10,003	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	220,766	139,787	0	51,260	0	31,102	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)	548,580	287,005	0	105,244	0	62,203	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	122,428	0	0	7,854	4,218	0	2.00
3.00	Physical Therapy	0	0	0	3,353	0	0	3.00
4.00	Occupational Therapy	0	0	0	1,694	0	0	4.00
5.00	Speech Pathology	0	0	0	352	0	0	5.00
6.00	Medical Social Services	0	0	0	91	0	0	6.00
7.00	Home Health Aide	0	0	0	523	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	461	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	15,432	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)	122,428	0	0	29,760	4,218	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: 16-0080

Period:

Worksheet H-2

HHA CCN: 16-7154

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/25/2019 2:56 pm

Home Health
Agency I

PPS

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	154,020	0	154,020				1.00
2.00	Skilled Nursing Care	1,827,738	0	1,827,738	50,204	1,877,942		2.00
3.00	Physical Therapy	796,661	0	796,661	21,883	818,544		3.00
4.00	Occupational Therapy	242,292	0	242,292	6,655	248,947		4.00
5.00	Speech Pathology	64,861	0	64,861	1,782	66,643		5.00
6.00	Medical Social Services	11,671	0	11,671	321	11,992		6.00
7.00	Home Health Aide	259,403	0	259,403	7,125	266,528		7.00
8.00	Supplies (see instructions)	94,377	0	94,377	2,592	96,969		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	2,310,291	0	2,310,291	63,458	2,373,749		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	5,761,314	0	5,761,314	154,020	5,761,314		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.				0.027468			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: 16-0080

Period:

Worksheet H-2

HHA CCN: 16-7154

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 2:56 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		BLDG & FIXT (SQUARE FEET)	SOUTH 1970 BLUFF BLDG (SQUARE FEET)	MAT BUILDING (SQUARE FEET)	RAD ONC (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	1.03	2.00		
1.00	Administrative and General	0	750	0	0	2,750	377,981	1.00
2.00	Skilled Nursing Care	0	6,938	0	0	28,415	719,926	2.00
3.00	Physical Therapy	0	0	0	0	0	388,070	3.00
4.00	Occupational Therapy	0	0	0	0	0	116,270	4.00
5.00	Speech Pathology	0	0	0	0	0	31,029	5.00
6.00	Medical Social Services	0	0	0	0	0	5,501	6.00
7.00	Home Health Aide	0	0	0	0	0	121,498	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	7,300	0	0	26,728	469,667	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	14,988	0	0	57,893	2,229,942	20.00
21.00	Total cost to be allocated	0	23,227	0	0	61,728	479,119	21.00
22.00	Unit cost multiplier	0.000000	1.549706	0.000000	0.000000	1.066243	0.214857	22.00
Cost Center Description		Reconciliation	A&G-INFO SVCS (ACCUM. COST)	A&G-PURCH (GROSS CHAR GES)	A&G-ADMIT/REG (GROSS CHAR GES)	Reconciliation	A&G-ALL OTHER (ACCUM. COST)	
		5A.02	5.02	5.03	5.04	5A.06	5.06	
1.00	Administrative and General	0	85,306	0	0	0	92,289	1.00
2.00	Skilled Nursing Care	0	1,235,084	1,695,176	1,695,176	0	1,350,655	2.00
3.00	Physical Therapy	0	649,470	723,639	723,639	0	708,812	3.00
4.00	Occupational Therapy	0	195,822	365,601	365,601	0	214,972	4.00
5.00	Speech Pathology	0	52,678	75,948	75,948	0	57,638	5.00
6.00	Medical Social Services	0	9,409	19,727	19,727	0	10,347	6.00
7.00	Home Health Aide	0	212,913	112,880	112,880	0	231,306	7.00
8.00	Supplies (see instructions)	0	76,780	99,460	99,460	0	83,913	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	1,685,536	3,331,080	3,331,080	0	1,851,944	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)		4,202,998	6,423,511	6,423,511		4,601,876	20.00
21.00	Total cost to be allocated		344,066	13,978	40,834		548,580	21.00
22.00	Unit cost multiplier		0.081862	0.002176	0.006357		0.119208	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0080

Period:

Worksheet H-2

HHA CCN: 16-7154

From 07/01/2018

Part II

To 06/30/2019

Date/Time Prepared:

11/25/2019 2:56 pm

						Home Health Agency I	11/23/2019 2:50 pm PPS	
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	
		6.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	750	0	750	0	11	0	1.00
2.00	Skilled Nursing Care	6,938	0	6,938	0	0	17,727	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	7,300	0	7,300	0	11	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)	14,988	0	14,988	0	22	17,727	20.00
21.00	Total cost to be allocated	287,005	0	105,244	0	62,203	122,428	21.00
22.00	Unit cost multiplier	19.148986	0.000000	7.021884	0.000000	2,827.409091	6.906301	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
		14.00	15.00	16.00	17.00	19.00		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	1,695,176	137	0		2.00
3.00	Physical Therapy	0	0	723,639	0	0		3.00
4.00	Occupational Therapy	0	0	365,601	0	0		4.00
5.00	Speech Pathology	0	0	75,948	0	0		5.00
6.00	Medical Social Services	0	0	19,727	0	0		6.00
7.00	Home Health Aide	0	0	112,880	0	0		7.00
8.00	Supplies (see instructions)	0	0	99,460	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	3,331,080	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	6,423,511	137	0		20.00
21.00	Total cost to be allocated	0	0	29,760	4,218	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.004633	30.788321	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet H-3

HHA CCN: 16-7154

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 2:56 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	1,877,942		1,877,942	22,448	83.66	1.00
2.00	Physical Therapy	3.00	818,544	0	818,544	10,503	77.93	2.00
3.00	Occupational Therapy	4.00	248,947	0	248,947	4,702	52.94	3.00
4.00	Speech Pathology	5.00	66,643	0	66,643	682	97.72	4.00
5.00	Medical Social Services	6.00	11,992		11,992	259	46.30	5.00
6.00	Home Health Aide	7.00	266,528		266,528	6,146	43.37	6.00
7.00	Total (sum of lines 1-6)		3,290,596	0	3,290,596	44,740		7.00

Program Visits

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

Limitation Cost Computation

8.00	Skilled Nursing Care		99914	1,202	0		8.00
8.01	Skilled Nursing Care		99916	3,962	0		8.01
9.00	Physical Therapy		99914	496	0		9.00
9.01	Physical Therapy		99916	1,712	0		9.01
10.00	Occupational Therapy		99914	264	0		10.00
10.01	Occupational Therapy		99916	851	0		10.01
11.00	Speech Pathology		99914	74	0		11.00
11.01	Speech Pathology		99916	157	0		11.01
12.00	Medical Social Services		99914	14	0		12.00
12.01	Medical Social Services		99916	40	0		12.01
13.00	Home Health Aide		99914	159	0		13.00
13.01	Home Health Aide		99916	665	0		13.01
14.00	Total (sum of lines 8-13)			9,596	0		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	96,969	0	96,969	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

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

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

Cost Per Visit Computation

1.00	Skilled Nursing Care	5,164	0		432,020	0	1.00
2.00	Physical Therapy	2,208	0		172,069	0	2.00
3.00	Occupational Therapy	1,115	0		59,028	0	3.00
4.00	Speech Pathology	231	0		22,573	0	4.00
5.00	Medical Social Services	54	0		2,500	0	5.00
6.00	Home Health Aide	824	0		35,737	0	6.00
7.00	Total (sum of lines 1-6)	9,596	0		723,927	0	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet H-3

HHA CCN: 16-7154

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 2:56 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1		
		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
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
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	7.00		8.00	9.00	10.00
	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
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	432,020						1.00
2.00	Physical Therapy	172,069						2.00
3.00	Occupational Therapy	59,028						3.00
4.00	Speech Pathology	22,573						4.00
5.00	Medical Social Services	2,500						5.00
6.00	Home Health Aide	35,737						6.00
7.00	Total (sum of lines 1-6)	723,927						7.00
Cost Center Description								
		12.00						
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet H-3

HHA CCN: 16-7154

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 2:56 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	0.916491	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.485793	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.634990	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	1.845266	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.293581	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0080 HHA CCN: 16-7154	Period: From 07/01/2018 To 06/30/2019	Worksheet H-4 Part I-II Date/Time Prepared: 11/25/2019 2:56 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	1.00
2.00	Total charges	1,991,355	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)	1,693,052	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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	1,991,355	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	1,991,355	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	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		1,641,249	0	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		33,725	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		29,902	0	13.00
14.00	Total PPS Reimbursement - PEP Episodes		13,226	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		7,803	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		2,699	0	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)		1,728,604	0	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		1,728,604	0	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)		1,728,604	0	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,728,604	0	29.00
30.00	OTHER ADJ ON PS&R		-1	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		1,728,603	0	31.00
31.01	Sequestration adjustment (see instructions)		34,572	0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		1,694,031	0	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: 16-0080

Period:

Worksheet H-5

HHA CCN: 16-7154

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 2:56 pmHome Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,694,031		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			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)		1,694,031		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			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)		1,694,031		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 16-0080

Period:

Worksheet I-1

Component CCN: 16-2313

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 2:56 pm

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	232,142	HOURS OF SERVICE	9,074.00	4.36
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00
4.00	TECHNICIANS	116,977	HOURS OF SERVICE	10,452.00	5.03
5.00	SOCIAL WORKERS	29,171	HOURS OF SERVICE	1,187.00	0.57
6.00	DIETICIANS	18,719	HOURS OF SERVICE	821.00	0.39
7.00	PHYSICIANS	0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	76,161	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	473,170			9.00
10.00	EMPLOYEE BENEFITS	139,962	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	33,051	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	168,460	REQUISITIONS		14.00
15.00	DRUGS	330,698	REQUISITIONS		15.00
16.00	OTHER	107,453	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,252,794			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	7,802	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	26,353	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	130,004	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	490,661	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	131,744	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS		24.00
25.00	PHARMACY	0	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	176,687	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,216,045			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0	30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,216,045			31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 16-0080

Period:

Worksheet I-2

Component CCN: 16-2313

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

Date/Time Prepared:

11/25/2019 2:56 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	139,546	59,404	232,142	164,867	269,966	190,202	1.00
MAINTENANCE								
2.00	Hemodialysis	139,546	59,404	232,142	164,867	269,966	190,202	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						140,496	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	139,546	59,404	232,142	164,867	269,966	190,202	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	168,460	0	1,224,587	850,962	2,075,549		1.00
MAINTENANCE								
2.00	Hemodialysis	168,460	0	1,224,587	850,962	2,075,549		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	168,460	0	1,224,587	850,962	2,075,549		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,075,549		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080
Component CCN: 16-2313Period:
From 07/01/2018
To 06/30/2019Worksheet I-3
Date/Time Prepared:
11/25/2019 2:56 pm

						Renal Dialysis		11/23/2019 2:30 pm	
			Capital Related Costs		Direct Patient Care Salary				
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)		
		0	1.00	2.00	3.00	4.00	5.00		
1.00	Total Renal Department Costs		139,546	59,404	232,142	164,867	269,966	1.00	
MAINTENANCE									
2.00	Hemodialysis		80,239	33,051.00	9,074.00	12,460.00	473,170	2.00	
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	0	2.01	
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00	
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01	
TRAINING									
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00	
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00	
6.00	CAPD		0	0.00	0.00	0.00	0	6.00	
7.00	CCPD		0	0.00	0.00	0.00	0	7.00	
HOME									
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00	
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00	
10.00	CAPD		0	0.00	0.00	0.00	0	10.00	
11.00	CCPD		0	0.00	0.00	0.00	0	11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00	
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00	
14.00	ESAs							14.00	
15.00								15.00	
16.00	Other		0	0.00	0.00	0.00	0	16.00	
17.00	Total Statistical Basis		80,239	33,051.00	9,074.00	12,460.00	473,170	17.00	
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		1.739129	1.797343	25.583205	13.231701	0.570548	18.00	
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)			
		6.00	7.00	8.00	9.00	10.00			
1.00	Total Renal Department Costs	190,202	168,460	0	1,224,587	850,962		1.00	
MAINTENANCE									
2.00	Hemodialysis	330,698	168,460	0				2.00	
2.01	AKI-Hemodialysis	0	0	0				2.01	
3.00	Intermittent Peritoneal	0	0	0				3.00	
3.01	AKI-Intermittent Peritoneal	0	0	0				3.01	
TRAINING									
4.00	Hemodialysis	0	0	0				4.00	
5.00	Intermittent Peritoneal	0	0	0				5.00	
6.00	CAPD	0	0	0				6.00	
7.00	CCPD	0	0	0				7.00	
HOME									
8.00	Hemodialysis	0	0	0				8.00	
9.00	Intermittent Peritoneal	0	0	0				9.00	
10.00	CAPD	0	0	0				10.00	
11.00	CCPD	0	0	0				11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis Treatments	0	0	0				12.00	
13.00	Method II Home Patient	0	0	0				13.00	
14.00	ESAs							14.00	
15.00								15.00	
16.00	Other	0	0	0				16.00	
17.00	Total Statistical Basis	330,698	168,460	0		1,224,587		17.00	
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.575153	1.000000	0.000000		0.694897		18.00	

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 16-0080

Period:

Worksheet I-4

Component CCN: 16-2313

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 2:56 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	8,444	2,075,549	245.80	6,343	1,559,109
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	0	0	0.00	0	0
10.00	Home Program - CCPD	0	0	0.00	0	0
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	8,444	2,075,549		6,343	1,559,109
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	8,444				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	1,300,148	204.97			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			
10.00	Home Program - CCPD	0	0.00			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,300,148				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 16-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet I-5 Date/Time Prepared: 11/25/2019 2:56 pm
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,559,109		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	1,300,148	1,217,720	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,300,148	1,217,720	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	1,190	1,115	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	1,190	1,115	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	332,463	311,385	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	332,463	311,385	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	312,500	8.00
9.00	Program payment (see instructions)	0	973,284	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	2,216,045		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	2,075,549		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.936601		14.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0

Hospice CCN: 16-1527

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 2:56 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		29,661	29,661	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	4,131	93,116	97,247	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	170,927	7,685	178,612	60,443	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	5,533	5,533	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	23,517	23,517	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	92,216	92,216	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		269,894	269,894	0	25.00
26.00	PHYSICIAN SERVICES**	0	33,966	33,966	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	244,875	0	244,875	0	28.00
29.00	LPN/LVN**	81,780	0	81,780	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	8,221	23,481	31,702	0	34.00
35.00	DIETARY COUNSELING**	0	249	249	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	29,810	0	29,810	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	3,515	3,515	0	39.00
40.00	IMAGING SERVICES**	0	453	453	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	69	69	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	539,744	583,355	1,123,099	60,443	1,183,542

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0

Hospice CCN: 16-1527

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 2:56 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	29,661		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	97,247		3.00
4.00	ADMINISTRATIVE & GENERAL*	-3,516	235,539		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	5,533		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	23,517		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	92,216		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	269,894		25.00
26.00	PHYSICIAN SERVICES**	0	33,966		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	244,875		28.00
29.00	LPN/LVN**	0	81,780		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0		33.00
34.00	SPIRITUAL COUNSELING**	0	31,702		34.00
35.00	DIETARY COUNSELING**	0	249		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	29,810		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0		38.00
39.00	PATIENT TRANSPORTATION**	0	3,515		39.00
40.00	IMAGING SERVICES**	0	453		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	69		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	-3,516	1,180,026		100.00

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

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

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

Provider CCN: 16-0080

Period:

Worksheet 0-2

Hospice CCN: 16-1527

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 2:56 pm

				Hospice I		11/20/2018 2:00 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	33,795	33,795	0	33,795	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	243,643	0	243,643	0	243,643	28.00
29.00	LPN/LVN	81,368	0	81,368	0	81,368	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	8,180	23,363	31,543	0	31,543	34.00
35.00	DIETARY COUNSELING	0	248	248	0	248	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	29,810	0	29,810	0	29,810	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	3,498	3,498	0	3,498	39.00
40.00	IMAGING SERVICES	0	451	451	0	451	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	69	69	0	69	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	363,001	61,424	424,425	0	424,425	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	33,795	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	243,643	28.00
29.00	LPN/LVN	0	81,368	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	31,543	34.00
35.00	DIETARY COUNSELING	0	248	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	29,810	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	3,498	39.00
40.00	IMAGING SERVICES	0	451	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	69	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	424,425	100.00

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

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

Provider CCN: 16-0080

Period:

Worksheet 0-3

Hospice CCN: 16-1527

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 2:56 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		247,862	247,862	0	247,862	25.00
26.00	PHYSICIAN SERVICES	0	157	157	0	157	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,131	0	1,131	0	1,131	28.00
29.00	LPN/LVN	378	0	378	0	378	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	38	108	146	0	146	34.00
35.00	DIETARY COUNSELING	0	1	1	0	1	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	16	16	0	16	39.00
40.00	IMAGING SERVICES	0	2	2	0	2	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	1,547	248,146	249,693	0	249,693	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	247,862	25.00
26.00	PHYSICIAN SERVICES	0	157	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,131	28.00
29.00	LPN/LVN	0	378	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	146	34.00
35.00	DIETARY COUNSELING	0	1	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	16	39.00
40.00	IMAGING SERVICES	0	2	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	249,693	100.00

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

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

Provider CCN: 16-0080

Period:

Worksheet 0-4

Hospice CCN: 16-1527

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 2:56 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		22,032	22,032	0	22,032	25.00
26.00	PHYSICIAN SERVICES	0	14	14	0	14	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	101	0	101	0	101	28.00
29.00	LPN/LVN	34	0	34	0	34	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	3	10	13	0	13	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1	1	0	1	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	138	22,057	22,195	0	22,195	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	22,032	25.00
26.00	PHYSICIAN SERVICES	0	14	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	101	28.00
29.00	LPN/LVN	0	34	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	13	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	22,195	100.00

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

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

Provider CCN: 16-0080

Period:

Worksheet 0-5

Hospice CCN: 16-1527

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 2:56 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	1,324	1,324	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	29,661	0	29,661	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	97,247	115,968	213,215	3.00
4.00	ADMINISTRATIVE & GENERAL	235,539	292,445	527,984	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	16,353	16,353	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	5,997	5,997	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	56,804	56,804	9.00
10.00	ROUTINE MEDICAL SUPPLIES	5,533	0	5,533	10.00
11.00	MEDICAL RECORDS	0	9,185	9,185	11.00
12.00	STAFF TRANSPORTATION	23,517	0	23,517	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	92,216	0	92,216	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	49,874	49,874	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	424,425	0	424,425	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	249,693	0	249,693	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	22,195	0	22,195	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	1,180,026	547,950	1,727,976	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 2:56 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	1,324	1,324					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	29,661		29,661				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	213,215	0	0	213,215			3.00
4.00	ADMINISTRATIVE & GENERAL	527,984	0	0	0	527,984		4.00
5.00	PLANT OPERATION & MAINTENANCE	16,353	0	0	0	16,353		5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0		6.00
7.00	HOUSEKEEPING	5,997	0	0	0	5,997		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	56,804	0	0	0	56,804		9.00
10.00	ROUTINE MEDICAL SUPPLIES	5,533	0	0	0	5,533		10.00
11.00	MEDICAL RECORDS	9,185	0	0	0	9,185		11.00
12.00	STAFF TRANSPORTATION	23,517	0	0	0	23,517		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0		13.00
14.00	PHARMACY	92,216	0	0	0	92,216		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	49,874		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	424,425			212,142	636,567		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	249,693	1,324	27,240	985	279,242		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	22,195	0	2,421	88	24,704		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	1,727,976	1,324	29,661	213,215	1,727,976		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/25/2019 2:56 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	527,984						4.00
5.00	PLANT OPERATION & MAINTENANCE	7,195	23,548					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	2,639	0			8,636		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	24,993	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,434	0			0		10.00
11.00	MEDICAL RECORDS	4,041	0			0		11.00
12.00	STAFF TRANSPORTATION	10,347	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	40,574	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	21,944	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	280,083						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	122,864	23,548		0	8,636	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	10,870	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	527,984	23,548		0	8,636	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 2:56 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	81,797					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	7,967				10.00
11.00	MEDICAL RECORDS	0		13,226			11.00
12.00	STAFF TRANSPORTATION	0			33,864		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	81,388	7,927	13,160	33,693	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	380	37	61	157	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	29	3	5	14	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	81,797	7,967	13,226	33,864	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 2:56 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	132,790					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				71,818		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	132,123	0	0		1,184,941	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	613	0	0	0	435,538	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	54	0	0	0	35,679	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	71,818	71,818	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	132,790	0	0	71,818	1,727,976	100.00

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

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	854					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		29,661				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	539,743			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-527,984	1,199,992	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	16,353	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	5,997	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	56,804	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	5,533	10.00
11.00	MEDICAL RECORDS	0	0	0	0	9,185	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	23,517	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	92,216	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	49,874	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			537,028	0	636,567	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	854	27,240	2,493	0	279,242	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	2,421	222	0	24,704	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	1,324	29,661	213,215		527,984	100.00
101.00	UNIT COST MULTIPLIER	1.550351	1.000000	0.395031		0.439990	101.00

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

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	854					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		854			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		8,399	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					8,357	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	854	0	854	0	39	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	3	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	23,548	0	8,636	0	81,797	100.00
101.00	UNIT COST MULTIPLIER	27.573770	0.000000	10.112412	0.000000	9.738897	101.00

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

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00		11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	9,744						10.00
11.00	MEDICAL RECORDS		9,744					11.00
12.00	STAFF TRANSPORTATION				42,141			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	0		13.00
14.00	PHARMACY				0	0	88,321	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	9,695	9,695	41,929	0	0	87,877	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	45	45	195	0	0	408	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	4	4	17	0	0	36	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM				0	0	0	60.00
61.00	VOLUNTEER PROGRAM				0	0	0	61.00
62.00	FUNDRAISING				0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM				0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES				0	0	0	65.00
66.00	RESIDENTIAL CARE				0	0	0	66.00
67.00	ADVERTISING				0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING				0	0	0	68.00
69.00	THRIFT STORE				0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)				0	0	0	71.00
99.00	NEGATIVE COST CENTER							99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	7,967	13,226	33,864	0	0	132,790	100.00
101.00	UNIT COST MULTIPLIER	0.817631	1.357348	0.803588	0.000000	0.000000	1.503493	101.00

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

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 2:56 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			100		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	100		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	71,818		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	718.180000		101.00

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

Provider CCN: 16-0080

Period:

Worksheet 0-7

Hospice CCN: 16-1527

From 07/01/2018

To 06/30/2019

Date/Time Prepared:
11/25/2019 2:56 pm

Hospice I

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS		0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.916491	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.485793	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.634990	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.293581	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.134466	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.845266	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00					10.00
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 16-0080

Period:

Worksheet 0-8

Hospice CCN: 16-1527

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 2:56 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,184,941	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			9,695	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			122.22	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	8,957	0		9.00
10.00	Program cost (line 8 times line 9)	1,094,725	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			435,538	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			45	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			9,678.62	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	33	0		14.00
15.00	Program cost (line 13 times line 14)	319,394	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			35,679	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			4	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			8,919.75	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	4	0		19.00
20.00	Program cost (line 18 times line 19)	35,679	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,656,158	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			9,744	22.00
23.00	Average cost per diem (line 21 divided by line 22)			169.97	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/25/2019 2:56 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		758,799	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		28,341	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)		26.07	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		787,140	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