

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: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 8/24/2020 11:07 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 8/24/2020	Time: 11:07 am
	2. ☐ Manually prepared 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 THE FINLEY HOSPITAL (16-0117) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 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) CAROL CROSS

Officer or Administrator of Provider(s)

REGIONAL VICE PRESIDENT-FINANCE

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	76,134	37,923	0	0	1.00
2.00	Subprovider - IPF	0	17,342	-17		0	2.00
3.00	Subprovider - IRF	0	-28,769	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	-1		0	9.00
200.00	Total	0	64,707	37,905	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: 16-0117		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/24/2020 11:07 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 350 NORTH GRANDVIEW AVENUE			PO Box:				1.00				
2.00	City: DUBUQUE			State: IA		Zip Code: 52001		County: DUBUQUE				
		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			THE FINLEY HOSPITAL	160117	20220	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF			THE FINLEY HOSPITAL - MHU	16S117	20220	4	12/23/1998	N	P	P	4.00
5.00	Subprovider - IRF			THE FINLEY HOSPITAL - REHAB	16T117	20220	5	01/01/2004	N	P	N	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA			FINLEY HOSPITAL HOME CARE	167002	20220		07/01/1966	N	P	O	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019		12/31/2019		20.00	
21.00	Type of Control (see instructions)						2				21.00	
							1.00		2.00		3.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y		Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
8/24/2020 11:07 am

	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.	737	250	32	0	1,506	0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	17	24	0	0	100		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	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 in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					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.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.							
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0117		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/24/2020 11:07 am			
			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 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00		
			Y/N	IME	Direct GME	IME	Direct GME		
			1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00		
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06		
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
			1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20		
							1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings									
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
			1.00	2.00	3.00				
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00		
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N			
				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: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/24/2020 11:07 am
		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
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	477,751 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	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	Removed and reserved			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	H00185	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0117		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/24/2020 11:07 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: FINLEY TRI-STATES		Contractor's Name: WPS		Contractor's Number: 05001				141.00
142.00	Street: 350 NORTH GRANDVIEW AVE		PO Box:						142.00
143.00	City: DUBUQUE		State: IA		Zip Code: 52001				143.00
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y		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		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	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)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								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: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/24/2020 11:07 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2020	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: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/24/2020 11:07 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.	JODI	CHARLEY		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNITYPOINT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-241-7959	JODI.CHARLEY@UNITYPOINT.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/24/2020 11:07 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/24/2020 11:07 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	77	28,105	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)		77	28,105	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	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
10.02 NURSING ADMINISTRATION	33.02	0	0	0.00	0	10.02
10.03 GEROPSYCH REVENUE	33.03	0	0	0.00	0	10.03
10.04 BURN INTENSIVE CARE UNIT	33.04	0	0	0.00	0	10.04
10.05 BURN INTENSIVE CARE UNIT	33.05	0	0	0.00	0	10.05
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		87	31,755	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	9	3,285		0	16.00
17.00 SUBPROVIDER - IRF	41.00	10	3,650		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		106				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/24/2020 11:07 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,804	1,659	11,456			1.00
2.00	HMO and other (see instructions)	2,299	0				2.00
3.00	HMO IPF Subprovider	308	0				3.00
4.00	HMO IRF Subprovider	187	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)	5,804	1,659	11,456			7.00
8.00	INTENSIVE CARE UNIT	604	96	1,509			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01	BURN INTENSIVE CARE UNIT	0	0	0			10.01
10.02	NURSING ADMINISTRATION	0	0	0			10.02
10.03	GEROPSYCH REVENUE	0	0	0			10.03
10.04	BURN INTENSIVE CARE UNIT	0	0	0			10.04
10.05	BURN INTENSIVE CARE UNIT	0	0	0			10.05
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		689	1,635			13.00
14.00	Total (see instructions)	6,408	2,444	14,600	0.00	564.90	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,786	0	2,482	0.00	11.95	16.00
17.00	SUBPROVIDER - IRF	1,310	0	2,081	0.00	12.62	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	14,858	0	26,733	0.00	27.63	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	617.10	27.00
28.00	Observation Bed Days		376	2,055			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			258			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	81	227			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/24/2020 11:07 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,591	454	3,889	1.00
2.00 HMO and other (see instructions)			597	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
10.01 BURN INTENSIVE CARE UNIT						10.01
10.02 NURSING ADMINISTRATION						10.02
10.03 GEROPSYCH REVENUE						10.03
10.04 BURN INTENSIVE CARE UNIT						10.04
10.05 BURN INTENSIVE CARE UNIT						10.05
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	1,591	454	3,889	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	102	20	162	16.00
17.00 SUBPROVIDER - IRF	0.00	0	116	10	178	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/24/2020 11:07 am

		Wkst. A Line Number	Amount Reported	Reclassification 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	44,971,310	33,809	45,005,119	1,283,577.00	35.06	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		3,163,982	0	3,163,982	25,360.55	124.76	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)		11,197,796	-306,304	10,891,492	244,138.00	44.61	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,347,655	0	3,347,655	87,285.00	38.35	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		205,783	0	205,783	1,251.00	164.49	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		7,029,822	0	7,029,822	181,964.00	38.63	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		5,000	0	5,000	50.00	100.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		8,434,310	0	8,434,310			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		2,428,510	0	2,428,510			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		194,748	0	194,748			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)		1,386,277	0	1,386,277			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

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/24/2020 11:07 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,624,576	33,762	1,658,338	51,309.00	32.32	27.00
28.00	Administrative & General under contract (see inst.)		732,089	0	732,089	2,994.00	244.52	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,005,857	0	1,005,857	38,636.00	26.03	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	808,536	0	808,536	56,618.00	14.28	32.00
33.00	Housekeeping under contract (see instructions)		125,719	0	125,719	9,708.00	12.95	33.00
34.00	Dietary	10.00	857,504	0	857,504	51,333.00	16.70	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,381,507	0	2,381,507	68,986.00	34.52	38.00
39.00	Central Services and Supply	14.00	233,724	0	233,724	14,973.00	15.61	39.00
40.00	Pharmacy	15.00	1,410,605	0	1,410,605	34,548.00	40.83	40.00
41.00	Medical Records & Medical Records Library	16.00	346,735	0	346,735	14,415.00	24.05	41.00
42.00	Social Service	17.00	627,853	0	627,853	20,361.00	30.84	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
8/24/2020 11:07 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	42,665,136	33,809	42,698,945	1,270,918.45	33.60	1.00
2.00	Excluded area salaries (see instructions)	11,197,796	-306,304	10,891,492	244,138.00	44.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31,467,340	340,113	31,807,453	1,026,780.45	30.98	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,588,260	0	10,588,260	270,550.00	39.14	4.00
5.00	Subtotal wage-related costs (see inst.)	9,820,587	0	9,820,587	0.00	30.88	5.00
6.00	Total (sum of lines 3 thru 5)	51,876,187	340,113	52,216,300	1,297,330.45	40.25	6.00
7.00	Total overhead cost (see instructions)	10,154,705	33,762	10,188,467	363,881.00	28.00	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 8/24/2020 11:07 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,804,743 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)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			5,199,122 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			216,765 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			26,445 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)			284,516 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			0 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,087,081 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			370,680 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			68,217 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			11,057,569 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,347,655	11,057,569	1.00
2.00	Hospital	3,347,655	10,646,270	2.00
3.00	Subprovider - IPF	0	203,150	3.00
4.00	Subprovider - IRF	0	208,149	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 16-0117 Component CCN: 16-7002		Period: From 01/01/2019 To 12/31/2019		Worksheet S-4 Date/Time Prepared: 8/24/2020 11:07 am	
						Home Health Agency I		PPS	
						1.00			
0.00 County								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	8	17	4	29	1.00		
2.00	Unduplicated Census Count (see instructions)	0.00	720.00	295.00	2,507.00	0.00	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)	0.00		0.00	0.00	0.00	3.00		
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00		
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00		
6.00	Direct Nursing Service			27.55	0.00	27.55	6.00		
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00		
8.00	Physical Therapy Service			0.05	0.00	0.05	8.00		
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00		
10.00	Occupational Therapy Service			0.02	0.00	0.02	10.00		
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00		
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00		
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00		
14.00	Medical Social Service			0.00	0.00	0.00	14.00		
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00		
16.00	Home Health Aide			0.01	0.00	0.01	16.00		
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00		
18.00	Other (specify)			0.00	0.00	0.00	18.00		
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			5			19.00		
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16300					20.00		
20.01		20220					20.01		
20.02		99914					20.02		
20.03		99916					20.03		
20.04		99952					20.04		
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)			
		Without Outliers	With Outliers						
		1.00	2.00	3.00	4.00	5.00			
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits	5,903	482	212	64	6,661	21.00		
22.00	Skilled Nursing Visit Charges	1,099,329	89,371	37,738	11,844	1,238,282	22.00		
23.00	Physical Therapy Visits	4,673	168	38	64	4,943	23.00		
24.00	Physical Therapy Visit Charges	950,544	0	7,536	13,056	971,136	24.00		
25.00	Occupational Therapy Visits	1,670	141	7	13	1,831	25.00		
26.00	Occupational Therapy Visit Charges	338,952	28,686	1,224	2,652	371,514	26.00		
27.00	Speech Pathology Visits	202	10	2	0	214	27.00		
28.00	Speech Pathology Visit Charges	44,582	2,210	442	0	47,234	28.00		
29.00	Medical Social Service Visits	199	16	4	2	221	29.00		
30.00	Medical Social Service Visit Charges	58,950	4,743	1,188	594	65,475	30.00		
31.00	Home Health Aide Visits	854	127	0	7	988	31.00		
32.00	Home Health Aide Visit Charges	78,172	11,303	0	623	90,098	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,501	944	263	150	14,858	33.00		
34.00	Other Charges	0	0	0	0	0	34.00		
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,570,529	136,313	48,128	28,769	2,783,739	35.00		
36.00	Total Number of Episodes (standard/non outlier)	877		91	12	980	36.00		
37.00	Total Number of Outlier Episodes		28		0	28	37.00		
38.00	Total Non-Routine Medical Supply Charges	99,361	27,700	5,625	98	132,784	38.00		

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-10

Date/Time Prepared:
8/24/2020 11:07 am

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.291120		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		0		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				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		0		6.00
7.00	Medicaid cost (line 1 times line 6)		0		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)		0		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	1,218,863	896,849	2,115,712	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	354,835	896,849	1,251,684	21.00
22.00	Payments received from patients for amounts previously written off as charity care	5,288	82,267	87,555	22.00
23.00	Cost of charity care (line 21 minus line 22)	349,547	814,582	1,164,129	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			3,154,736	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			176,572	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			271,649	27.01
28.00	Non-Medicare bad debt expense (see instructions)			2,883,087	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			934,401	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			2,098,530	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			2,098,530	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,837,405	1,837,405	-102,025	1,735,380
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
5.01	00590	ADMINISTRATIVE & GENERAL	598,300	725,038	1,323,338	0	1,323,338
5.02	00591	REHAB ADMINISTRATION	185,305	59,927	245,232	0	245,232
5.03	00592	RADIOLOGY ADMINISTRATION	293,279	107,138	400,417	0	400,417
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	343,142	134,065	477,207	0	477,207
5.05	00560	PURCHASING RECEIVING AND STORES	204,550	237,431	441,981	0	441,981
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
6.01	00601	MAINTENANCE & REPAIRS	0	1,967,019	1,967,019	-22	1,966,997
7.00	00700	OPERATION OF PLANT	1,005,857	3,810,835	4,816,692	0	4,816,692
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	348,624	348,624
9.00	00900	HOUSEKEEPING	808,536	762,769	1,571,305	0	1,571,305
10.00	01000	DIETARY	857,504	682,035	1,539,539	-3,319	1,536,220
11.00	01100	CAFETERIA	0	0	0	0	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,381,507	930,976	3,312,483	-911	3,311,572
14.00	01400	CENTRAL SERVICES & SUPPLY	233,724	334,323	568,047	-8,431	559,616
15.00	01500	PHARMACY	1,410,605	2,907,654	4,318,259	-2,477,896	1,840,363
16.00	01600	MEDICAL RECORDS & LIBRARY	346,735	157,792	504,527	0	504,527
17.00	01700	SOCIAL SERVICE	627,853	205,430	833,283	0	833,283
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,523,026	3,234,512	9,757,538	-2,668,657	7,088,881
31.00	03100	INTENSIVE CARE UNIT	1,466,090	671,153	2,137,243	-892,052	1,245,191
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	739,560	822,868	1,562,428	-136,879	1,425,549
41.00	04100	SUBPROVIDER - IRF	806,472	494,131	1,300,603	-8,905	1,291,698
43.00	04300	NURSERY	578,716	118,596	697,312	668,476	1,365,788
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,444,937	9,648,149	12,093,086	-4,856,319	7,236,767
51.00	05100	RECOVERY ROOM	1,248,546	493,982	1,742,528	340,044	2,082,572
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,298,183	1,298,183
53.00	05300	ANESTHESIOLOGY	49,730	567,872	617,602	-120,114	497,488
54.00	05400	RADIOLOGY-DIAGNOSTIC	376,612	397,861	774,473	-68,371	706,102
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	129,431	442,767	572,198	-204,426	367,772
54.02	03630	ULTRA SOUND	285,291	104,217	389,508	-18,929	370,579
55.00	05500	RADIOLOGY-THERAPEUTIC	817,981	786,775	1,604,756	-41,351	1,563,405
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	354,838	191,533	546,371	-64,982	481,389
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	229,937	193,895	423,832	-28,640	395,192
60.00	06000	LABORATORY	0	5,530,442	5,530,442	-106,957	5,423,485
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	224,273	224,273
64.00	06400	INTRAVENOUS THERAPY	437,892	276,596	714,488	664,792	1,379,280
65.00	06500	RESPIRATORY THERAPY	585,082	410,810	995,892	-291,656	704,236
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	210,974	210,974
66.00	06600	PHYSICAL THERAPY	2,249,160	747,594	2,996,754	-186,033	2,810,721
67.00	06700	OCCUPATIONAL THERAPY	376,063	97,609	473,672	342,298	815,970
68.00	06800	SPEECH PATHOLOGY	145,988	37,224	183,212	234,407	417,619
69.00	06900	ELECTROCARDIOLOGY	194,636	75,129	269,765	-135,318	134,447
69.01	03140	CARDIOLOGY	636,756	1,626,120	2,262,876	-1,099,123	1,163,753
70.00	07000	ELECTROENCEPHALOGRAPHY	-52	265,293	265,241	-21,386	243,855
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,786,927	1,786,927
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,073,611	5,073,611
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,850,315	2,850,315
74.00	07400	RENAL DIALYSIS	0	358,943	358,943	-7,584	351,359
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	180,643	67,325	247,968	-36,600	211,368
76.98	07698	HYPERBARIC OXYGEN THERAPY	22,031	179,411	201,442	-6,493	194,949

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet A Date/Time Prepared: 8/24/2020 11:07 am
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	
76.99 07699 LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	773,577	694,930	1,468,507	809,390	2,277,897	90.00
91.00 09100 EMERGENCY	4,369,706	2,241,596	6,611,302	-1,012,766	5,598,536	91.00
92.00 09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	17,445	17,445	-135	17,310	95.00
101.00 10100 HOME HEALTH AGENCY	2,038,387	2,227,724	4,266,111	-592	4,265,519	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE		1,060,134	1,060,134	0	1,060,134	113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	37,357,933	48,942,473	86,300,406	245,442	86,545,848	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 MARKETING	157,608	241,869	399,477	0	399,477	194.00
194.01 07951 BUSINESS HEALTH	408,186	196,768	604,954	-2,346	602,608	194.01
194.02 07952 VITACARE	243,622	88,681	332,303	-332,303	0	194.02
194.03 07953 CASCADE CLINIC	1,344,672	1,171,440	2,516,112	-6,219	2,509,893	194.03
194.04 07954 ORTHOPEDIC CLINIC	103,846	11,046	114,892	0	114,892	194.04
194.05 07955 ENT CLINIC	0	0	0	0	0	194.05
194.06 07956 RSVP	34,849	28,657	63,506	0	63,506	194.06
194.07 07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08 07958 DIM MAINTENANCE	0	4	4	0	4	194.08
194.09 07959 RENTAL PROPERTY	0	361,922	361,922	102,025	463,947	194.09
194.10 07960 GRANDVIEW MEDICAL CENTER	0	45,575	45,575	0	45,575	194.10
194.11 07961 NORTH GRANDVIEW OFFICE	0	94,214	94,214	0	94,214	194.11
194.12 07962 LIFESTYLES	11,877	5,264	17,141	0	17,141	194.12
194.13 07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14 07964 FOUNDATION	0	0	0	0	0	194.14
194.15 07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16 07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17 07967 NONREIMBURSABLE	30,433	140,944	171,377	0	171,377	194.17
194.18 07968 CONTRACTED ULTRASOUND	34,121	12,309	46,430	0	46,430	194.18
194.19 07969 CARDIO SPECIALTY CARE CLINIC	2,178,888	372,294	2,551,182	-421	2,550,761	194.19
194.20 07970 RETAIL PHARMACIES	441,080	1,329,558	1,770,638	0	1,770,638	194.20
194.22 07972 PHYSICIAN CLINICS	2,624,195	2,073,913	4,698,108	-6,178	4,691,930	194.22
200.00 TOTAL (SUM OF LINES 118 through 199)	44,971,310	55,116,931	100,088,241	0	100,088,241	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,941,640	3,677,020	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-834,887	-834,887	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	12,286,082	13,609,420	5.01
5.02	00591	REHAB ADMINISTRATION	0	245,232	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	400,417	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	-160	477,047	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	441,981	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	1,966,997	6.01
7.00	00700	OPERATION OF PLANT	-1,078,576	3,738,116	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	348,624	8.00
9.00	00900	HOUSEKEEPING	0	1,571,305	9.00
10.00	01000	DIETARY	-20,864	1,515,356	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	41,996	3,353,568	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	29,103	588,719	14.00
15.00	01500	PHARMACY	-14,027	1,826,336	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-88,115	416,412	16.00
17.00	01700	SOCIAL SERVICE	0	833,283	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-62,054	7,026,827	30.00
31.00	03100	INTENSIVE CARE UNIT	15,704	1,260,895	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	6,382	1,431,931	40.00
41.00	04100	SUBPROVIDER - IRF	5,625	1,297,323	41.00
43.00	04300	NURSERY	0	1,365,788	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	83,363	7,320,130	50.00
51.00	05100	RECOVERY ROOM	175,495	2,258,067	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,298,183	52.00
53.00	05300	ANESTHESIOLOGY	-149,386	348,102	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,902	769,004	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	367,772	54.01
54.02	03630	ULTRA SOUND	0	370,579	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	231,820	1,795,225	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	-3,660	477,729	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	395,192	58.00
60.00	06000	LABORATORY	106,073	5,529,558	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	224,273	63.00
64.00	06400	INTRAVENOUS THERAPY	1,755	1,381,035	64.00
65.00	06500	RESPIRATORY THERAPY	-2,432	701,804	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	210,974	65.01
66.00	06600	PHYSICAL THERAPY	-71,371	2,739,350	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	815,970	67.00
68.00	06800	SPEECH PATHOLOGY	0	417,619	68.00
69.00	06900	ELECTROCARDIOLOGY	12,231	146,678	69.00
69.01	03140	CARDIOLOGY	68,647	1,232,400	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-161,913	81,942	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,786,927	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,073,611	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,850,315	73.00
74.00	07400	RENAL DIALYSIS	0	351,359	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-15	211,353	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	194,949	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet A
Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-446,234	1,831,663	90.00
91.00	09100	EMERGENCY	-3,230,711	2,367,825	91.00
92.00	09200	OBSERVATION BEDS			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	17,310	95.00
101.00	10100	HOME HEALTH AGENCY	-289,566	3,975,953	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-1,060,134	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,554,713	94,100,561	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	MARKETING	0	399,477	194.00
194.01	07951	BUSINESS HEALTH	8,676	611,284	194.01
194.02	07952	VITACARE	0	0	194.02
194.03	07953	CASCADE CLINIC	27,161	2,537,054	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	114,892	194.04
194.05	07955	ENT CLINIC	0	0	194.05
194.06	07956	RSVP	0	63,506	194.06
194.07	07957	CONTRACT CLEANING	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	4	194.08
194.09	07959	RENTAL PROPERTY	2,754	466,701	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	45,575	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	94,214	194.11
194.12	07962	LIFESTYLES	0	17,141	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	194.13
194.14	07964	FOUNDATION	0	0	194.14
194.15	07965	PHYSICIAN BILLING	40,986	40,986	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	171,377	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	46,430	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	2,550,761	194.19
194.20	07970	RETAIL PHARMACIES	0	1,770,638	194.20
194.22	07972	PHYSICIAN CLINICS	22,939	4,714,869	194.22
200.00		TOTAL (SUM OF LINES 118 through 199)	7,657,229	107,745,470	200.00

RECLASSIFICATIONS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
8/24/2020 11:07 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SAME DAY ICU RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	158,257	72,448		1.00
	0		158,257	72,448		
	B - DRUGS RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,850,315		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
	0		0	2,850,315		
	C - LAUNDRY RECLASS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	348,624		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
	0		0	348,624		
	D - CHAPLAIN RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.01	33,762	0		1.00
	0		33,762	0		
	E - PROPERTY FOR FUTURE RECLASS					
1.00	RENTAL PROPERTY	194.09	0	102,025		1.00
	0		0	102,025		
	F - PHYSICIAN BILLING					
1.00	PHYSICIAN BILLING	194.15	28,769	0		1.00
	0		28,769	0		

RECLASSIFICATIONS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
8/24/2020 11:07 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	H - MEDICAL SUPPLIES CHRGD TO PATIENTS					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	1,786,927		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
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	0		0	1,786,927		
	I - IMPLANTABLE SUPPLIES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	5,073,611		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
	0		0	5,073,611		
	J - CC MAPPING RECLASS					
1.00	CARDIOLOGY	69.01	181,303	68,356		1.00
2.00	CLINIC	90.00	389,415	148,294		2.00
3.00	PHYSICAL THERAPY	66.00	186,328	63,332		3.00
4.00	CARDIOLOGY	69.01	13,774	4,104		4.00
5.00	RECOVERY ROOM	51.00	90,764	58,080		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	901,042	397,141		6.00
7.00	OCCUPATIONAL THERAPY	67.00	212,889	62,501		7.00
8.00	INTRAVENOUS THERAPY	64.00	514,419	207,694		8.00
9.00	PHYSICAL THERAPY	66.00	57,294	19,474		9.00
10.00	PULMONARY FUNCTION TESTING	65.01	134,030	76,944		10.00
11.00	OPERATING ROOM	50.00	15,670	16,285		11.00
12.00	NURSERY	43.00	463,975	204,501		12.00
13.00	RESPIRATORY THERAPY	65.00	26,603	9,901		13.00
14.00	ADULTS & PEDIATRICS	30.00	305,553	110,082		14.00
15.00	ADULTS & PEDIATRICS	30.00	174,462	74,673		15.00
16.00	ADULTS & PEDIATRICS	30.00	167,983	71,900		16.00
17.00	ADULTS & PEDIATRICS	30.00	203,569	72,482		17.00
18.00	CLINIC	90.00	5,229	52,048		18.00
19.00	ULTRA SOUND	54.02	0	20,272		19.00
20.00	INTRAVENOUS THERAPY	64.00	186,877	66,539		20.00
21.00	SPEECH PATHOLOGY	68.00	74,497	21,871		21.00
22.00	CLINIC	90.00	62,682	69,331		22.00
23.00	OPERATING ROOM	50.00	21,152	7,643		23.00
24.00	RECOVERY ROOM	51.00	132,044	47,015		24.00
25.00	INTRAVENOUS THERAPY	64.00	176,593	63,621		25.00
26.00	ELECTROCARDIOLOGY	69.00	10,344	6,619		26.00
27.00	OCCUPATIONAL THERAPY	67.00	47,880	19,028		27.00
28.00	CLINIC	90.00	126,327	55,680		28.00
29.00	SPEECH PATHOLOGY	68.00	37,825	15,032		29.00
30.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2		30.00

RECLASSIFICATIONS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
8/24/2020 11:07 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
31.00	INTRAVENOUS THERAPY	64.00	52,225	22,353	31.00
32.00	ELECTROCARDIOLOGY	69.00	70,614	28,510	32.00
33.00	LABORATORY	60.00	18,909	10,855	33.00
34.00	OPERATING ROOM	50.00	9,220	8,738	34.00
35.00	SPEECH PATHOLOGY	68.00	59,123	26,059	35.00
36.00	OPERATING ROOM	50.00	3,490	1,582	36.00
37.00	CLINIC	90.00	37,891	16,218	37.00
38.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	140,096	38.00
39.00	CLINIC	90.00	6,805	2,459	39.00
40.00	RADIOLOGY-DIAGNOSTIC	54.00	9,344	6,841	40.00
41.00	BLOOD STORING, PROCESSING & TRANS.	63.00	8,214	3,128	41.00
42.00	LABORATORY	60.00	397	3,180	42.00
43.00	RECOVERY ROOM	51.00	41,076	14,798	43.00
44.00	CLINIC	90.00	12,540	11,801	44.00
45.00	CLINIC	90.00	34,292	12,354	45.00
46.00	CLINIC	90.00	7,937	4,556	46.00
47.00	RECOVERY ROOM	51.00	27,391	12,073	47.00
48.00	BLOOD STORING, PROCESSING & TRANS.	63.00	23,119	8,232	48.00
49.00	ANESTHESIOLOGY	53.00	5,800	4,246	49.00
50.00	BLOOD STORING, PROCESSING & TRANS.	63.00	30,497	10,987	50.00
51.00	CLINIC	90.00	20,195	7,190	51.00
52.00	INTRAVENOUS THERAPY	64.00	23,157	10,207	52.00
53.00	CLINIC	90.00	0	3,853	53.00
54.00	ELECTROENCEPHALOGRAPHY	70.00	5	0	54.00
	0		5,422,764	2,480,761	
K - RECLASS NEGATIVE BENEFIT STAT					
1.00	ELECTROENCEPHALOGRAPHY	70.00	47	0	1.00
	TOTALS		47	0	
500.00	Grand Total: Increases		5,643,599	12,714,711	500.00

RECLASSIFICATIONS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
8/24/2020 11:07 am

	Decreases						8/24/2020 11:07 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - SAME DAY ICU RECLASS						
1.00	INTENSIVE CARE UNIT	31.00	158,257	72,448	0		1.00
	0		158,257	72,448			
	B - DRUGS RECLASS						
1.00	MAINTENANCE & REPAIRS	6.01	0	22	0		1.00
2.00	DIETARY	10.00	0	3,319	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	4	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	247	0		4.00
5.00	PHARMACY	15.00	0	2,476,751	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	61,794	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	13,748	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	72	0		8.00
9.00	SUBPROVIDER - IRF	41.00	0	771	0		9.00
10.00	OPERATING ROOM	50.00	0	40,319	0		10.00
11.00	RECOVERY ROOM	51.00	0	38,277	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	71,231	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,550	0		13.00
14.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	1,882	0		14.00
15.00	ULTRA SOUND	54.02	0	1,137	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,567	0		16.00
17.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	4,135	0		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	563	0		18.00
19.00	LABORATORY	60.00	0	43	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	8,737	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	704	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	366	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	336	0		23.00
24.00	CARDIOLOGY	69.01	0	13,431	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	80	0		25.00
26.00	RENAL DIALYSIS	74.00	0	3,358	0		26.00
27.00	CLINIC	90.00	0	24,253	0		27.00
28.00	EMERGENCY	91.00	0	80,436	0		28.00
29.00	HOME HEALTH AGENCY	101.00	0	182	0		29.00
	0		0	2,850,315			
	C - LAUNDRY RECLASS						
1.00	NURSING ADMINISTRATION	13.00	0	907	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,184	0		2.00
3.00	PHARMACY	15.00	0	1,145	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	97,185	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	15,160	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	4,776	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	7,838	0		7.00
8.00	OPERATING ROOM	50.00	0	39,773	0		8.00
9.00	RECOVERY ROOM	51.00	0	29,850	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,673	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	9,911	0		11.00
12.00	LABORATORY	60.00	0	159	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	0	4,653	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	91	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	20,569	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	963	0		16.00
17.00	CARDIOLOGY	69.01	0	6,901	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,039	0		18.00
19.00	RENAL DIALYSIS	74.00	0	373	0		19.00
20.00	CARDIAC REHABILITATION	76.97	0	92	0		20.00
21.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,916	0		21.00
22.00	EMERGENCY	91.00	0	55,292	0		22.00
23.00	AMBULANCE SERVICES	95.00	0	135	0		23.00
24.00	BUSINESS HEALTH	194.01	0	2,346	0		24.00
25.00	VITACARE	194.02	0	5,875	0		25.00
26.00	CASCADE CLINIC	194.03	0	6,219	0		26.00
27.00	CARDIO SPECIALTY CARE CLINIC	194.19	0	421	0		27.00
28.00	PHYSICIAN CLINICS	194.22	0	6,178	0		28.00
	0		0	348,624			
	D - CHAPLAIN RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.01	0	33,762	0		1.00
	0		0	33,762			
	E - PROPERTY FOR FUTURE RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	102,025	9		1.00
	0		0	102,025			

RECLASSIFICATIONS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
8/24/2020 11:07 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	F - PHYSICIAN BILLING						
1.00	PHYSICIAN BILLING	194.15	28,769	0	0		1.00
	0		28,769	0			
	H - MEDICAL SUPPLIES CHRGD TO PATIENTS						
1.00	ADULTS & PEDIATRICS	30.00	0	10,512	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	3,749	0		2.00
3.00	SUBPROVIDER - IPF	40.00	0	18	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	150	0		4.00
5.00	OPERATING ROOM	50.00	0	1,287,562	0		5.00
6.00	RECOVERY ROOM	51.00	0	2,108	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	637	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,100	0		8.00
9.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	196,389	0		9.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,178	0		11.00
12.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	56,356	0		12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	27,863	0		13.00
15.00	INTRAVENOUS THERAPY	64.00	0	42,162	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	74,134	0		16.00
19.00	ELECTROCARDIOLOGY	69.00	0	23	0		19.00
20.00	CARDIOLOGY	69.01	0	59,982	0		20.00
24.00	CLINIC	90.00	0	6	0		24.00
25.00	EMERGENCY	91.00	0	13,588	0		25.00
26.00	HOME HEALTH AGENCY	101.00	0	410	0		26.00
	0		0	1,786,927			
	I - IMPLANTABLE SUPPLIES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	36,784	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	10,985	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	146	0		3.00
4.00	OPERATING ROOM	50.00	0	3,572,443	0		4.00
5.00	RECOVERY ROOM	51.00	0	12,962	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	1,015	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,322	0		7.00
8.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	1,083	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	354	0		9.00
10.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	4,491	0		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	214	0		11.00
12.00	INTRAVENOUS THERAPY	64.00	0	54,290	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	3	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	424	0		14.00
15.00	CARDIOLOGY	69.01	0	1,094,308	0		15.00
16.00	CARDIAC REHABILITATION	76.97	0	4	0		16.00
17.00	CLINIC	90.00	0	235,570	0		17.00
18.00	EMERGENCY	91.00	0	42,213	0		18.00
	0		0	5,073,611			
	J - CC MAPPING RECLASS						
1.00	ELECTROCARDIOLOGY	69.00	181,303	68,356	0		1.00
2.00	INTRAVENOUS THERAPY	64.00	389,415	148,294	0		2.00
3.00	VITACARE	194.02	186,328	63,332	0		3.00
4.00	CLINIC	90.00	13,774	4,104	0		4.00
5.00	CARDIOLOGY	69.01	90,764	58,080	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	901,042	397,141	0		6.00
7.00	PHYSICAL THERAPY	66.00	212,889	62,501	0		7.00
8.00	EMERGENCY	91.00	514,419	207,694	0		8.00
9.00	VITACARE	194.02	57,294	19,474	0		9.00
10.00	RESPIRATORY THERAPY	65.00	134,030	76,944	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	15,670	16,285	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	463,975	204,501	0		12.00
13.00	CARDIAC REHABILITATION	76.97	26,603	9,901	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	305,553	110,082	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	174,462	74,673	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	167,983	71,900	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	203,569	72,482	0		17.00
18.00	ANESTHESIOLOGY	53.00	5,229	52,048	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,272	0		19.00
20.00	ADULTS & PEDIATRICS	30.00	186,877	66,539	0		20.00
21.00	PHYSICAL THERAPY	66.00	74,497	21,871	0		21.00
22.00	SUBPROVIDER - IPF	40.00	62,682	69,331	0		22.00
23.00	ULTRA SOUND	54.02	21,152	7,643	0		23.00

RECLASSIFICATIONS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
8/24/2020 11:07 am

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
24.00	ADULTS & PEDIATRICS	30.00	132,044	47,015	0		24.00
25.00	ADULTS & PEDIATRICS	30.00	176,593	63,621	0		25.00
26.00	CARDIOLOGY	69.01	10,344	6,619	0		26.00
27.00	PHYSICAL THERAPY	66.00	47,880	19,028	0		27.00
28.00	ADULTS & PEDIATRICS	30.00	126,327	55,680	0		28.00
29.00	PHYSICAL THERAPY	66.00	37,825	15,032	0		29.00
30.00	OPERATING ROOM	50.00	0	2	0		30.00
31.00	INTENSIVE CARE UNIT	31.00	52,225	22,353	0		31.00
32.00	EMERGENCY	91.00	70,614	28,510	0		32.00
33.00	RESPIRATORY THERAPY	65.00	18,909	10,855	0		33.00
34.00	RADIOLOGY-DIAGNOSTIC	54.00	9,220	8,738	0		34.00
35.00	ADULTS & PEDIATRICS	30.00	59,123	26,059	0		35.00
36.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	3,490	1,582	0		36.00
37.00	INTENSIVE CARE UNIT	31.00	37,891	16,218	0		37.00
38.00	LABORATORY	60.00	0	140,096	0		38.00
39.00	ULTRA SOUND	54.02	6,805	2,459	0		39.00
40.00	CARDIOLOGY	69.01	9,344	6,841	0		40.00
41.00	INTRAVENOUS THERAPY	64.00	8,214	3,128	0		41.00
42.00	HYPERBARIC OXYGEN THERAPY	76.98	397	3,180	0		42.00
43.00	ADULTS & PEDIATRICS	30.00	41,076	14,798	0		43.00
44.00	RADIOLOGY-THERAPEUTIC	55.00	12,540	11,801	0		44.00
45.00	ADULTS & PEDIATRICS	30.00	34,292	12,354	0		45.00
46.00	RESPIRATORY THERAPY	65.00	7,937	4,556	0		46.00
47.00	ADULTS & PEDIATRICS	30.00	27,391	12,073	0		47.00
48.00	ADULTS & PEDIATRICS	30.00	23,119	8,232	0		48.00
49.00	CARDIOLOGY	69.01	5,800	4,246	0		49.00
50.00	ADULTS & PEDIATRICS	30.00	30,497	10,987	0		50.00
51.00	ADULTS & PEDIATRICS	30.00	20,195	7,190	0		51.00
52.00	ADULTS & PEDIATRICS	30.00	23,157	10,207	0		52.00
53.00	RENAL DIALYSIS	74.00	0	3,853	0		53.00
54.00	ULTRA SOUND	54.02	5	0	0		54.00
	0		5,422,764	2,480,761			
	K - RECLASS NEGATIVE BENEFIT STAT						
1.00	ELECTROENCEPHALOGRAPHY	70.00	0	47	0		1.00
	TOTALS		0	47			
500.00	Grand Total: Decreases		5,609,790	12,748,520			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
8/24/2020 11:07 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,140,303	0	0	0	0	1.00	
2.00	Land Improvements	7,215,187	0	0	0	0	2.00	
3.00	Buildings and Fixtures	99,672,612	4,629,971	0	4,629,971	3,408,560	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	14,260,096	161,294	0	161,294	0	5.00	
6.00	Movable Equipment	54,963,596	10,430,741	0	10,430,741	8,038,410	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	182,251,794	15,222,006	0	15,222,006	11,446,970	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	182,251,794	15,222,006	0	15,222,006	11,446,970	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,140,303	0				1.00	
2.00	Land Improvements	7,215,187	0				2.00	
3.00	Buildings and Fixtures	100,894,023	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	14,421,390	0				5.00	
6.00	Movable Equipment	57,355,927	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	186,026,830	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	186,026,830	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,837,405	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,837,405	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	1,837,405				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	1,837,405				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	100,894,023	0	100,894,023	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	100,894,023	0	100,894,023	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	3,677,020	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,677,020	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	3,677,020	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,677,020	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-970,344	INTEREST EXPENSE	113.00	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	-4,182,742			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	11,741,842			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	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	B	-88,115	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN 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		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	NURSING ADMINISTRATION REVENUE	B	-21,736	DIETARY	10.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
	Basis/Code (2)	Amount					
	1.00	2.00	3.00	4.00	5.00		
33.01 OR REVENUE	B	-8,488	NURSING ADMINISTRATION	13.00		0	33.01
33.02 DIETARY REVENUE	B	402	CENTRAL SERVICES & SUPPLY	14.00		0	33.02
33.03 PHARMACY REVENUE	B	-7,931	PHARMACY	15.00		0	33.03
33.04 PHYSICAL THERAPY	B	-2,020	ADULTS & PEDIATRICS	30.00		0	33.04
33.05 CARD REHAB REVENUE	B	-1,370	SUBPROVIDER - IPF	40.00		0	33.05
33.06 CLINIC REVENUE	B	-979	OPERATING ROOM	50.00		0	33.06
33.07 ELECTROCARDIOLOGY REVENUE	B	-125	RECOVERY ROOM	51.00		0	33.07
33.08 REAHB REVENUE	B	-31	INTRAVENOUS THERAPY	64.00		0	33.08
33.09 A&G REVENUE	B	-71,371	PHYSICAL THERAPY	66.00		0	33.09
33.10 PLANT OP REV	B	-10,206	CLINIC	90.00		0	33.10
33.11 ADULT & PEDS REVENUE	B	-1,484	EMERGENCY	91.00		0	33.11
33.12 EMERGENCY REVENUE		0		0.00		0	33.12
34.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00		0	34.00
(3)							
35.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00		0	35.00
(3)							
35.01 OTHER ADJUSTMENTS (SPECIFY)		0		0.00		0	35.01
(3)							
35.02 OTHER ADJUSTMENTS (SPECIFY)		0		0.00		0	35.02
(3)							
35.03 OTHER ADJUSTMENTS (SPECIFY)		0		0.00		0	35.03
(3)							
35.04 OTHER ADJUSTMENTS (SPECIFY)		0		0.00		0	35.04
(3)							
35.05 OTHER ADJUSTMENTS (SPECIFY)		0		0.00		0	35.05
(3)							
35.06 OTHER ADJUSTMENTS (SPECIFY)		0		0.00		0	35.06
(3)							
35.07 OTHER ADJUSTMENTS (SPECIFY)		0		0.00		0	35.07
(3)							
35.08 OTHER ADJUSTMENTS (SPECIFY)		0		0.00		0	35.08
(3)							
35.09 OTHER ADJUSTMENTS (SPECIFY)		0		0.00		0	35.09
(3)							
35.10 OTHER ADJUSTMENTS (SPECIFY)		0		0.00		0	35.10
(3)							
36.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00		0	36.00
(3)							
38.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00		0	38.00
(3)							
39.00 PHYSICIAN BILLING	A	40,986	PHYSICIAN BILLING	194.15		0	39.00
40.00 CHAPLAIN	A	33,762	ADMINISTRATIVE & GENERAL	5.01		0	40.00
41.00 DEPR ADJ	A	1,941,640	CAP REL COSTS-BLDG & FIXT	1.00		9	41.00
41.01 DEPR ADJ	A		RADIOLOGY ADMINISTRATION	5.03		0	41.01
41.02 DEPR ADJ	A	-160	OCCUPATIONAL HEALTH	5.04		0	41.02
			ADMINISTRATION				
41.03 DEPR ADJ	A		MAINTENANCE & REPAIRS	6.01		0	41.03
41.04 DEPR ADJ	A	-1,078,576	OPERATION OF PLANT	7.00		0	41.04
41.05 DEPR ADJ	A		HOUSEKEEPING	9.00		0	41.05
41.06 DEPR ADJ	A	872	DIETARY	10.00		0	41.06
41.07 DEPR ADJ	A	50,484	NURSING ADMINISTRATION	13.00		0	41.07
41.08 DEPR ADJ	A	28,701	CENTRAL SERVICES & SUPPLY	14.00		0	41.08
41.09 DEPR ADJ	A	-6,096	PHARMACY	15.00		0	41.09
41.10 DEPR ADJ	A		MEDICAL RECORDS & LIBRARY	16.00		0	41.10
41.11 DEPR ADJ	A		SOCIAL SERVICE	17.00		0	41.11
41.12 DEPR ADJ	A	5,341	ADULTS & PEDIATRICS	30.00		0	41.12
41.13 DEPR ADJ	A	16,042	INTENSIVE CARE UNIT	31.00		0	41.13
41.14 DEPR ADJ	A	7,752	SUBPROVIDER - IPF	40.00		0	41.14
41.15 DEPR ADJ	A	5,625	SUBPROVIDER - IRF	41.00		0	41.15
41.16 DEPR ADJ	A	84,342	OPERATING ROOM	50.00		0	41.16
41.17 DEPR ADJ	A	175,628	RECOVERY ROOM	51.00		0	41.17
41.18 DEPR ADJ	A	61,462	ANESTHESIOLOGY	53.00		0	41.18
41.19 DEPR ADJ	A	62,902	RADIOLOGY-DIAGNOSTIC	54.00		0	41.19
41.20 DEPR ADJ	A		NUCLEAR MEDICINE -	54.01		0	41.20
			DIAGNOSTIC				
41.21 DEPR ADJ	A		ULTRA SOUND	54.02		0	41.21
41.22 DEPR ADJ	A	259,038	RADIOLOGY-THERAPEUTIC	55.00		0	41.22
41.23 DEPR ADJ	A		COMPUTED TOMOGRAPHY (CT)	57.00		0	41.23
			SCAN				

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
41.24	DEPR ADJ	A		0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	41.24
41.25	DEPR ADJ	A		0 LABORATORY	60.00	0	41.25
41.26	DEPR ADJ	A	1,786	INTRAVENOUS THERAPY	64.00	0	41.26
41.27	DEPR ADJ	A	757	RESPIRATORY THERAPY	65.00	0	41.27
41.28	DEPR ADJ	A		0 PHYSICAL THERAPY	66.00	0	41.28
41.29	DEPR ADJ	A		0 OCCUPATIONAL THERAPY	67.00	0	41.29
41.30	DEPR ADJ	A		0 SPEECH PATHOLOGY	68.00	0	41.30
41.31	DEPR ADJ	A	12,231	ELECTROCARDIOLOGY	69.00	0	41.31
41.32	DEPR ADJ	A	68,647	CARDIOLOGY	69.01	0	41.32
41.33	DEPR ADJ	A	10,676	ELECTROENCEPHALOGRAPHY	70.00	0	41.33
41.34	DEPR ADJ	A	-15	CARDIAC REHABILITATION	76.97	0	41.34
41.35	DEPR ADJ	A		0 HYPERBARIC OXYGEN THERAPY	76.98	0	41.35
41.36	DEPR ADJ	A		0 CLINIC	90.00	0	41.36
41.37	DEPR ADJ	A	-758	EMERGENCY	91.00	0	41.37
41.38	DEPR ADJ	A	-149	HOME HEALTH AGENCY	101.00	0	41.38
41.39	DEPR ADJ	A		0 MARKETING	194.00	0	41.39
41.40	DEPR ADJ	A	8,676	BUSINESS HEALTH	194.01	0	41.40
41.41	DEPR ADJ	A		0 VITACARE	194.02	0	41.41
41.42	DEPR ADJ	A	27,161	CASCADE CLINIC	194.03	0	41.42
41.43	DEPR ADJ	A		0 RSVP	194.06	0	41.43
41.44	DEPR ADJ	A	2,754	RENTAL PROPERTY	194.09	0	41.44
41.45	DEPR ADJ	A		0 NORTH GRANDVIEW OFFICE	194.11	0	41.45
41.46	DEPR ADJ	A		0 LIFESTYLES	194.12	0	41.46
41.47	DEPR ADJ	A		0 CARDIO SPECIALTY CARE CLINIC	194.19	0	41.47
41.48	DEPR ADJ	A		0 RETAIL PHARMACIES	194.20	0	41.48
41.49	DEPR ADJ	A	22,939	PHYSICIAN CLINICS	194.22	0	41.49
41.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.50
41.51	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.51
41.52	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.52
41.53	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.53
41.54	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.54
41.55	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.55
42.00	OFFSET PROVIDER TAX ASSESSMENT	A	-562,523	ADMINISTRATIVE & GENERAL	5.01	0	42.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		7,657,229				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: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
8/24/2020 11:07 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	FINLEY TRI-STATES ALLOCATION	-834,887	0	1.00
2.00	5.01	ADMINISTRATIVE & GENERAL	FINLEY TRI-STATES ALLOCATION	12,766,487	-48,356	2.00
3.00	113.00	INTEREST EXPENSE	FINLEY TRI-STATES ALLOCATION	765,603	855,393	3.00
4.00	101.00	HOME HEALTH AGENCY	FINLEY TRI-STATES ALLOCATION	933,935	1,223,352	4.00
4.01	60.00	LABORATORY	PURCHASED LAB	5,395,766	5,254,673	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			19,026,904	7,285,062	5.00

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

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

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

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

6.00	B	IOWA HEALTH SYS	100.00	HOME OFFICE	100.00	6.00
7.00	C		0.00	UNITED CLINICAL	100.00	7.00
8.00	B	FINLEY TRISTATE	100.00	HOME OFFICE	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
8/24/2020 11:07 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-834,887	0		1.00
2.00	12,814,843	0		2.00
3.00	-89,790	0		3.00
4.00	-289,417	0		4.00
4.01	141,093	0		4.01
5.00	11,741,842			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	HEALTHCARE		6.00
7.00	LAB SERVICE		7.00
8.00	HEALTHCARE		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
8/24/2020 11:07 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	119,267	55,667	63,600	211,500	530	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	1,050	0	1,050	211,500	7	2.00
3.00	51.00	AGGREGATE-RECOVERY ROOM	8	8	0	246,400	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	242,500	187,500	55,000	239,400	275	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	271,900	0	5.00
6.00	54.02	AGGREGATE-ULTRA SOUND	0	0	0	271,900	0	6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	62,120	2,312	59,808	271,900	267	7.00
8.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	3,660	3,660	0	271,900	0	8.00
9.00	60.00	AGGREGATE-LABORATORY	35,020	35,020	0	260,300	0	9.00
10.00	65.00	AGGREGATE-RESPIRATORY THERAPY	9,900	0	9,900	211,500	66	10.00
11.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	211,500	0	11.00
12.00	69.01	AGGREGATE-CARDIOLOGY	0	0	0	211,500	0	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	179,300	168,375	10,925	211,500	66	13.00
14.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	211,500	0	14.00
15.00	90.00	AGGREGATE-CLINIC	440,095	434,595	5,500	211,500	40	15.00
16.00	91.00	AGGREGATE-EMERGENCY	3,228,469	3,228,469	0	211,500	0	16.00
200.00			4,321,389	4,115,606	205,783		1,251	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	AGGREGATE-ADULTS & PEDIATRICS	53,892	2,695	0	0	0	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	712	36	0	0	0	2.00
3.00	51.00	AGGREGATE-RECOVERY ROOM	0	0	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	31,652	1,583	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.02	AGGREGATE-ULTRA SOUND	0	0	0	0	0	6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	34,902	1,745	0	0	0	7.00
8.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	0	0	0	0	0	8.00
9.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	9.00
10.00	65.00	AGGREGATE-RESPIRATORY THERAPY	6,711	336	0	0	0	10.00
11.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	11.00
12.00	69.01	AGGREGATE-CARDIOLOGY	0	0	0	0	0	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	6,711	336	0	0	0	13.00
14.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	0	0	14.00
15.00	90.00	AGGREGATE-CLINIC	4,067	203	0	0	0	15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	16.00
200.00			138,647	6,934	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	AGGREGATE-ADULTS & PEDIATRICS	0	53,892	9,708	65,375		1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	712	338	338		2.00
3.00	51.00	AGGREGATE-RECOVERY ROOM	0	0	0	8		3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	31,652	23,348	210,848		4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0		5.00
6.00	54.02	AGGREGATE-ULTRA SOUND	0	0	0	0		6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	34,902	24,906	27,218		7.00
8.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	0	0	0	3,660		8.00
9.00	60.00	AGGREGATE-LABORATORY	0	0	0	35,020		9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
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	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		
10.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	6,711	3,189	3,189		10.00
11.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0		11.00
12.00	69.01	AGGREGATE-CARDIOLOGY	0	0	0	0		12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	6,711	4,214	172,589		13.00
14.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	0		14.00
15.00	90.00	AGGREGATE-CLINIC	0	4,067	1,433	436,028		15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	0	0	3,228,469		16.00
200.00			0	138,647	67,136	4,182,742		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,677,020	3,677,020			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-834,887	0	0	-834,887	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	13,609,420	622,834	0	0	14,232,254
5.02	00591	REHAB ADMINISTRATION	245,232	0	0	0	245,232
5.03	00592	RADIOLOGY ADMINISTRATION	400,417	0	0	0	400,417
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	477,047	0	0	0	477,047
5.05	00560	PURCHASING RECEIVING AND STORES	441,981	0	0	0	441,981
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
6.01	00601	MAINTENANCE & REPAIRS	1,966,997	10,057	0	0	1,977,054
7.00	00700	OPERATION OF PLANT	3,738,116	399,888	0	0	4,138,004
8.00	00800	LAUNDRY & LINEN SERVICE	348,624	0	0	0	348,624
9.00	00900	HOUSEKEEPING	1,571,305	30,404	0	0	1,601,709
10.00	01000	DIETARY	1,515,356	83,690	0	0	1,599,046
11.00	01100	CAFETERIA	0	0	0	0	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,353,568	64,022	0	0	3,417,590
14.00	01400	CENTRAL SERVICES & SUPPLY	588,719	40,636	0	0	629,355
15.00	01500	PHARMACY	1,826,336	42,578	0	0	1,868,914
16.00	01600	MEDICAL RECORDS & LIBRARY	416,412	29,278	0	0	445,690
17.00	01700	SOCIAL SERVICE	833,283	14,474	0	0	847,757
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,026,827	425,196	0	0	7,452,023
31.00	03100	INTENSIVE CARE UNIT	1,260,895	46,539	0	0	1,307,434
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	1,431,931	65,672	0	0	1,497,603
41.00	04100	SUBPROVIDER - IRF	1,297,323	124,540	0	0	1,421,863
43.00	04300	NURSERY	1,365,788	44,374	0	0	1,410,162
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,320,130	302,491	0	0	7,622,621
51.00	05100	RECOVERY ROOM	2,258,067	186,387	0	0	2,444,454
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,298,183	69,099	0	0	1,367,282
53.00	05300	ANESTHESIOLOGY	348,102	3,417	0	0	351,519
54.00	05400	RADIOLOGY-DIAGNOSTIC	769,004	134,063	0	0	903,067
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	367,772	6,407	0	0	374,179
54.02	03630	ULTRA SOUND	370,579	980	0	0	371,559
55.00	05500	RADIOLOGY-THERAPEUTIC	1,795,225	136,868	0	0	1,932,093
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	477,729	7,397	0	0	485,126
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	395,192	10,174	0	0	405,366
60.00	06000	LABORATORY	5,529,558	47,373	0	0	5,576,931
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	224,273	7,310	0	0	231,583
64.00	06400	INTRAVENOUS THERAPY	1,381,035	75,739	0	0	1,456,774
65.00	06500	RESPIRATORY THERAPY	701,804	20,638	0	0	722,442
65.01	03560	PULMONARY FUNCTION TESTING	210,974	5,194	0	0	216,168
66.00	06600	PHYSICAL THERAPY	2,739,350	50,422	0	0	2,789,772
67.00	06700	OCCUPATIONAL THERAPY	815,970	0	0	0	815,970
68.00	06800	SPEECH PATHOLOGY	417,619	7,397	0	0	425,016
69.00	06900	ELECTROCARDIOLOGY	146,678	8,019	0	0	154,697
69.01	03140	CARDIOLOGY	1,232,400	112,958	0	0	1,345,358
70.00	07000	ELECTROENCEPHALOGRAPHY	81,942	8,436	0	0	90,378
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,786,927	0	0	0	1,786,927
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,073,611	0	0	0	5,073,611
73.00	07300	DRUGS CHARGED TO PATIENTS	2,850,315	0	0	0	2,850,315
74.00	07400	RENAL DIALYSIS	351,359	10,562	0	0	361,921
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
76.97	07697	CARDIAC REHABILITATION	211,353	24,259	0	0	235,612 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	194,949	6,475	0	0	201,424 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,831,663	65,585	0	0	1,897,248 90.00
91.00	09100	EMERGENCY	2,367,825	101,028	0	0	2,468,853 91.00
92.00	09200	OBSERVATION BEDS					0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	17,310	0	0	0	17,310 95.00
101.00	10100	HOME HEALTH AGENCY	3,975,953	0	0	0	3,975,953 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	94,100,561	3,452,860	0	0	94,711,288 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00	07950	MARKETING	399,477	0	0	0	399,477 194.00
194.01	07951	BUSINESS HEALTH	611,284	0	0	0	611,284 194.01
194.02	07952	VITACARE	0	0	0	0	0 194.02
194.03	07953	CASCADE CLINIC	2,537,054	0	0	0	2,537,054 194.03
194.04	07954	ORTHOPEDIC CLINIC	114,892	0	0	0	114,892 194.04
194.05	07955	ENT CLINIC	0	0	0	0	0 194.05
194.06	07956	RSVP	63,506	0	0	0	63,506 194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0 194.07
194.08	07958	DIM MAINTENANCE	4	0	0	0	4 194.08
194.09	07959	RENTAL PROPERTY	466,701	8,455	0	0	475,156 194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	45,575	0	0	0	45,575 194.10
194.11	07961	NORTH GRANDVIEW OFFICE	94,214	0	0	0	94,214 194.11
194.12	07962	LIFESTYLES	17,141	0	0	0	17,141 194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0 194.13
194.14	07964	FOUNDATION	0	0	0	0	0 194.14
194.15	07965	PHYSICIAN BILLING	40,986	0	0	0	40,986 194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0 194.16
194.17	07967	NONREIMBURSABLE	171,377	180,495	0	0	351,872 194.17
194.18	07968	CONTRACTED ULTRASOUND	46,430	0	0	0	46,430 194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	2,550,761	0	0	0	2,550,761 194.19
194.20	07970	RETAIL PHARMACIES	1,770,638	0	0	0	1,770,638 194.20
194.22	07972	PHYSICIAN CLINICS	4,714,869	35,210	0	0	4,750,079 194.22
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers		0	0	-834,887	-834,887 201.00
202.00		TOTAL (sum lines 118 through 201)	107,745,470	3,677,020	0	-834,887	107,745,470 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	
			5.01	5.02	5.03	5A.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL	14,232,254					5.01
5.02	00591	REHAB ADMINISTRATION	36,993	282,225				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	60,402		460,819			5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	71,962			549,009	549,009	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	66,672			508,653	2,585	5.05
6.00	00600	MAINTENANCE & REPAIRS	0			0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	298,235			2,275,289	11,563	6.01
7.00	00700	OPERATION OF PLANT	624,210			4,762,214	24,202	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	52,589			401,213	2,039	8.00
9.00	00900	HOUSEKEEPING	241,615			1,843,324	9,368	9.00
10.00	01000	DIETARY	241,213			1,840,259	9,352	10.00
11.00	01100	CAFETERIA	0			0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0			0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0			0	0	12.00
13.00	01300	NURSING ADMINISTRATION	515,537			3,933,127	19,988	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	94,937			724,292	3,681	14.00
15.00	01500	PHARMACY	281,922			2,150,836	10,931	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	67,231			512,921	2,607	16.00
17.00	01700	SOCIAL SERVICE	127,882			975,639	4,958	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0			0	0	19.00
20.00	02000	NURSING SCHOOL	0			0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0			0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0			0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0			0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,124,123	0	0	8,576,146	43,584	30.00
31.00	03100	INTENSIVE CARE UNIT	197,224	0	0	1,504,658	7,647	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	225,910	0	0	1,723,513	8,759	40.00
41.00	04100	SUBPROVIDER - IRF	214,485	0	0	1,636,348	8,316	41.00
43.00	04300	NURSERY	212,720	0	0	1,622,882	8,247	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,149,886	0	0	8,772,507	44,576	50.00
51.00	05100	RECOVERY ROOM	368,741	0	0	2,813,195	14,297	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	206,252	0	0	1,573,534	7,997	52.00
53.00	05300	ANESTHESIOLOGY	53,026	0	0	404,545	2,056	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	136,226	0	131,871	1,171,164	5,952	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	56,444	0	97,429	528,052	2,684	54.01
54.02	03630	ULTRA SOUND	56,049	0	66,322	493,930	2,510	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	291,452	0	0	2,223,545	11,300	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	73,180	0	93,032	651,338	3,310	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	61,149	0	72,165	538,680	2,738	58.00
60.00	06000	LABORATORY	841,269	0	0	6,418,200	32,617	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	34,934	0	0	266,517	1,354	63.00
64.00	06400	INTRAVENOUS THERAPY	219,751	0	0	1,676,525	8,520	64.00
65.00	06500	RESPIRATORY THERAPY	108,979	0	0	831,421	4,225	65.00
65.01	03560	PULMONARY FUNCTION TESTING	32,609	0	0	248,777	1,264	65.01
66.00	06600	PHYSICAL THERAPY	420,832	106,792	0	3,317,396	16,859	66.00
67.00	06700	OCCUPATIONAL THERAPY	123,087	16,880	0	955,937	4,858	67.00
68.00	06800	SPEECH PATHOLOGY	64,113	6,529	0	495,658	2,519	68.00
69.00	06900	ELECTROCARDIOLOGY	23,336	0	0	178,033	905	69.00
69.01	03140	CARDIOLOGY	202,945	0	0	1,548,303	7,868	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	13,633	0	0	104,011	529	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	269,554	0	0	2,056,481	10,451	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	765,344	0	0	5,838,955	29,674	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	429,964	0	0	3,280,279	16,670	73.00
74.00	07400	RENAL DIALYSIS	54,595	0	0	416,516	2,117	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	35,542	0	0	271,154	1,378	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	30,384	0	0	231,808	1,178	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	
		5.01	5.02	5.03	5A.03	5.04	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	286,196	0	0	2,183,444	11,096	90.00
91.00	09100 EMERGENCY	372,422	0	0	2,841,275	14,439	91.00
92.00	09200 OBSERVATION BEDS				0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	2,611	0	0	19,921	101	95.00
101.00	10100 HOME HEALTH AGENCY	599,765	152,024	0	4,727,742	24,026	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	12,140,132	282,225	460,819	92,619,166	467,895	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	60,260	0	0	459,737	2,336	194.00
194.01	07951 BUSINESS HEALTH	92,211	0	0	703,495	3,575	194.01
194.02	07952 VITACARE	0	0	0	0	0	194.02
194.03	07953 CASCADE CLINIC	382,710	0	0	2,919,764	14,838	194.03
194.04	07954 ORTHOPEDIC CLINIC	17,331	0	0	132,223	672	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	9,580	0	0	73,086	371	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	1	0	0	5	0	194.08
194.09	07959 RENTAL PROPERTY	71,676	0	0	546,832	2,779	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	6,875	0	0	52,450	267	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	14,212	0	0	108,426	551	194.11
194.12	07962 LIFESTYLES	2,586	0	0	19,727	100	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	6,183	0	0	47,169	240	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	53,079	0	0	404,951	2,058	194.17
194.18	07968 CONTRACTED ULTRASOUND	7,004	0	0	53,434	272	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	384,777	0	0	2,935,538	14,918	194.19
194.20	07970 RETAIL PHARMACIES	267,097	0	0	2,037,735	10,356	194.20
194.22	07972 PHYSICIAN CLINICS	716,540	0	0	5,466,619	27,781	194.22
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	-834,887	0	201.00
202.00	TOTAL (sum lines 118 through 201)	14,232,254	282,225	460,819	107,745,470	549,009	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
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Cost Center Description			Subtotal	PURCHASING RECEIVING AND STORES	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.04	5.05	6.00	6.01	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES	511,238	511,238				5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
6.01	00601	MAINTENANCE & REPAIRS	2,286,852	10,819	0	2,297,671		6.01
7.00	00700	OPERATION OF PLANT	4,786,416	22,645	0	301,830	5,110,891	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	403,252	1,908	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,852,692	8,765	0	22,949	58,767	9.00
10.00	01000	DIETARY	1,849,611	8,751	0	63,168	161,759	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,953,115	18,702	0	48,323	123,744	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	727,973	3,444	0	30,672	78,543	14.00
15.00	01500	PHARMACY	2,161,767	10,227	0	32,137	82,296	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	515,528	2,439	0	22,099	56,590	16.00
17.00	01700	SOCIAL SERVICE	980,597	4,639	0	10,925	27,976	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,619,730	40,780	0	320,932	821,834	30.00
31.00	03100	INTENSIVE CARE UNIT	1,512,305	7,155	0	35,127	89,951	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,732,272	8,195	0	49,569	126,934	40.00
41.00	04100	SUBPROVIDER - IRF	1,644,664	7,781	0	94,001	240,715	41.00
43.00	04300	NURSERY	1,631,129	7,717	0	33,493	85,767	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,817,083	41,674	0	228,316	584,666	50.00
51.00	05100	RECOVERY ROOM	2,827,492	13,377	0	140,683	360,256	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,581,531	7,482	0	52,155	133,557	52.00
53.00	05300	ANESTHESIOLOGY	406,601	1,924	0	2,579	6,605	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,177,116	5,569	0	101,189	259,122	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	530,736	2,511	0	4,836	12,384	54.01
54.02	03630	ULTRA SOUND	496,440	2,349	0	740	1,895	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,234,845	10,573	0	103,307	264,544	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	654,648	3,097	0	5,583	14,298	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	541,418	2,561	0	7,679	19,664	58.00
60.00	06000	LABORATORY	6,450,817	30,519	0	35,757	91,565	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	267,871	1,267	0	5,517	14,129	63.00
64.00	06400	INTRAVENOUS THERAPY	1,685,045	7,972	0	57,167	146,392	64.00
65.00	06500	RESPIRATORY THERAPY	835,646	3,953	0	15,578	39,891	65.00
65.01	03560	PULMONARY FUNCTION TESTING	250,041	1,183	0	3,920	10,038	65.01
66.00	06600	PHYSICAL THERAPY	3,334,255	15,774	0	38,058	97,457	66.00
67.00	06700	OCCUPATIONAL THERAPY	960,795	4,546	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	498,177	2,357	0	5,583	14,298	68.00
69.00	06900	ELECTROCARDIOLOGY	178,938	847	0	6,052	15,499	69.00
69.01	03140	CARDIOLOGY	1,556,171	7,362	0	85,260	218,330	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	104,540	495	0	6,367	16,395	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,066,932	9,779	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,868,629	27,764	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,296,949	15,598	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	418,633	1,981	0	7,972	20,415	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	272,532	1,289	0	18,311	46,890	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	232,986	1,102	0	4,887	12,515	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	PURCHASING RECEIVING AND STORES	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5A.04	5.05	6.00	6.01	7.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,194,540	10,382	0	49,503	126,765	90.00
91.00	09100 EMERGENCY	2,855,714	13,510	0	76,254	195,270	91.00
92.00	09200 OBSERVATION BEDS	0					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	20,022	95	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	4,751,768	22,481	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	92,538,052	435,340	0	2,128,478	4,677,626	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	462,073	2,186	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	707,070	3,345	0	0	0	194.01
194.02	07952 VITACARE	0	0	0	0	0	194.02
194.03	07953 CASCADE CLINIC	2,934,602	13,884	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	132,895	629	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	73,457	348	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	5	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	549,611	2,600	0	6,382	16,343	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	52,717	249	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	108,977	516	0	0	0	194.11
194.12	07962 LIFESTYLES	19,827	94	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	47,409	224	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	407,009	1,926	0	136,235	348,867	194.17
194.18	07968 CONTRACTED ULTRASOUND	53,706	254	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	2,950,456	13,959	0	0	0	194.19
194.20	07970 RETAIL PHARMACIES	2,048,091	9,690	0	0	0	194.20
194.22	07972 PHYSICIAN CLINICS	5,494,400	25,994	0	26,576	68,055	194.22
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	-834,887	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	107,745,470	511,238	0	2,297,671	5,110,891	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	405,160					8.00
9.00	00900	HOUSEKEEPING	0	1,943,173				9.00
10.00	01000	DIETARY	0	62,216	2,145,505			10.00
11.00	01100	CAFETERIA	0	0	0	0		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,052	47,595	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,283	30,210	0	0	0	14.00
15.00	01500	PHARMACY	1,574	31,653	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	21,766	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	10,760	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	94,737	316,099	1,377,411	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,630	34,598	181,197	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	5,937	48,822	298,032	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	10,723	92,585	249,881	0	0	41.00
43.00	04300	NURSERY	8,162	32,988	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,656	224,877	0	0	0	50.00
51.00	05100	RECOVERY ROOM	40,866	138,564	3,842	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,849	51,370	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	101	2,540	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,255	99,665	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	4,763	0	0	0	54.01
54.02	03630	ULTRA SOUND	91	729	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	13,427	101,750	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	5,499	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,563	0	0	0	58.00
60.00	06000	LABORATORY	289	35,218	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,306	5,434	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	25,739	56,306	3,442	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	109	15,343	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	28	3,861	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	3,162	37,484	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,040	5,499	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,367	5,961	0	0	0	69.00
69.01	03140	CARDIOLOGY	9,705	83,975	2,602	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	786	6,271	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	339	7,852	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	107	18,035	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,947	4,814	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,255	48,757	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
91.00	09100	EMERGENCY	49,401	75,106	6,724	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	171	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	403,094	1,776,528	2,123,131	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	6,286	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	134,183	22,374	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	578	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	1,488	26,176	0	0	0	194.22
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)	405,160	1,943,173	2,145,505	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	4,192,531				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	882,125			14.00
15.00	01500	PHARMACY	0	0	6,972	2,326,626		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	374	0	618,796	16.00
17.00	01700	SOCIAL SERVICE	0	0	123	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	913,911	32,369	0	34,484	30.00
31.00	03100	INTENSIVE CARE UNIT	0	165,859	7,811	0	5,261	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	141,000	2,050	0	10,176	40.00
41.00	04100	SUBPROVIDER - IRF	0	148,837	2,440	0	7,687	41.00
43.00	04300	NURSERY	0	79,352	3,553	0	3,821	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	499,976	439,551	0	105,807	50.00
51.00	05100	RECOVERY ROOM	0	264,564	10,318	0	17,990	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	154,105	6,901	0	7,361	52.00
53.00	05300	ANESTHESIOLOGY	0	18,332	19,955	0	16,069	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	79,771	5,667	0	11,272	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	18,559	268	0	6,341	54.01
54.02	03630	ULTRA SOUND	0	31,363	5,153	0	6,139	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	113,856	3,208	0	33,323	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	72,615	2,349	0	28,846	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	35,412	2,934	0	14,455	58.00
60.00	06000	LABORATORY	0	4,066	6,264	0	34,235	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	12,197	639	0	1,677	63.00
64.00	06400	INTRAVENOUS THERAPY	0	181,510	8,474	0	15,627	64.00
65.00	06500	RESPIRATORY THERAPY	0	93,545	12,884	0	8,909	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	28,210	4,054	0	4,382	65.01
66.00	06600	PHYSICAL THERAPY	0	359,968	4,469	0	16,848	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	98,206	763	0	6,209	67.00
68.00	06800	SPEECH PATHOLOGY	0	47,512	767	0	2,641	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,741	768	0	2,227	69.00
69.01	03140	CARDIOLOGY	0	110,630	19,161	0	33,089	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11	204	0	1,032	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	205,295	0	25,348	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	27,320	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,477,681	50,819	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,320	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	24,649	313	0	2,115	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,780	16	0	2,888	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	203,102	21,045	0	26,945	90.00
91.00	09100	EMERGENCY	0	270,892	14,903	0	36,460	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	11,301	0	9,673	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,192,531	863,316	1,477,681	618,796	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	71	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	966	11,903	0	194.01
194.02	07952	VITACARE	0	0	0	17	0	194.02
194.03	07953	CASCADE CLINIC	0	0	3,198	95,483	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	8	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	80	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	19	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	52	2,309	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	1,706	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	805	627,669	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	11,904	111,564	0	194.22
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)	0	4,192,531	882,125	2,326,626	618,796	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SRVCES-SALARY & FRINGES		SRVCES-OTHER PRGM COSTS
						17.00		19.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00590	ADMINISTRATIVE & GENERAL					5.01	
5.02	00591	REHAB ADMINISTRATION					5.02	
5.03	00592	RADIOLOGY ADMINISTRATION					5.03	
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04	
5.05	00560	PURCHASING RECEIVING AND STORES					5.05	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
6.01	00601	MAINTENANCE & REPAIRS					6.01	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
11.01	01101	EMPLOYEE CAFETERIA					11.01	
12.00	01200	MAINTENANCE OF PERSONNEL					12.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE	1,035,020				17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00	
20.00	02000	NURSING SCHOOL	0		0		20.00	
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0			0	21.00	
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0			0	22.00	
23.00	02300	PARAMEDICAL ED PRGM	0				23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	618,754	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	81,503	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01	
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02	
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03	
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04	
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	134,056	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	112,398	0	0	0	41.00	
43.00	04300	NURSERY	88,309	0	0	0	43.00	
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	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.01	
54.02	03630	ULTRA SOUND	0	0	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01	
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	
69.01	03140	CARDIOLOGY	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99	

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Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
						17.00	19.00	
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						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,035,020	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	0	194.22
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,035,020	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05	00560	PURCHASING RECEIVING AND STORES					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS					6.01
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
11.01	01101	EMPLOYEE CAFETERIA					11.01
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMEDICAL ED PRGM	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	13,191,041	0	13,191,041	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,135,397	0	2,135,397	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	2,557,043	0	2,557,043	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,611,712	0	2,611,712	41.00
43.00	04300	NURSERY	0	1,974,291	0	1,974,291	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	10,991,606	0	10,991,606	50.00
51.00	05100	RECOVERY ROOM	0	3,817,952	0	3,817,952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,010,311	0	2,010,311	52.00
53.00	05300	ANESTHESIOLOGY	0	474,706	0	474,706	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,765,626	0	1,765,626	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	580,398	0	580,398	54.01
54.02	03630	ULTRA SOUND	0	544,899	0	544,899	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,878,833	0	2,878,833	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	786,935	0	786,935	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	631,686	0	631,686	58.00
60.00	06000	LABORATORY	0	6,688,730	0	6,688,730	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	310,037	0	310,037	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,187,674	0	2,187,674	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,025,858	0	1,025,858	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	305,717	0	305,717	65.01
66.00	06600	PHYSICAL THERAPY	0	3,907,475	0	3,907,475	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,070,519	0	1,070,519	67.00
68.00	06800	SPEECH PATHOLOGY	0	577,874	0	577,874	68.00
69.00	06900	ELECTROCARDIOLOGY	0	228,400	0	228,400	69.00
69.01	03140	CARDIOLOGY	0	2,126,285	0	2,126,285	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	136,011	0	136,011	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	2,307,354	0	2,307,354	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,923,713	0	5,923,713	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,841,047	0	4,841,047	73.00
74.00	07400	RENAL DIALYSIS	0	458,512	0	458,512	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	384,241	0	384,241	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	267,935	0	267,935	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,691,294	0	2,691,294	90.00
91.00	09100	EMERGENCY	0	3,594,234	0	3,594,234	91.00
92.00	09200	OBSERVATION BEDS	0		0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	20,288	0	20,288	95.00
101.00	10100	HOME HEALTH AGENCY	0	4,795,223	0	4,795,223	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	90,800,857	0	90,800,857	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	MARKETING	0	464,330	0	464,330	194.00
194.01	07951	BUSINESS HEALTH	0	723,284	0	723,284	194.01
194.02	07952	VITACARE	0	17	0	17	194.02
194.03	07953	CASCADE CLINIC	0	3,047,167	0	3,047,167	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	133,532	0	133,532	194.04
194.05	07955	ENT CLINIC	0	0	0	0	194.05
194.06	07956	RSVP	0	73,885	0	73,885	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	5	0	5	194.08
194.09	07959	RENTAL PROPERTY	0	581,241	0	581,241	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	52,966	0	52,966	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	109,493	0	109,493	194.11
194.12	07962	LIFESTYLES	0	19,921	0	19,921	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	47,633	0	47,633	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	1,052,955	0	1,052,955	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	53,960	0	53,960	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	2,966,699	0	2,966,699	194.19
194.20	07970	RETAIL PHARMACIES	0	2,686,255	0	2,686,255	194.20
194.22	07972	PHYSICIAN CLINICS	0	5,766,157	0	5,766,157	194.22
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-834,887	0	-834,887	201.00
202.00		TOTAL (sum lines 118 through 201)	0	107,745,470	0	107,745,470	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	96,002	622,834	0	718,836	0 5.01
5.02	00591	REHAB ADMINISTRATION	0	0	0	0	0 5.02
5.03	00592	RADIOLOGY ADMINISTRATION	2,632	0	0	2,632	0 5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	2,210	0	0	2,210	0 5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0 5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
6.01	00601	MAINTENANCE & REPAIRS	21,182	10,057	0	31,239	0 6.01
7.00	00700	OPERATION OF PLANT	97,427	399,888	0	497,315	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00	00900	HOUSEKEEPING	16,675	30,404	0	47,079	0 9.00
10.00	01000	DIETARY	0	83,690	0	83,690	0 10.00
11.00	01100	CAFETERIA	0	0	0	0	0 11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0 11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	132,137	64,022	0	196,159	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	79,994	40,636	0	120,630	0 14.00
15.00	01500	PHARMACY	100,989	42,578	0	143,567	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,034	29,278	0	32,312	0 16.00
17.00	01700	SOCIAL SERVICE	0	14,474	0	14,474	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	157,954	425,196	0	583,150	0 30.00
31.00	03100	INTENSIVE CARE UNIT	51,236	46,539	0	97,775	0 31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0 33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0 33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	10,584	65,672	0	76,256	0 40.00
41.00	04100	SUBPROVIDER - IRF	27,481	124,540	0	152,021	0 41.00
43.00	04300	NURSERY	15,618	44,374	0	59,992	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	817,963	302,491	0	1,120,454	0 50.00
51.00	05100	RECOVERY ROOM	267,973	186,387	0	454,360	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,330	69,099	0	99,429	0 52.00
53.00	05300	ANESTHESIOLOGY	137,120	3,417	0	140,537	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	136,945	134,063	0	271,008	0 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,796	6,407	0	10,203	0 54.01
54.02	03630	ULTRA SOUND	1,872	980	0	2,852	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	474,453	136,868	0	611,321	0 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	815	7,397	0	8,212	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	85,922	10,174	0	96,096	0 58.00
60.00	06000	LABORATORY	3,360	47,373	0	50,733	0 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,943	7,310	0	9,253	0 63.00
64.00	06400	INTRAVENOUS THERAPY	33,569	75,739	0	109,308	0 64.00
65.00	06500	RESPIRATORY THERAPY	31,037	20,638	0	51,675	0 65.00
65.01	03560	PULMONARY FUNCTION TESTING	9,662	5,194	0	14,856	0 65.01
66.00	06600	PHYSICAL THERAPY	18,158	50,422	0	68,580	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	10,035	0	0	10,035	0 67.00
68.00	06800	SPEECH PATHOLOGY	2,847	7,397	0	10,244	0 68.00
69.00	06900	ELECTROCARDIOLOGY	10,206	8,019	0	18,225	0 69.00
69.01	03140	CARDIOLOGY	177,656	112,958	0	290,614	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	25,485	8,436	0	33,921	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	10,562	0	10,562	0 74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	2,646	24,259	0	26,905	0 76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,700	6,475	0	9,175	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	67,550	65,585	0	133,135	0	90.00
91.00	09100	EMERGENCY	54,776	101,028	0	155,804	0	91.00
92.00	09200	OBSERVATION BEDS				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	983	0	0	983	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,224,957	3,452,860	0	6,677,817	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	12,350	0	0	12,350	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	109,270	0	0	109,270	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	33,596	8,455	0	42,051	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	1,785	0	0	1,785	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	180,495	0	180,495	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	1,104	0	0	1,104	0	194.19
194.20	07970	RETAIL PHARMACIES	3,842	0	0	3,842	0	194.20
194.22	07972	PHYSICIAN CLINICS	141,752	35,210	0	176,962	0	194.22
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,528,656	3,677,020	0	7,205,676	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	OCCUPATIONAL HEALTH ADMINISTRATION	PURCHASING RECEIVING AND STORES	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL	718,836					5.01
5.02	00591	REHAB ADMINISTRATION	1,868	1,868				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	3,051	0	5,683			5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	3,635	0	0	5,845		5.04
5.05	00560	PURCHASING RECEIVING AND STORES	3,367	0	0	27	3,394	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	15,063	0	0	123	71	6.01
7.00	00700	OPERATION OF PLANT	31,527	0	0	257	148	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,656	0	0	22	13	8.00
9.00	00900	HOUSEKEEPING	12,203	0	0	100	57	9.00
10.00	01000	DIETARY	12,183	0	0	99	57	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	26,039	0	0	212	123	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,795	0	0	39	23	14.00
15.00	01500	PHARMACY	14,239	0	0	116	67	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,396	0	0	28	16	16.00
17.00	01700	SOCIAL SERVICE	6,459	0	0	53	30	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,777	0	0	463	267	30.00
31.00	03100	INTENSIVE CARE UNIT	9,961	0	0	81	47	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	11,410	0	0	93	54	40.00
41.00	04100	SUBPROVIDER - IRF	10,833	0	0	88	51	41.00
43.00	04300	NURSERY	10,744	0	0	88	51	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58,078	0	0	482	320	50.00
51.00	05100	RECOVERY ROOM	18,624	0	0	152	88	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,417	0	0	85	49	52.00
53.00	05300	ANESTHESIOLOGY	2,678	0	0	22	13	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,880	0	1,626	63	36	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,851	0	1,202	29	16	54.01
54.02	03630	ULTRA SOUND	2,831	0	818	27	15	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	14,721	0	0	120	69	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,696	0	1,147	35	20	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,088	0	890	29	17	58.00
60.00	06000	LABORATORY	42,491	0	0	347	200	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,764	0	0	14	8	63.00
64.00	06400	INTRAVENOUS THERAPY	11,099	0	0	91	52	64.00
65.00	06500	RESPIRATORY THERAPY	5,504	0	0	45	26	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,647	0	0	13	8	65.01
66.00	06600	PHYSICAL THERAPY	21,255	707	0	179	103	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,217	112	0	52	30	67.00
68.00	06800	SPEECH PATHOLOGY	3,238	43	0	27	15	68.00
69.00	06900	ELECTROCARDIOLOGY	1,179	0	0	10	6	69.00
69.01	03140	CARDIOLOGY	10,250	0	0	84	48	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	689	0	0	6	3	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	13,615	0	0	111	64	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	38,656	0	0	315	182	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,717	0	0	177	102	73.00
74.00	07400	RENAL DIALYSIS	2,757	0	0	22	13	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,795	0	0	15	8	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,535	0	0	13	7	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	OCCUPATIONAL HEALTH ADMINISTRATION	PURCHASING RECEIVING AND STORES	
			5.01	5.02	5.03	5.04	5.05	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,455	0	0	118	68	90.00
91.00	09100	EMERGENCY	18,810	0	0	153	89	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	132	0	0	1	1	95.00
101.00	10100	HOME HEALTH AGENCY	30,293	1,006	0	255	147	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	613,168	1,868	5,683	4,981	2,898	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	3,044	0	0	25	14	194.00
194.01	07951	BUSINESS HEALTH	4,657	0	0	38	22	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	19,330	0	0	158	91	194.03
194.04	07954	ORTHOPEDIC CLINIC	875	0	0	7	4	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	484	0	0	4	2	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	3,620	0	0	30	17	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	347	0	0	3	2	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	718	0	0	6	3	194.11
194.12	07962	LIFESTYLES	131	0	0	1	1	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	312	0	0	3	1	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	2,681	0	0	22	13	194.17
194.18	07968	CONTRACTED ULTRASOUND	354	0	0	3	2	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	19,434	0	0	159	91	194.19
194.20	07970	RETAIL PHARMACIES	13,490	0	0	110	63	194.20
194.22	07972	PHYSICIAN CLINICS	36,191	0	0	295	170	194.22
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)	718,836	1,868	5,683	5,845	3,394	202.00

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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	6.01	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
6.01	00601	MAINTENANCE & REPAIRS	0	46,496				6.01
7.00	00700	OPERATION OF PLANT	0	6,108	535,355			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,691		8.00
9.00	00900	HOUSEKEEPING	0	464	6,156	0	66,059	9.00
10.00	01000	DIETARY	0	1,278	16,944	0	2,115	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	978	12,962	7	1,618	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	621	8,227	75	1,027	14.00
15.00	01500	PHARMACY	0	650	8,620	10	1,076	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	447	5,928	0	740	16.00
17.00	01700	SOCIAL SERVICE	0	221	2,930	0	366	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,495	86,086	631	10,745	30.00
31.00	03100	INTENSIVE CARE UNIT	0	711	9,422	97	1,176	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	1,003	13,296	39	1,660	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,902	25,214	71	3,147	41.00
43.00	04300	NURSERY	0	678	8,984	54	1,121	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,620	61,243	330	7,645	50.00
51.00	05100	RECOVERY ROOM	0	2,847	37,736	271	4,711	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,055	13,990	105	1,746	52.00
53.00	05300	ANESTHESIOLOGY	0	52	692	1	86	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,048	27,142	174	3,388	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	98	1,297	0	162	54.01
54.02	03630	ULTRA SOUND	0	15	199	1	25	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,091	27,710	89	3,459	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	113	1,498	0	187	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	155	2,060	0	257	58.00
60.00	06000	LABORATORY	0	724	9,591	2	1,197	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	112	1,480	9	185	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,157	15,334	171	1,914	64.00
65.00	06500	RESPIRATORY THERAPY	0	315	4,178	1	522	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	79	1,052	0	131	65.01
66.00	06600	PHYSICAL THERAPY	0	770	10,208	21	1,274	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	113	1,498	7	187	68.00
69.00	06900	ELECTROCARDIOLOGY	0	122	1,623	16	203	69.00
69.01	03140	CARDIOLOGY	0	1,725	22,870	64	2,855	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	129	1,708	5	213	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	161	2,138	2	267	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	371	4,912	1	613	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	99	1,311	26	164	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,002	13,278	68	1,658	90.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	6.01	7.00	8.00	9.00	
91.00	09100	EMERGENCY	0	1,543	20,454	328	2,553	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	1	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	43,072	489,971	2,677	60,393	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	129	1,712	0	214	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	2,757	36,543	0	4,562	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	4	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	538	7,129	10	890	194.22
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)	0	46,496	535,355	2,691	66,059	202.00

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Cost Center Description			DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.00	11.00	11.01	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	116,366					10.00
11.00	01100	CAFETERIA	0	0				11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0			11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	238,098	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74,706	0	0	0	51,903	30.00
31.00	03100	INTENSIVE CARE UNIT	9,828	0	0	0	9,419	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	16,164	0	0	0	8,008	40.00
41.00	04100	SUBPROVIDER - IRF	13,553	0	0	0	8,453	41.00
43.00	04300	NURSERY	0	0	0	0	4,506	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	28,394	50.00
51.00	05100	RECOVERY ROOM	208	0	0	0	15,025	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	8,752	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,041	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	4,530	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	1,054	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	1,781	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	6,466	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	4,124	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	2,011	58.00
60.00	06000	LABORATORY	0	0	0	0	231	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	693	63.00
64.00	06400	INTRAVENOUS THERAPY	187	0	0	0	10,308	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	5,312	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	1,602	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	20,443	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	5,577	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2,698	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	894	69.00
69.01	03140	CARDIOLOGY	141	0	0	0	6,283	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,400	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	271	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	11,534	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
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Cost Center Description			DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.00	11.00	11.01	12.00	13.00	
91.00	09100	EMERGENCY	365	0	0	0	15,384	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	115,152	0	0	0	238,098	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	1,214	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	0	194.22
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)	116,366	0	0	0	238,098	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	135,437					14.00
15.00	01500	PHARMACY	1,070	169,415				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	57	0	42,924			16.00
17.00	01700	SOCIAL SERVICE	19	0	0	24,552		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,970	0	2,399	14,678		30.00
31.00	03100	INTENSIVE CARE UNIT	1,199	0	366	1,933		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0		33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0		33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	315	0	708	3,180		40.00
41.00	04100	SUBPROVIDER - IRF	375	0	535	2,666		41.00
43.00	04300	NURSERY	546	0	266	2,095		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	67,486	0	7,240	0		50.00
51.00	05100	RECOVERY ROOM	1,584	0	1,251	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,060	0	512	0		52.00
53.00	05300	ANESTHESIOLOGY	3,064	0	1,118	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	870	0	784	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	41	0	441	0		54.01
54.02	03630	ULTRA SOUND	791	0	427	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	493	0	2,318	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	361	0	2,006	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	450	0	1,005	0		58.00
60.00	06000	LABORATORY	962	0	2,381	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	98	0	117	0		63.00
64.00	06400	INTRAVENOUS THERAPY	1,301	0	1,087	0		64.00
65.00	06500	RESPIRATORY THERAPY	1,978	0	620	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	622	0	305	0		65.01
66.00	06600	PHYSICAL THERAPY	686	0	1,172	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	117	0	432	0		67.00
68.00	06800	SPEECH PATHOLOGY	118	0	184	0		68.00
69.00	06900	ELECTROCARDIOLOGY	118	0	155	0		69.00
69.01	03140	CARDIOLOGY	2,942	0	2,302	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	31	0	72	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	31,521	0	1,763	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	1,900	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	107,598	3,535	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	92	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	48	0	147	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2	0	201	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,231	0	1,874	0		90.00
91.00	09100 EMERGENCY	2,288	0	2,536	0		91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0		95.00
101.00	10100 HOME HEALTH AGENCY	1,735	0	673	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	132,549	107,598	42,924	24,552	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	07950 MARKETING	11	0	0	0		194.00
194.01	07951 BUSINESS HEALTH	148	867	0	0		194.01
194.02	07952 VITACARE	0	1	0	0		194.02
194.03	07953 CASCADE CLINIC	491	6,953	0	0		194.03
194.04	07954 ORTHOPEDIC CLINIC	1	0	0	0		194.04
194.05	07955 ENT CLINIC	0	0	0	0		194.05
194.06	07956 RSVP	12	0	0	0		194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0		194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0		194.08
194.09	07959 RENTAL PROPERTY	3	0	0	0		194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0		194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0		194.11
194.12	07962 LIFESTYLES	0	0	0	0		194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0		194.13
194.14	07964 FOUNDATION	0	0	0	0		194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0		194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0		194.16
194.17	07967 NONREIMBURSABLE	8	168	0	0		194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0		194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	262	0	0	0		194.19
194.20	07970 RETAIL PHARMACIES	124	45,704	0	0		194.20
194.22	07972 PHYSICIAN CLINICS	1,828	8,124	0	0		194.22
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)	135,437	169,415	42,924	24,552	0	0 202.00

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Cost Center Description			INTERNS & RESIDENTS			PARAMEDICAL ED PRGM	Subtotal	
			NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
				20.00	21.00			
			23.00	24.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		0				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			0			22.00
23.00	02300	PARAMEDICAL ED PRGM				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					893,270	30.00
31.00	03100	INTENSIVE CARE UNIT					142,015	31.00
33.00	03300	BURN INTENSIVE CARE UNIT					0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT					0	33.01
33.02	03301	NURSING ADMINISTRATION					0	33.02
33.03	03303	GEROPSYCH REVENUE					0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT					0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT					0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	04000	SUBPROVIDER - IPF					132,186	40.00
41.00	04100	SUBPROVIDER - IRF					218,909	41.00
43.00	04300	NURSERY					89,125	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					1,356,292	50.00
51.00	05100	RECOVERY ROOM					536,857	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					137,200	52.00
53.00	05300	ANESTHESIOLOGY					149,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					318,549	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC					17,394	54.01
54.02	03630	ULTRA SOUND					9,782	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC					668,857	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN					21,399	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					106,058	58.00
60.00	06000	LABORATORY					108,859	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.					0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					13,733	63.00
64.00	06400	INTRAVENOUS THERAPY					152,009	64.00
65.00	06500	RESPIRATORY THERAPY					70,176	65.00
65.01	03560	PULMONARY FUNCTION TESTING					20,315	65.01
66.00	06600	PHYSICAL THERAPY					125,398	66.00
67.00	06700	OCCUPATIONAL THERAPY					22,572	67.00
68.00	06800	SPEECH PATHOLOGY					18,372	68.00
69.00	06900	ELECTROCARDIOLOGY					22,551	69.00
69.01	03140	CARDIOLOGY					340,178	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY					36,778	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS					47,074	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT					41,053	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					133,129	73.00
74.00	07400	RENAL DIALYSIS					16,014	74.00
76.00	03320	ELECTROSHOCK THERAPY					0	76.00
76.97	07697	CARDIAC REHABILITATION					36,215	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					12,804	76.98
76.99	07699	LITHOTRIPSY					0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

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	Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL ED PRGM	Subtotal		
			SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
			20.00	21.00				22.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC				180,421	90.00	
91.00	09100	EMERGENCY				220,307	91.00	
92.00	09200	OBSERVATION BEDS					92.00	
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES				135	95.00	
101.00	10100	HOME HEALTH AGENCY				35,092	101.00	
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	6,450,382	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	190.00	
194.00	07950	MARKETING				3,094	194.00	
194.01	07951	BUSINESS HEALTH				18,082	194.01	
194.02	07952	VITACARE				1	194.02	
194.03	07953	CASCADE CLINIC				136,293	194.03	
194.04	07954	ORTHOPEDIC CLINIC				887	194.04	
194.05	07955	ENT CLINIC				0	194.05	
194.06	07956	RSVP				502	194.06	
194.07	07957	CONTRACT CLEANING				0	194.07	
194.08	07958	DIM MAINTENANCE				0	194.08	
194.09	07959	RENTAL PROPERTY				47,776	194.09	
194.10	07960	GRANDVIEW MEDICAL CENTER				352	194.10	
194.11	07961	NORTH GRANDVIEW OFFICE				2,512	194.11	
194.12	07962	LIFESTYLES				133	194.12	
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES				0	194.13	
194.14	07964	FOUNDATION				0	194.14	
194.15	07965	PHYSICIAN BILLING				316	194.15	
194.16	07966	GUEST MEALS / MOW'S				0	194.16	
194.17	07967	NONREIMBURSABLE				228,463	194.17	
194.18	07968	CONTRACTED ULTRASOUND				359	194.18	
194.19	07969	CARDIO SPECIALTY CARE CLINIC				21,054	194.19	
194.20	07970	RETAIL PHARMACIES				63,333	194.20	
194.22	07972	PHYSICIAN CLINICS				232,137	194.22	
200.00		Cross Foot Adjustments	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	7,205,676	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/24/2020 11:07 am

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
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590	ADMINISTRATIVE & GENERAL		5.01
5.02	00591	REHAB ADMINISTRATION		5.02
5.03	00592	RADIOLOGY ADMINISTRATION		5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION		5.04
5.05	00560	PURCHASING RECEIVING AND STORES		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
6.01	00601	MAINTENANCE & REPAIRS		6.01
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
11.01	01101	EMPLOYEE CAFETERIA		11.01
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDICAL ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 893,270	30.00
31.00	03100	INTENSIVE CARE UNIT	0 142,015	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0 0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0 0	33.01
33.02	03301	NURSING ADMINISTRATION	0 0	33.02
33.03	03303	GEROPSYCH REVENUE	0 0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0 0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0 0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0 0	34.00
40.00	04000	SUBPROVIDER - IPF	0 132,186	40.00
41.00	04100	SUBPROVIDER - IRF	0 218,909	41.00
43.00	04300	NURSERY	0 89,125	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 1,356,292	50.00
51.00	05100	RECOVERY ROOM	0 536,857	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 137,200	52.00
53.00	05300	ANESTHESIOLOGY	0 149,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 318,549	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0 17,394	54.01
54.02	03630	ULTRA SOUND	0 9,782	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0 668,857	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0 21,399	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0 106,058	58.00
60.00	06000	LABORATORY	0 108,859	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0 0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0 13,733	63.00
64.00	06400	INTRAVENOUS THERAPY	0 152,009	64.00
65.00	06500	RESPIRATORY THERAPY	0 70,176	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0 20,315	65.01
66.00	06600	PHYSICAL THERAPY	0 125,398	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 22,572	67.00
68.00	06800	SPEECH PATHOLOGY	0 18,372	68.00
69.00	06900	ELECTROCARDIOLOGY	0 22,551	69.00
69.01	03140	CARDIOLOGY	0 340,178	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0 36,778	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0 47,074	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0 41,053	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 133,129	73.00
74.00	07400	RENAL DIALYSIS	0 16,014	74.00
76.00	03320	ELECTROSHOCK THERAPY	0 0	76.00
76.97	07697	CARDIAC REHABILITATION	0 36,215	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0 12,804	76.98

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	180,421	90.00
91.00	09100	EMERGENCY	0	220,307	91.00
92.00	09200	OBSERVATION BEDS	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	135	95.00
101.00	10100	HOME HEALTH AGENCY	0	35,092	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,450,382	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	MARKETING	0	3,094	194.00
194.01	07951	BUSINESS HEALTH	0	18,082	194.01
194.02	07952	VITACARE	0	1	194.02
194.03	07953	CASCADE CLINIC	0	136,293	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	887	194.04
194.05	07955	ENT CLINIC	0	0	194.05
194.06	07956	RSVP	0	502	194.06
194.07	07957	CONTRACT CLEANING	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	47,776	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	352	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	2,512	194.11
194.12	07962	LIFESTYLES	0	133	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	194.13
194.14	07964	FOUNDATION	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	316	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	228,463	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	359	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	21,054	194.19
194.20	07970	RETAIL PHARMACIES	0	63,333	194.20
194.22	07972	PHYSICIAN CLINICS	0	232,137	194.22
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,205,676	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A.01	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	378,775					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	45,005,119			4.00
5.01	00590	ADMINISTRATIVE & GENERAL	64,159	0	632,062	-14,232,254	94,348,103	5.01
5.02	00591	REHAB ADMINISTRATION	0	0	185,305	0	245,232	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	0	293,279	0	400,417	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	343,142	0	477,047	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	204,550	0	441,981	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	1,036	0	0	0	1,977,054	6.01
7.00	00700	OPERATION OF PLANT	41,193	0	1,005,857	0	4,138,004	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	348,624	8.00
9.00	00900	HOUSEKEEPING	3,132	0	808,536	0	1,601,709	9.00
10.00	01000	DIETARY	8,621	0	857,504	0	1,599,046	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,595	0	2,381,507	0	3,417,590	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,186	0	233,724	0	629,355	14.00
15.00	01500	PHARMACY	4,386	0	1,410,605	0	1,868,914	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,016	0	346,735	0	445,690	16.00
17.00	01700	SOCIAL SERVICE	1,491	0	627,853	0	847,757	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,800	0	4,778,020	0	7,452,023	30.00
31.00	03100	INTENSIVE CARE UNIT	4,794	0	875,272	0	1,307,434	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	6,765	0	676,878	0	1,497,603	40.00
41.00	04100	SUBPROVIDER - IRF	12,829	0	806,472	0	1,421,863	41.00
43.00	04300	NURSERY	4,571	0	1,042,691	0	1,410,162	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,160	0	2,494,469	0	7,622,621	50.00
51.00	05100	RECOVERY ROOM	19,200	0	1,539,821	0	2,444,454	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,118	0	901,042	0	1,367,282	52.00
53.00	05300	ANESTHESIOLOGY	352	0	50,301	0	351,519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,810	0	361,066	0	903,067	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	660	0	125,941	0	374,179	54.01
54.02	03630	ULTRA SOUND	101	0	257,329	0	371,559	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	14,099	0	805,441	0	1,932,093	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	762	0	354,838	0	485,126	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,048	0	229,937	0	405,366	58.00
60.00	06000	LABORATORY	4,880	0	19,306	0	5,576,931	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	753	0	61,830	0	231,583	63.00
64.00	06400	INTRAVENOUS THERAPY	7,802	0	993,534	0	1,456,774	64.00
65.00	06500	RESPIRATORY THERAPY	2,126	0	450,809	0	722,442	65.00
65.01	03560	PULMONARY FUNCTION TESTING	535	0	134,030	0	216,168	65.01
66.00	06600	PHYSICAL THERAPY	5,194	0	2,119,691	0	2,789,772	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	636,832	0	815,970	67.00
68.00	06800	SPEECH PATHOLOGY	762	0	317,433	0	425,016	68.00
69.00	06900	ELECTROCARDIOLOGY	826	0	94,291	0	154,697	69.00
69.01	03140	CARDIOLOGY	11,636	0	715,581	0	1,345,358	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	869	0	0	0	90,378	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	1,786,927	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,073,611	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,850,315	73.00
74.00	07400	RENAL DIALYSIS	1,088	0	0	0	361,921	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A.01	5.01	
76.97	07697	CARDIAC REHABILITATION	2,499	0	154,040	0	235,612	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	667	0	21,634	0	201,424	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,756	0	1,463,116	0	1,897,248	90.00
91.00	09100	EMERGENCY	10,407	0	3,784,673	0	2,468,853	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	17,310	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	2,038,387	0	3,975,953	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	355,684	0	37,635,364	-14,232,254	80,479,034	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	157,608	0	399,477	194.00
194.01	07951	BUSINESS HEALTH	0	0	408,186	0	611,284	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	1,344,672	0	2,537,054	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	103,846	0	114,892	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	34,849	0	63,506	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	4	194.08
194.09	07959	RENTAL PROPERTY	871	0	0	0	475,156	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	45,575	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	94,214	194.11
194.12	07962	LIFESTYLES	0	0	11,877	0	17,141	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	40,986	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	18,593	0	30,433	0	351,872	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	34,121	0	46,430	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	2,178,888	0	2,550,761	194.19
194.20	07970	RETAIL PHARMACIES	0	0	441,080	0	1,770,638	194.20
194.22	07972	PHYSICIAN CLINICS	3,627	0	2,624,195	0	4,750,079	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,677,020	0	-834,887		14,232,254	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.707663	0.000000	0.000000		0.150848	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		718,836	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.007619	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: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION	Reconciliation	
			(DOLLAR VALUE)	(DOLLAR VALUE)		(ACCUM. COST)		
			5.02	5.03	5A.04	5.04	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION	7,919,748					5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	2,706,374				5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	-549,009	108,031,348		5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	0	508,653	-511,238	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	0	0	2,275,289	0	6.01
7.00	00700	OPERATION OF PLANT	0	0	0	4,762,214	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	401,213	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,843,324	0	9.00
10.00	01000	DIETARY	0	0	0	1,840,259	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,933,127	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	724,292	0	14.00
15.00	01500	PHARMACY	0	0	0	2,150,836	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	512,921	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	975,639	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	8,576,146	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	1,504,658	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,723,513	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,636,348	0	41.00
43.00	04300	NURSERY	0	0	0	1,622,882	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	8,772,507	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,813,195	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,573,534	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	404,545	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	774,473	0	1,171,164	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	572,198	0	528,052	0	54.01
54.02	03630	ULTRA SOUND	0	389,508	0	493,930	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,223,545	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	546,371	0	651,338	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	423,824	0	538,680	0	58.00
60.00	06000	LABORATORY	0	0	0	6,418,200	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	266,517	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,676,525	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	831,421	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	248,777	0	65.01
66.00	06600	PHYSICAL THERAPY	2,996,753	0	0	3,317,396	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	473,672	0	0	955,937	0	67.00
68.00	06800	SPEECH PATHOLOGY	183,212	0	0	495,658	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	178,033	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	1,548,303	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	104,011	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	2,056,481	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,838,955	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,280,279	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	416,516	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	271,154	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	231,808	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			REHAB ADMINISTRATION (DOLLAR VALUE)	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	
			5.02	5.03	5A.04	5.04	5A.05	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,183,444	0	90.00
91.00	09100	EMERGENCY	0	0	0	2,841,275	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	19,921	0	95.00
101.00	10100	HOME HEALTH AGENCY	4,266,111	0	0	4,727,742	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,919,748	2,706,374	-549,009	92,070,157	-511,238	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	459,737	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	703,495	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	2,919,764	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	132,223	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	73,086	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	5	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	546,832	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	52,450	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	108,426	0	194.11
194.12	07962	LIFESTYLES	0	0	0	19,727	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	47,169	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	404,951	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	53,434	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	2,935,538	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	2,037,735	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	5,466,619	0	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	282,225	460,819		549,009		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.035636	0.170272		0.005082		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,868	5,683		5,845		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000236	0.002100		0.000054		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: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	6.00	6.01	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05	00560	PURCHASING RECEIVING AND STORES	108,069,119				5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
6.01	00601	MAINTENANCE & REPAIRS	2,286,852	0	313,580		6.01
7.00	00700	OPERATION OF PLANT	4,786,416	0	41,193	272,387	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	403,252	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,852,692	0	3,132	3,132	9.00
10.00	01000	DIETARY	1,849,611	0	8,621	8,621	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,953,115	0	6,595	6,595	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	727,973	0	4,186	4,186	14.00
15.00	01500	PHARMACY	2,161,767	0	4,386	4,386	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	515,528	0	3,016	3,016	16.00
17.00	01700	SOCIAL SERVICE	980,597	0	1,491	1,491	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,619,730	0	43,800	43,800	30.00
31.00	03100	INTENSIVE CARE UNIT	1,512,305	0	4,794	4,794	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,732,272	0	6,765	6,765	40.00
41.00	04100	SUBPROVIDER - IRF	1,644,664	0	12,829	12,829	41.00
43.00	04300	NURSERY	1,631,129	0	4,571	4,571	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,817,083	0	31,160	31,160	50.00
51.00	05100	RECOVERY ROOM	2,827,492	0	19,200	19,200	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,581,531	0	7,118	7,118	52.00
53.00	05300	ANESTHESIOLOGY	406,601	0	352	352	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,177,116	0	13,810	13,810	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	530,736	0	660	660	54.01
54.02	03630	ULTRA SOUND	496,440	0	101	101	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,234,845	0	14,099	14,099	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	654,648	0	762	762	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	541,418	0	1,048	1,048	58.00
60.00	06000	LABORATORY	6,450,817	0	4,880	4,880	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	267,871	0	753	753	63.00
64.00	06400	INTRAVENOUS THERAPY	1,685,045	0	7,802	7,802	64.00
65.00	06500	RESPIRATORY THERAPY	835,646	0	2,126	2,126	65.00
65.01	03560	PULMONARY FUNCTION TESTING	250,041	0	535	535	65.01
66.00	06600	PHYSICAL THERAPY	3,334,255	0	5,194	5,194	66.00
67.00	06700	OCCUPATIONAL THERAPY	960,795	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	498,177	0	762	762	68.00
69.00	06900	ELECTROCARDIOLOGY	178,938	0	826	826	69.00
69.01	03140	CARDIOLOGY	1,556,171	0	11,636	11,636	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	104,540	0	869	869	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,066,932	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,868,629	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,296,949	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	418,633	0	1,088	1,088	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	272,532	0	2,499	2,499	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	232,986	0	667	667	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	6.00	6.01	7.00	8.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,194,540	0	6,756	6,756	14,243	90.00
91.00	09100 EMERGENCY	2,855,714	0	10,407	10,407	68,609	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	20,022	0	0	0	237	95.00
101.00	10100 HOME HEALTH AGENCY	4,751,768	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	92,026,814	0	290,489	249,296	559,823	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	462,073	0	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	707,070	0	0	0	0	194.01
194.02	07952 VITACARE	0	0	0	0	0	194.02
194.03	07953 CASCADE CLINIC	2,934,602	0	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	132,895	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	73,457	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	5	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	549,611	0	871	871	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	52,717	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	108,977	0	0	0	0	194.11
194.12	07962 LIFESTYLES	19,827	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	47,409	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	407,009	0	18,593	18,593	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	53,706	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	2,950,456	0	0	0	803	194.19
194.20	07970 RETAIL PHARMACIES	2,048,091	0	0	0	0	194.20
194.22	07972 PHYSICIAN CLINICS	5,494,400	0	3,627	3,627	2,067	194.22
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	511,238	0	2,297,671	5,110,891	405,160	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.004731	0.000000	7.327224	18.763344	0.720037	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,394	0	46,496	535,355	2,691	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000031	0.000000	0.148275	1.965421	0.004782	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: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.00	10.00	11.00	11.01	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05	00560	PURCHASING RECEIVING AND STORES					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS					6.01
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	269,255				9.00
10.00	01000	DIETARY	8,621	53,603			10.00
11.00	01100	CAFETERIA	0	0	0		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,595	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,186	0	0	0	14.00
15.00	01500	PHARMACY	4,386	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,016	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,491	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,800	34,413	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,794	4,527	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	6,765	7,446	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,829	6,243	0	0	41.00
43.00	04300	NURSERY	4,571	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,160	0	0	0	50.00
51.00	05100	RECOVERY ROOM	19,200	96	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,118	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	352	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,810	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	660	0	0	0	54.01
54.02	03630	ULTRA SOUND	101	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	14,099	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	762	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,048	0	0	0	58.00
60.00	06000	LABORATORY	4,880	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	753	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	7,802	86	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,126	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	535	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,194	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	762	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	826	0	0	0	69.00
69.01	03140	CARDIOLOGY	11,636	65	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	869	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,088	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,499	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	667	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.00	10.00	11.00	11.01	12.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,756	0	0	0	0	90.00
91.00	09100 EMERGENCY	10,407	168	0	0	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	246,164	53,044	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	0	0	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952 VITACARE	0	0	0	0	0	194.02
194.03	07953 CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	871	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	0	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	18,593	559	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970 RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972 PHYSICIAN CLINICS	3,627	0	0	0	0	194.22
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,943,173	2,145,505	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.216850	40.025838	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	66,059	116,366	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.245340	2.170886	0.000000	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	739,371					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,793,227				14.00
15.00	01500	PHARMACY	0	45,786	4,487,849			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,454	0	311,902,148		16.00
17.00	01700	SOCIAL SERVICE	0	811	0	0	19,163	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	161,172	212,581	0	17,381,101	11,456	30.00
31.00	03100	INTENSIVE CARE UNIT	29,250	51,300	0	2,651,784	1,509	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	24,866	13,463	0	5,129,064	2,482	40.00
41.00	04100	SUBPROVIDER - IRF	26,248	16,026	0	3,874,631	2,081	41.00
43.00	04300	NURSERY	13,994	23,337	0	1,925,805	1,635	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	88,173	2,886,676	0	53,338,969	0	50.00
51.00	05100	RECOVERY ROOM	46,657	67,765	0	9,067,662	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,177	45,320	0	3,710,285	0	52.00
53.00	05300	ANESTHESIOLOGY	3,233	131,052	0	8,099,232	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,068	37,214	0	5,681,552	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,273	1,761	0	3,196,261	0	54.01
54.02	03630	ULTRA SOUND	5,531	33,841	0	3,094,041	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	20,079	21,069	0	16,796,049	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	12,806	15,424	0	14,539,479	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,245	19,267	0	7,285,638	0	58.00
60.00	06000	LABORATORY	717	41,139	0	17,255,411	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,151	4,199	0	845,107	0	63.00
64.00	06400	INTRAVENOUS THERAPY	32,010	55,654	0	7,876,274	0	64.00
65.00	06500	RESPIRATORY THERAPY	16,497	84,616	0	4,490,172	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	4,975	26,623	0	2,208,812	0	65.01
66.00	06600	PHYSICAL THERAPY	63,482	29,347	0	8,492,160	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,319	5,011	0	3,129,573	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,379	5,038	0	1,331,174	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,776	5,044	0	1,122,255	0	69.00
69.01	03140	CARDIOLOGY	19,510	125,835	0	16,677,916	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2	1,341	0	520,119	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,348,248	0	12,776,034	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,770,037	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,850,315	25,614,609	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	665,364	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,347	2,058	0	1,066,169	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	843	103	0	1,455,676	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
76.99	07699	LITHOTRIPSY	13.00	14.00	15.00	16.00	17.00	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	35,818	138,208	0	13,581,354	0	90.00
91.00	09100	EMERGENCY	47,773	97,871	0	18,376,804	0	91.00
92.00	09200	OBSERVATION BEDS						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	74,219	0	4,875,575	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	739,371	5,669,701	2,850,315	311,902,148	19,163	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	465	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	6,344	22,960	0	0	194.01
194.02	07952	VITACARE	0	0	33	0	0	194.02
194.03	07953	CASCADE CLINIC	0	21,000	184,177	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	51	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	528	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	123	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	343	4,453	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	11,206	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	5,289	1,210,715	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	78,177	215,196	0	0	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,192,531	882,125	2,326,626	618,796	1,035,020	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.670402	0.152268	0.518428	0.001984	54.011376	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	238,098	135,437	169,415	42,924	24,552	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.322028	0.023379	0.037750	0.000138	1.281219	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: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL ED PRGM (ASSIGNED TIME)	
					SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD			0			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				0		22.00
23.00	02300	PARAMEDICAL ED PRGM					0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) 19.00	NURSING SCHOOL (ASSIGNED TIME) 20.00	INTERNS & RESIDENTS		PARAMEDICAL ED PRGM (ASSIGNED TIME) 23.00	
					SRVCES-SALARY & FRINGES (ASSIGNED TIME) 21.00	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME) 22.00		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
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						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	0	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0				206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/24/2020 11:07 am

				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,191,041		13,191,041	9,708	13,200,749	30.00
31.00	03100	INTENSIVE CARE UNIT	2,135,397		2,135,397	338	2,135,735	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0		0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0		0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,557,043		2,557,043	0	2,557,043	40.00
41.00	04100	SUBPROVIDER - IRF	2,611,712		2,611,712	0	2,611,712	41.00
43.00	04300	NURSERY	1,974,291		1,974,291	0	1,974,291	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,991,606		10,991,606	0	10,991,606	50.00
51.00	05100	RECOVERY ROOM	3,817,952		3,817,952	0	3,817,952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,010,311		2,010,311	0	2,010,311	52.00
53.00	05300	ANESTHESIOLOGY	474,706		474,706	23,348	498,054	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,765,626		1,765,626	0	1,765,626	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	580,398		580,398	0	580,398	54.01
54.02	03630	ULTRA SOUND	544,899		544,899	0	544,899	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,878,833		2,878,833	24,906	2,903,739	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	786,935		786,935	0	786,935	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	631,686		631,686	0	631,686	58.00
60.00	06000	LABORATORY	6,688,730		6,688,730	0	6,688,730	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	310,037		310,037	0	310,037	63.00
64.00	06400	INTRAVENOUS THERAPY	2,187,674		2,187,674	0	2,187,674	64.00
65.00	06500	RESPIRATORY THERAPY	1,025,858	0	1,025,858	3,189	1,029,047	65.00
65.01	03560	PULMONARY FUNCTION TESTING	305,717	0	305,717	0	305,717	65.01
66.00	06600	PHYSICAL THERAPY	3,907,475	0	3,907,475	0	3,907,475	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,070,519	0	1,070,519	0	1,070,519	67.00
68.00	06800	SPEECH PATHOLOGY	577,874	0	577,874	0	577,874	68.00
69.00	06900	ELECTROCARDIOLOGY	228,400		228,400	0	228,400	69.00
69.01	03140	CARDIOLOGY	2,126,285		2,126,285	0	2,126,285	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	136,011		136,011	4,214	140,225	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,307,354		2,307,354	0	2,307,354	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,923,713		5,923,713	0	5,923,713	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,841,047		4,841,047	0	4,841,047	73.00
74.00	07400	RENAL DIALYSIS	458,512		458,512	0	458,512	74.00
76.00	03320	ELECTROSHOCK THERAPY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	384,241		384,241	0	384,241	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	267,935		267,935	0	267,935	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,691,294		2,691,294	1,433	2,692,727	90.00
91.00	09100	EMERGENCY	3,594,234		3,594,234	0	3,594,234	91.00
92.00	09200	OBSERVATION BEDS	2,007,817		2,007,817	0	2,007,817	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	20,288		20,288	0	20,288	95.00
101.00	10100	HOME HEALTH AGENCY	4,795,223		4,795,223	0	4,795,223	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	92,808,674	0	92,808,674	67,136	92,875,810	200.00
201.00		Less Observation Beds	2,007,817		2,007,817		2,007,817	201.00
202.00		Total (see instructions)	90,800,857	0	90,800,857	67,136	90,867,993	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/24/2020 11:07 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,844,213		14,844,213		30.00
31.00	03100	INTENSIVE CARE UNIT	2,651,784		2,651,784		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0		33.01
33.02	03301	NURSING ADMINISTRATION	0		0		33.02
33.03	03303	GEROPSYCH REVENUE	0		0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	5,129,064		5,129,064		40.00
41.00	04100	SUBPROVIDER - IRF	3,874,631		3,874,631		41.00
43.00	04300	NURSERY	1,925,805		1,925,805		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,561,494	39,777,475	53,338,969	0.206071	50.00
51.00	05100	RECOVERY ROOM	1,499,883	7,567,779	9,067,662	0.421051	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,473,754	236,531	3,710,285	0.541821	52.00
53.00	05300	ANESTHESIOLOGY	1,901,401	6,197,831	8,099,232	0.058611	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,180,198	4,501,354	5,681,552	0.310765	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	128,768	3,067,493	3,196,261	0.181587	54.01
54.02	03630	ULTRA SOUND	535,807	2,558,234	3,094,041	0.176112	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	42,078	16,753,971	16,796,049	0.171399	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,586,940	10,952,539	14,539,479	0.054124	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	484,111	6,801,527	7,285,638	0.086703	58.00
60.00	06000	LABORATORY	8,276,546	8,978,865	17,255,411	0.387631	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	513,873	331,234	845,107	0.366861	63.00
64.00	06400	INTRAVENOUS THERAPY	1,653,567	6,222,707	7,876,274	0.277755	64.00
65.00	06500	RESPIRATORY THERAPY	3,844,517	645,655	4,490,172	0.228467	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,451,185	757,627	2,208,812	0.138408	65.01
66.00	06600	PHYSICAL THERAPY	2,695,418	5,796,742	8,492,160	0.460127	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,819,907	1,309,666	3,129,573	0.342066	67.00
68.00	06800	SPEECH PATHOLOGY	797,104	534,070	1,331,174	0.434109	68.00
69.00	06900	ELECTROCARDIOLOGY	351,989	770,266	1,122,255	0.203519	69.00
69.01	03140	CARDIOLOGY	7,115,288	9,562,628	16,677,916	0.127491	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	24,460	495,659	520,119	0.261500	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	5,184,286	7,591,748	12,776,034	0.180600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,330,753	6,439,284	13,770,037	0.430189	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,768,068	13,846,541	25,614,609	0.188996	73.00
74.00	07400	RENAL DIALYSIS	636,008	29,356	665,364	0.689115	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	646	1,065,523	1,066,169	0.360394	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	21,719	1,433,957	1,455,676	0.184062	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,429,748	12,151,606	13,581,354	0.198161	90.00
91.00	09100	EMERGENCY	2,885,889	15,490,915	18,376,804	0.195585	91.00
92.00	09200	OBSERVATION BEDS	441,119	2,095,769	2,536,888	0.791449	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	4,875,575	4,875,575		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	113,062,021	198,840,127	311,902,148		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	113,062,021	198,840,127	311,902,148		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03302	BURN INTENSIVE CARE UNIT				33.01
33.02	03301	NURSING ADMINISTRATION				33.02
33.03	03303	GEROPSYCH REVENUE				33.03
33.04	03304	BURN INTENSIVE CARE UNIT				33.04
33.05	03305	BURN INTENSIVE CARE UNIT				33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.206071			50.00
51.00	05100	RECOVERY ROOM	0.421051			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.541821			52.00
53.00	05300	ANESTHESIOLOGY	0.061494			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.310765			54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.181587			54.01
54.02	03630	ULTRA SOUND	0.176112			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.172882			55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.054124			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086703			58.00
60.00	06000	LABORATORY	0.387631			60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.366861			63.00
64.00	06400	INTRAVENOUS THERAPY	0.277755			64.00
65.00	06500	RESPIRATORY THERAPY	0.229178			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.138408			65.01
66.00	06600	PHYSICAL THERAPY	0.460127			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.342066			67.00
68.00	06800	SPEECH PATHOLOGY	0.434109			68.00
69.00	06900	ELECTROCARDIOLOGY	0.203519			69.00
69.01	03140	CARDIOLOGY	0.127491			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.269602			70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.180600			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.430189			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188996			73.00
74.00	07400	RENAL DIALYSIS	0.689115			74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.360394			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.184062			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.198266			90.00
91.00	09100	EMERGENCY	0.195585			91.00
92.00	09200	OBSERVATION BEDS	0.791449			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
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

Worksheet C
Part I
Date/Time Prepared:

MCRIF32 - 16.2.168.1

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/24/2020 11:07 am

			Title XIX		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,844,213		14,844,213		30.00
31.00	03100	INTENSIVE CARE UNIT	2,651,784		2,651,784		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0		33.01
33.02	03301	NURSING ADMINISTRATION	0		0		33.02
33.03	03303	GEROPSYCH REVENUE	0		0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	5,129,064		5,129,064		40.00
41.00	04100	SUBPROVIDER - IRF	3,874,631		3,874,631		41.00
43.00	04300	NURSERY	1,925,805		1,925,805		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,561,494	39,777,475	53,338,969	0.206071	50.00
51.00	05100	RECOVERY ROOM	1,499,883	7,567,779	9,067,662	0.421051	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,473,754	236,531	3,710,285	0.541821	52.00
53.00	05300	ANESTHESIOLOGY	1,901,401	6,197,831	8,099,232	0.058611	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,180,198	4,501,354	5,681,552	0.310765	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	128,768	3,067,493	3,196,261	0.181587	54.01
54.02	03630	ULTRA SOUND	535,807	2,558,234	3,094,041	0.176112	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	42,078	16,753,971	16,796,049	0.171399	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,586,940	10,952,539	14,539,479	0.054124	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	484,111	6,801,527	7,285,638	0.086703	58.00
60.00	06000	LABORATORY	8,276,546	8,978,865	17,255,411	0.387631	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	513,873	331,234	845,107	0.366861	63.00
64.00	06400	INTRAVENOUS THERAPY	1,653,567	6,222,707	7,876,274	0.277755	64.00
65.00	06500	RESPIRATORY THERAPY	3,844,517	645,655	4,490,172	0.228467	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,451,185	757,627	2,208,812	0.138408	65.01
66.00	06600	PHYSICAL THERAPY	2,695,418	5,796,742	8,492,160	0.460127	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,819,907	1,309,666	3,129,573	0.342066	67.00
68.00	06800	SPEECH PATHOLOGY	797,104	534,070	1,331,174	0.434109	68.00
69.00	06900	ELECTROCARDIOLOGY	351,989	770,266	1,122,255	0.203519	69.00
69.01	03140	CARDIOLOGY	7,115,288	9,562,628	16,677,916	0.127491	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	24,460	495,659	520,119	0.261500	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	5,184,286	7,591,748	12,776,034	0.180600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,330,753	6,439,284	13,770,037	0.430189	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,768,068	13,846,541	25,614,609	0.188996	73.00
74.00	07400	RENAL DIALYSIS	636,008	29,356	665,364	0.689115	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	646	1,065,523	1,066,169	0.360394	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	21,719	1,433,957	1,455,676	0.184062	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,429,748	12,151,606	13,581,354	0.198161	90.00
91.00	09100	EMERGENCY	2,885,889	15,490,915	18,376,804	0.195585	91.00
92.00	09200	OBSERVATION BEDS	441,119	2,095,769	2,536,888	0.791449	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	4,875,575	4,875,575		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	113,062,021	198,840,127	311,902,148		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	113,062,021	198,840,127	311,902,148		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03302	BURN INTENSIVE CARE UNIT				33.01
33.02	03301	NURSING ADMINISTRATION				33.02
33.03	03303	GEROPSYCH REVENUE				33.03
33.04	03304	BURN INTENSIVE CARE UNIT				33.04
33.05	03305	BURN INTENSIVE CARE UNIT				33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.206071			50.00
51.00	05100	RECOVERY ROOM	0.421051			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.541821			52.00
53.00	05300	ANESTHESIOLOGY	0.061494			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.310765			54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.181587			54.01
54.02	03630	ULTRA SOUND	0.176112			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.172882			55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.054124			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086703			58.00
60.00	06000	LABORATORY	0.387631			60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.366861			63.00
64.00	06400	INTRAVENOUS THERAPY	0.277755			64.00
65.00	06500	RESPIRATORY THERAPY	0.229178			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.138408			65.01
66.00	06600	PHYSICAL THERAPY	0.460127			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.342066			67.00
68.00	06800	SPEECH PATHOLOGY	0.434109			68.00
69.00	06900	ELECTROCARDIOLOGY	0.203519			69.00
69.01	03140	CARDIOLOGY	0.127491			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.269602			70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.180600			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.430189			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188996			73.00
74.00	07400	RENAL DIALYSIS	0.689115			74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.360394			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.184062			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.198266			90.00
91.00	09100	EMERGENCY	0.195585			91.00
92.00	09200	OBSERVATION BEDS	0.791449			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
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

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

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			Title XIX		Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,991,606	1,356,292	9,635,314	0	0
51.00	05100	RECOVERY ROOM	3,817,952	536,857	3,281,095	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,010,311	137,200	1,873,111	0	0
53.00	05300	ANESTHESIOLOGY	474,706	149,304	325,402	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,765,626	318,549	1,447,077	0	0
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	580,398	17,394	563,004	0	0
54.02	03630	ULTRA SOUND	544,899	9,782	535,117	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,878,833	668,857	2,209,976	0	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	786,935	21,399	765,536	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	631,686	106,058	525,628	0	0
60.00	06000	LABORATORY	6,688,730	108,859	6,579,871	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	310,037	13,733	296,304	0	0
64.00	06400	INTRAVENOUS THERAPY	2,187,674	152,009	2,035,665	0	0
65.00	06500	RESPIRATORY THERAPY	1,025,858	70,176	955,682	0	0
65.01	03560	PULMONARY FUNCTION TESTING	305,717	20,315	285,402	0	0
66.00	06600	PHYSICAL THERAPY	3,907,475	125,398	3,782,077	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,070,519	22,572	1,047,947	0	0
68.00	06800	SPEECH PATHOLOGY	577,874	18,372	559,502	0	0
69.00	06900	ELECTROCARDIOLOGY	228,400	22,551	205,849	0	0
69.01	03140	CARDIOLOGY	2,126,285	340,178	1,786,107	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	136,011	36,778	99,233	0	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,307,354	47,074	2,260,280	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,923,713	41,053	5,882,660	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,841,047	133,129	4,707,918	0	0
74.00	07400	RENAL DIALYSIS	458,512	16,014	442,498	0	0
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	384,241	36,215	348,026	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	267,935	12,804	255,131	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,691,294	180,421	2,510,873	0	0
91.00	09100	EMERGENCY	3,594,234	220,307	3,373,927	0	0
92.00	09200	OBSERVATION BEDS	2,007,817	135,865	1,871,952	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	20,288	135	20,153	0	0
101.00	10100	HOME HEALTH AGENCY	4,795,223	35,092	4,760,131	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (sum of lines 50 thru 199)	70,339,190	5,110,742	65,228,448	0	0
201.00		Less Observation Beds	2,007,817	135,865	1,871,952	0	0
202.00		Total (line 200 minus line 201)	68,331,373	4,974,877	63,356,496	0	0

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

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description			Title XIX		Hospital	PPS
			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,991,606	53,338,969	0.206071	50.00
51.00	05100	RECOVERY ROOM	3,817,952	9,067,662	0.421051	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,010,311	3,710,285	0.541821	52.00
53.00	05300	ANESTHESIOLOGY	474,706	8,099,232	0.058611	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,765,626	5,681,552	0.310765	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	580,398	3,196,261	0.181587	54.01
54.02	03630	ULTRA SOUND	544,899	3,094,041	0.176112	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,878,833	16,796,049	0.171399	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	786,935	14,539,479	0.054124	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	631,686	7,285,638	0.086703	58.00
60.00	06000	LABORATORY	6,688,730	17,255,411	0.387631	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	310,037	845,107	0.366861	63.00
64.00	06400	INTRAVENOUS THERAPY	2,187,674	7,876,274	0.277755	64.00
65.00	06500	RESPIRATORY THERAPY	1,025,858	4,490,172	0.228467	65.00
65.01	03560	PULMONARY FUNCTION TESTING	305,717	2,208,812	0.138408	65.01
66.00	06600	PHYSICAL THERAPY	3,907,475	8,492,160	0.460127	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,070,519	3,129,573	0.342066	67.00
68.00	06800	SPEECH PATHOLOGY	577,874	1,331,174	0.434109	68.00
69.00	06900	ELECTROCARDIOLOGY	228,400	1,122,255	0.203519	69.00
69.01	03140	CARDIOLOGY	2,126,285	16,677,916	0.127491	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	136,011	520,119	0.261500	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,307,354	12,776,034	0.180600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,923,713	13,770,037	0.430189	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,841,047	25,614,609	0.188996	73.00
74.00	07400	RENAL DIALYSIS	458,512	665,364	0.689115	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	384,241	1,066,169	0.360394	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	267,935	1,455,676	0.184062	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,691,294	13,581,354	0.198161	90.00
91.00	09100	EMERGENCY	3,594,234	18,376,804	0.195585	91.00
92.00	09200	OBSERVATION BEDS	2,007,817	2,536,888	0.791449	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	20,288	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	4,795,223	4,875,575	0.983519	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (sum of lines 50 thru 199)	70,339,190	283,476,651		200.00
201.00		Less Observation Beds	2,007,817	0		201.00
202.00		Total (line 200 minus line 201)	68,331,373	283,476,651		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
8/24/2020 11:07 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	893,270	0	893,270	13,511	66.11	30.00
31.00	INTENSIVE CARE UNIT	142,015		142,015	1,509	94.11	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
33.02	NURSING ADMINISTRATION	0		0	0	0.00	33.02
33.03	GEROPSYCH REVENUE	0		0	0	0.00	33.03
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	132,186	0	132,186	2,482	53.26	40.00
41.00	SUBPROVIDER - IRF	218,909	0	218,909	2,081	105.19	41.00
43.00	NURSERY	89,125		89,125	1,635	54.51	43.00
200.00	Total (lines 30 through 199)	1,475,505		1,475,505	21,218		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	5,804	383,702				30.00
31.00	INTENSIVE CARE UNIT	604	56,842				31.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
33.01	BURN INTENSIVE CARE UNIT	0	0				33.01
33.02	NURSING ADMINISTRATION	0	0				33.02
33.03	GEROPSYCH REVENUE	0	0				33.03
33.04	BURN INTENSIVE CARE UNIT	0	0				33.04
33.05	BURN INTENSIVE CARE UNIT	0	0				33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	1,786	95,122				40.00
41.00	SUBPROVIDER - IRF	1,310	137,799				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	9,504	673,465				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,356,292	53,338,969	0.025428	5,435,454	138,213	50.00
51.00	05100 RECOVERY ROOM	536,857	9,067,662	0.059206	664,090	39,318	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	137,200	3,710,285	0.036978	16,468	609	52.00
53.00	05300 ANESTHESIOLOGY	149,304	8,099,232	0.018434	679,378	12,524	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	318,549	5,681,552	0.056067	650,900	36,494	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	17,394	3,196,261	0.005442	78,289	426	54.01
54.02	03630 ULTRA SOUND	9,782	3,094,041	0.003162	244,334	773	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	668,857	16,796,049	0.039822	36,905	1,470	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	21,399	14,539,479	0.001472	1,774,255	2,612	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	106,058	7,285,638	0.014557	237,930	3,464	58.00
60.00	06000 LABORATORY	108,859	17,255,411	0.006309	3,834,619	24,193	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	13,733	845,107	0.016250	296,495	4,818	63.00
64.00	06400 INTRAVENOUS THERAPY	152,009	7,876,274	0.019300	798,863	15,418	64.00
65.00	06500 RESPIRATORY THERAPY	70,176	4,490,172	0.015629	2,205,342	34,467	65.00
65.01	03560 PULMONARY FUNCTION TESTING	20,315	2,208,812	0.009197	726,708	6,684	65.01
66.00	06600 PHYSICAL THERAPY	125,398	8,492,160	0.014766	942,974	13,924	66.00
67.00	06700 OCCUPATIONAL THERAPY	22,572	3,129,573	0.007212	504,246	3,637	67.00
68.00	06800 SPEECH PATHOLOGY	18,372	1,331,174	0.013801	130,557	1,802	68.00
69.00	06900 ELECTROCARDIOLOGY	22,551	1,122,255	0.020094	184,240	3,702	69.00
69.01	03140 CARDIOLOGY	340,178	16,677,916	0.020397	3,455,303	70,478	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	36,778	520,119	0.070711	10,903	771	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	47,074	12,776,034	0.003685	2,540,133	9,360	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	41,053	13,770,037	0.002981	3,366,541	10,036	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	133,129	25,614,609	0.005197	5,274,364	27,411	73.00
74.00	07400 RENAL DIALYSIS	16,014	665,364	0.024068	470,393	11,321	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	36,215	1,066,169	0.033967	210	7	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	12,804	1,455,676	0.008796	1,632	14	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	180,421	13,581,354	0.013284	513,577	6,822	90.00
91.00	09100 EMERGENCY	220,307	18,376,804	0.011988	1,456,164	17,456	91.00
92.00	09200 OBSERVATION BEDS	135,865	2,536,888	0.053556	221,171	11,845	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	5,075,515	278,601,076		36,752,438	510,069	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/24/2020 11:07 am		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	0	0	0	33.00	
33.01	03302	BURN INTENSIVE CARE UNIT		0	0	0	0	0	0	33.01	
33.02	03301	NURSING ADMINISTRATION		0	0	0	0	0	0	33.02	
33.03	03303	GEROPSYCH REVENUE		0	0	0	0	0	0	33.03	
33.04	03304	BURN INTENSIVE CARE UNIT		0	0	0	0	0	0	33.04	
33.05	03305	BURN INTENSIVE CARE UNIT		0	0	0	0	0	0	33.05	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF		0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	0	41.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	13,511	0.00	5,804	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	0	1,509	0.00	604	31.00		
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	0.00	0	33.00		
33.01	03302	BURN INTENSIVE CARE UNIT		0	0	0	0.00	0	33.01		
33.02	03301	NURSING ADMINISTRATION		0	0	0	0.00	0	33.02		
33.03	03303	GEROPSYCH REVENUE		0	0	0	0.00	0	33.03		
33.04	03304	BURN INTENSIVE CARE UNIT		0	0	0	0.00	0	33.04		
33.05	03305	BURN INTENSIVE CARE UNIT		0	0	0	0.00	0	33.05		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	0.00	0	34.00		
40.00	04000	SUBPROVIDER - IPF		0	0	2,482	0.00	1,786	40.00		
41.00	04100	SUBPROVIDER - IRF		0	0	2,081	0.00	1,310	41.00		
43.00	04300	NURSERY		0	0	1,635	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	0	21,218		9,504	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	
33.00	03300	BURN INTENSIVE CARE UNIT		0						33.00	
33.01	03302	BURN INTENSIVE CARE UNIT		0						33.01	
33.02	03301	NURSING ADMINISTRATION		0						33.02	
33.03	03303	GEROPSYCH REVENUE		0						33.03	
33.04	03304	BURN INTENSIVE CARE UNIT		0						33.04	
33.05	03305	BURN INTENSIVE CARE UNIT		0						33.05	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0						34.00	
40.00	04000	SUBPROVIDER - IPF		0						40.00	
41.00	04100	SUBPROVIDER - IRF		0						41.00	
43.00	04300	NURSERY		0						43.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 11:07 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
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	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 11:07 am	
			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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	53,338,969	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	9,067,662	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,710,285	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,099,232	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,681,552	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	3,196,261	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	3,094,041	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	16,796,049	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	14,539,479	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	7,285,638	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	17,255,411	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	845,107	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,876,274	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,490,172	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	2,208,812	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,492,160	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,129,573	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,331,174	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,122,255	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	16,677,916	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	520,119	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	12,776,034	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,770,037	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,614,609	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	665,364	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,066,169	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,455,676	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	13,581,354	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	18,376,804	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	2,536,888	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	278,601,076		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 11:07 am
				Title XVIII	Hospital	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	5,435,454	0	11,076,348	0
51.00	05100 RECOVERY ROOM	0.000000	664,090	0	1,877,043	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	16,468	0	4,069	0
53.00	05300 ANESTHESIOLOGY	0.000000	679,378	0	1,676,446	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	650,900	0	958,953	0
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	78,289	0	1,399,512	0
54.02	03630 ULTRA SOUND	0.000000	244,334	0	503,639	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	36,905	0	9,733,213	0
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	1,774,255	0	3,054,441	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	237,930	0	1,745,216	0
60.00	06000 LABORATORY	0.000000	3,834,619	0	2,400,628	0
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	296,495	0	149,548	0
64.00	06400 INTRAVENOUS THERAPY	0.000000	798,863	0	1,578,881	0
65.00	06500 RESPIRATORY THERAPY	0.000000	2,205,342	0	274,724	0
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	726,708	0	296,262	0
66.00	06600 PHYSICAL THERAPY	0.000000	942,974	0	51,755	0
67.00	06700 OCCUPATIONAL THERAPY	0.000000	504,246	0	24,124	0
68.00	06800 SPEECH PATHOLOGY	0.000000	130,557	0	3,439	0
69.00	06900 ELECTROCARDIOLOGY	0.000000	184,240	0	237,405	0
69.01	03140 CARDIOLOGY	0.000000	3,455,303	0	3,832,736	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	10,903	0	177,836	0
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	2,540,133	0	2,412,075	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	3,366,541	0	2,041,469	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	5,274,364	0	4,416,713	0
74.00	07400 RENAL DIALYSIS	0.000000	470,393	0	14,510	0
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	0	0
76.97	07697 CARDIAC REHABILITATION	0.000000	210	0	537,830	0
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	1,632	0	1,187,280	0
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	513,577	0	6,095,773	0
91.00	09100 EMERGENCY	0.000000	1,456,164	0	3,302,748	0
92.00	09200 OBSERVATION BEDS	0.000000	221,171	0	625,141	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					
200.00	Total (lines 50 through 199)		36,752,438	0	61,689,757	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 16-0117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/24/2020 11:07 am	
				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	0.206071	11,076,348	0	0	2,282,514	50.00	
51.00	05100	RECOVERY ROOM	0.421051	1,877,043	0	0	790,331	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.541821	4,069	0	0	2,205	52.00	
53.00	05300	ANESTHESIOLOGY	0.058611	1,676,446	0	0	98,258	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.310765	958,953	0	0	298,009	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.181587	1,399,512	0	0	254,133	54.01	
54.02	03630	ULTRA SOUND	0.176112	503,639	0	0	88,697	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171399	9,733,213	0	0	1,668,263	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.054124	3,054,441	0	0	165,319	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086703	1,745,216	0	0	151,315	58.00	
60.00	06000	LABORATORY	0.387631	2,400,628	0	0	930,558	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.366861	149,548	0	0	54,863	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.277755	1,578,881	0	0	438,542	64.00	
65.00	06500	RESPIRATORY THERAPY	0.228467	274,724	0	0	62,765	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0.138408	296,262	0	0	41,005	65.01	
66.00	06600	PHYSICAL THERAPY	0.460127	51,755	0	0	23,814	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.342066	24,124	0	0	8,252	67.00	
68.00	06800	SPEECH PATHOLOGY	0.434109	3,439	0	0	1,493	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.203519	237,405	0	0	48,316	69.00	
69.01	03140	CARDIOLOGY	0.127491	3,832,736	0	0	488,639	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.261500	177,836	0	0	46,504	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.180600	2,412,075	0	0	435,621	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.430189	2,041,469	11,550	0	878,218	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188996	4,416,713	0	35,947	834,741	73.00	
74.00	07400	RENAL DIALYSIS	0.689115	14,510	0	0	9,999	74.00	
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.360394	537,830	0	0	193,831	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.184062	1,187,280	0	0	218,533	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.198161	6,095,773	0	0	1,207,944	90.00	
91.00	09100	EMERGENCY	0.195585	3,302,748	0	0	645,968	91.00	
92.00	09200	OBSERVATION BEDS	0.791449	625,141	0	0	494,767	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00	
200.00		Subtotal (see instructions)		61,689,757	11,550	35,947	12,863,417	200.00	
201.00		Less PBP Clinic Lab. Services-Program			0	0	0	201.00	
202.00		Only Charges							
202.00		Net Charges (line 200 - line 201)		61,689,757	11,550	35,947	12,863,417	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 16-0117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/24/2020 11:07 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					
51.00	05100	RECOVERY ROOM	0	0					
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					
53.00	05300	ANESTHESIOLOGY	0	0					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0					
54.02	03630	ULTRA SOUND	0	0					
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0					
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					
60.00	06000	LABORATORY	0	0					
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0					
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					
64.00	06400	INTRAVENOUS THERAPY	0	0					
65.00	06500	RESPIRATORY THERAPY	0	0					
65.01	03560	PULMONARY FUNCTION TESTING	0	0					
66.00	06600	PHYSICAL THERAPY	0	0					
67.00	06700	OCCUPATIONAL THERAPY	0	0					
68.00	06800	SPEECH PATHOLOGY	0	0					
69.00	06900	ELECTROCARDIOLOGY	0	0					
69.01	03140	CARDIOLOGY	0	0					
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0					
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,969	0					
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,794					
74.00	07400	RENAL DIALYSIS	0	0					
76.00	03320	ELECTROSHOCK THERAPY	0	0					
76.97	07697	CARDIAC REHABILITATION	0	0					
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					
76.99	07699	LITHOTRIPSY	0	0					
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					
91.00	09100	EMERGENCY	0	0					
92.00	09200	OBSERVATION BEDS	0	0					
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						
200.00		Subtotal (see instructions)	4,969	6,794					
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						
202.00		Net Charges (line 200 - line 201)	4,969	6,794					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117

Period:

Worksheet D

Component CCN: 16-S117

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/24/2020 11:07 am

Title XVIII

Subprovider -

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	1,356,292	53,338,969	0.025428	0	0	50.00
51.00	05100 RECOVERY ROOM	536,857	9,067,662	0.059206	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	137,200	3,710,285	0.036978	0	0	52.00
53.00	05300 ANESTHESIOLOGY	149,304	8,099,232	0.018434	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	318,549	5,681,552	0.056067	8,218	461	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	17,394	3,196,261	0.005442	0	0	54.01
54.02	03630 ULTRA SOUND	9,782	3,094,041	0.003162	5,062	16	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	668,857	16,796,049	0.039822	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	21,399	14,539,479	0.001472	23,555	35	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	106,058	7,285,638	0.014557	0	0	58.00
60.00	06000 LABORATORY	108,859	17,255,411	0.006309	90,084	568	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	13,733	845,107	0.016250	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	152,009	7,876,274	0.019300	1,821	35	64.00
65.00	06500 RESPIRATORY THERAPY	70,176	4,490,172	0.015629	38,612	603	65.00
65.01	03560 PULMONARY FUNCTION TESTING	20,315	2,208,812	0.009197	12,767	117	65.01
66.00	06600 PHYSICAL THERAPY	125,398	8,492,160	0.014766	55,360	817	66.00
67.00	06700 OCCUPATIONAL THERAPY	22,572	3,129,573	0.007212	39,169	282	67.00
68.00	06800 SPEECH PATHOLOGY	18,372	1,331,174	0.013801	10,737	148	68.00
69.00	06900 ELECTROCARDIOLOGY	22,551	1,122,255	0.020094	3,129	63	69.00
69.01	03140 CARDIOLOGY	340,178	16,677,916	0.020397	4,473	91	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	36,778	520,119	0.070711	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	47,074	12,776,034	0.003685	28,842	106	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	41,053	13,770,037	0.002981	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	133,129	25,614,609	0.005197	113,978	592	73.00
74.00	07400 RENAL DIALYSIS	16,014	665,364	0.024068	7,255	175	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	36,215	1,066,169	0.033967	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	12,804	1,455,676	0.008796	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	180,421	13,581,354	0.013284	5,137	68	90.00
91.00	09100 EMERGENCY	220,307	18,376,804	0.011988	23,164	278	91.00
92.00	09200 OBSERVATION BEDS	0	2,536,888	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	4,939,650	278,601,076		471,363	4,455	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 11:07 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		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
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
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		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: 16-0117 Component CCN: 16-S117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 11:07 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	53,338,969	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	9,067,662	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	3,710,285	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	8,099,232	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	5,681,552	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	3,196,261	0.000000	54.01
54.02	03630	ULTRA SOUND		0	0	0	3,094,041	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	16,796,049	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	14,539,479	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	7,285,638	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	17,255,411	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	845,107	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	7,876,274	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	4,490,172	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	2,208,812	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	8,492,160	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	3,129,573	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,331,174	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	1,122,255	0.000000	69.00
69.01	03140	CARDIOLOGY		0	0	0	16,677,916	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	520,119	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	12,776,034	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	13,770,037	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	25,614,609	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	665,364	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,066,169	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	1,455,676	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	13,581,354	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	18,376,804	0.000000	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	2,536,888	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0			95.00
200.00		Total (lines 50 through 199)		0	0	0	278,601,076		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 11:07 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	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	8,218	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	5,062	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	23,555	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	90,084	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	1,821	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	38,612	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	12,767	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	55,360	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	39,169	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	10,737	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,129	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	4,473	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	28,842	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	113,978	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	7,255	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	5,137	0	0	812	0	90.00
91.00	09100	EMERGENCY	0.000000	23,164	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	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)			471,363	0	812	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/24/2020 11:07 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)		Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs PPS Services (see inst.)	
			1.00	2.00	3.00		4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.206071	0	0		0	0	50.00
51.00	05100	RECOVERY ROOM	0.421051	0	0		0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.541821	0	0		0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.058611	0	0		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.310765	0	0		0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.181587	0	0		0	0	54.01
54.02	03630	ULTRA SOUND	0.176112	0	0		0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171399	0	0		0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.054124	0	0		0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086703	0	0		0	0	58.00
60.00	06000	LABORATORY	0.387631	0	0		0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0		0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.366861	0	0		0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.277755	0	0		0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.228467	0	0		0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.138408	0	0		0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.460127	0	0		0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.342066	0	0		0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.434109	0	0		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.203519	0	0		0	0	69.00
69.01	03140	CARDIOLOGY	0.127491	0	0		0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.261500	0	0		0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.180600	0	0		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.430189	0	0		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188996	0	0		1,696	0	73.00
74.00	07400	RENAL DIALYSIS	0.689115	0	0		0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0		0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.360394	0	0		0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.184062	0	0		0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.198161	812	0		0	161	90.00
91.00	09100	EMERGENCY	0.195585	0	0		0	0	91.00
92.00	09200	OBSERVATION BEDS	0.791449	0	0		0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000		0				95.00
200.00		Subtotal (see instructions)		812	0		1,696	161	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0		0		201.00
202.00		Net Charges (line 200 - line 201)		812	0		1,696	161	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0117

Period:

Worksheet D

Component CCN: 16-S117

From 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
8/24/2020 11:07 am

Title XVIII

Subprovider -
IPF

PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
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	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	321	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
	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	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	0	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	321	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 8/24/2020 11:07 am		
				Component CCN: 16-T117				
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,356,292	53,338,969	0.025428	0	0	50.00
51.00	05100	RECOVERY ROOM	536,857	9,067,662	0.059206	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,200	3,710,285	0.036978	0	0	52.00
53.00	05300	ANESTHESIOLOGY	149,304	8,099,232	0.018434	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	318,549	5,681,552	0.056067	7,933	445	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	17,394	3,196,261	0.005442	0	0	54.01
54.02	03630	ULTRA SOUND	9,782	3,094,041	0.003162	2,999	9	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	668,857	16,796,049	0.039822	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	21,399	14,539,479	0.001472	21,515	32	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	106,058	7,285,638	0.014557	4,248	62	58.00
60.00	06000	LABORATORY	108,859	17,255,411	0.006309	140,443	886	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,733	845,107	0.016250	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	152,009	7,876,274	0.019300	16,063	310	64.00
65.00	06500	RESPIRATORY THERAPY	70,176	4,490,172	0.015629	87,285	1,364	65.00
65.01	03560	PULMONARY FUNCTION TESTING	20,315	2,208,812	0.009197	32,253	297	65.01
66.00	06600	PHYSICAL THERAPY	125,398	8,492,160	0.014766	579,954	8,564	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,572	3,129,573	0.007212	595,808	4,297	67.00
68.00	06800	SPEECH PATHOLOGY	18,372	1,331,174	0.013801	194,870	2,689	68.00
69.00	06900	ELECTROCARDIOLOGY	22,551	1,122,255	0.020094	3,278	66	69.00
69.01	03140	CARDIOLOGY	340,178	16,677,916	0.020397	2,982	61	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	36,778	520,119	0.070711	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	47,074	12,776,034	0.003685	61,636	227	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	41,053	13,770,037	0.002981	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	133,129	25,614,609	0.005197	158,884	826	73.00
74.00	07400	RENAL DIALYSIS	16,014	665,364	0.024068	15,961	384	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	36,215	1,066,169	0.033967	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,804	1,455,676	0.008796	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	180,421	13,581,354	0.013284	3,015	40	90.00
91.00	09100	EMERGENCY	220,307	18,376,804	0.011988	4,176	50	91.00
92.00	09200	OBSERVATION BEDS	0	2,536,888	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	4,939,650	278,601,076		1,933,303	20,609	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-T117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 11:07 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		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
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
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		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: 16-0117 Component CCN: 16-T117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 11:07 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	53,338,969	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	9,067,662	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	3,710,285	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	8,099,232	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	5,681,552	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	3,196,261	0.000000	54.01
54.02	03630	ULTRA SOUND		0	0	0	3,094,041	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	16,796,049	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	14,539,479	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	7,285,638	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	17,255,411	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	845,107	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	7,876,274	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	4,490,172	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	2,208,812	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	8,492,160	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	3,129,573	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,331,174	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	1,122,255	0.000000	69.00
69.01	03140	CARDIOLOGY		0	0	0	16,677,916	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	520,119	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	12,776,034	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	13,770,037	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	25,614,609	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	665,364	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,066,169	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	1,455,676	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	13,581,354	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	18,376,804	0.000000	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	2,536,888	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0			95.00
200.00		Total (lines 50 through 199)		0	0	0	278,601,076		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-T117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 11:07 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	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	7,933	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	2,999	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	21,515	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,248	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	140,443	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	16,063	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	87,285	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	32,253	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	579,954	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	595,808	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	194,870	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,278	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	2,982	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	61,636	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	158,884	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	15,961	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	3,015	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	4,176	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	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)		1,933,303	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS				Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 8/24/2020 11:07 am	
				Title XIX		Hospital	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	893,270	0	893,270	13,511	66.11	30.00
31.00	INTENSIVE CARE UNIT	142,015		142,015	1,509	94.11	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
33.02	NURSING ADMINISTRATION	0		0	0	0.00	33.02
33.03	GEROPSYCH REVENUE	0		0	0	0.00	33.03
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	132,186	0	132,186	2,482	53.26	40.00
41.00	SUBPROVIDER - IRF	218,909	0	218,909	2,081	105.19	41.00
43.00	NURSERY	89,125		89,125	1,635	54.51	43.00
200.00	Total (lines 30 through 199)	1,475,505		1,475,505	21,218		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,659	109,676				30.00
31.00	INTENSIVE CARE UNIT	96	9,035				31.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
33.01	BURN INTENSIVE CARE UNIT	0	0				33.01
33.02	NURSING ADMINISTRATION	0	0				33.02
33.03	GEROPSYCH REVENUE	0	0				33.03
33.04	BURN INTENSIVE CARE UNIT	0	0				33.04
33.05	BURN INTENSIVE CARE UNIT	0	0				33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
43.00	NURSERY	689	37,557				43.00
200.00	Total (lines 30 through 199)	2,444	156,268				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		Title XIX		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,356,292	53,338,969	0.025428	0	0 50.00
51.00	05100	RECOVERY ROOM	536,857	9,067,662	0.059206	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,200	3,710,285	0.036978	0	0 52.00
53.00	05300	ANESTHESIOLOGY	149,304	8,099,232	0.018434	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	318,549	5,681,552	0.056067	0	0 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	17,394	3,196,261	0.005442	0	0 54.01
54.02	03630	ULTRA SOUND	9,782	3,094,041	0.003162	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	668,857	16,796,049	0.039822	0	0 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	21,399	14,539,479	0.001472	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	106,058	7,285,638	0.014557	0	0 58.00
60.00	06000	LABORATORY	108,859	17,255,411	0.006309	0	0 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,733	845,107	0.016250	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	152,009	7,876,274	0.019300	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	70,176	4,490,172	0.015629	0	0 65.00
65.01	03560	PULMONARY FUNCTION TESTING	20,315	2,208,812	0.009197	0	0 65.01
66.00	06600	PHYSICAL THERAPY	125,398	8,492,160	0.014766	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	22,572	3,129,573	0.007212	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	18,372	1,331,174	0.013801	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	22,551	1,122,255	0.020094	0	0 69.00
69.01	03140	CARDIOLOGY	340,178	16,677,916	0.020397	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	36,778	520,119	0.070711	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	47,074	12,776,034	0.003685	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	41,053	13,770,037	0.002981	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	133,129	25,614,609	0.005197	0	0 73.00
74.00	07400	RENAL DIALYSIS	16,014	665,364	0.024068	0	0 74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	36,215	1,066,169	0.033967	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,804	1,455,676	0.008796	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	180,421	13,581,354	0.013284	0	0 90.00
91.00	09100	EMERGENCY	220,307	18,376,804	0.011988	0	0 91.00
92.00	09200	OBSERVATION BEDS	135,865	2,536,888	0.053556	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	5,075,515	278,601,076		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/24/2020 11:07 am		
					Title XIX		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	0	0	0	33.00	
33.01	03302	BURN INTENSIVE CARE UNIT		0	0	0	0	0	0	33.01	
33.02	03301	NURSING ADMINISTRATION		0	0	0	0	0	0	33.02	
33.03	03303	GEROPSYCH REVENUE		0	0	0	0	0	0	33.03	
33.04	03304	BURN INTENSIVE CARE UNIT		0	0	0	0	0	0	33.04	
33.05	03305	BURN INTENSIVE CARE UNIT		0	0	0	0	0	0	33.05	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF		0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	0	41.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	13,511	0.00	1,659	30.00		
31.00	03100	INTENSIVE CARE UNIT			0	1,509	0.00	96	31.00		
33.00	03300	BURN INTENSIVE CARE UNIT			0	0	0.00	0	33.00		
33.01	03302	BURN INTENSIVE CARE UNIT			0	0	0.00	0	33.01		
33.02	03301	NURSING ADMINISTRATION			0	0	0.00	0	33.02		
33.03	03303	GEROPSYCH REVENUE			0	0	0.00	0	33.03		
33.04	03304	BURN INTENSIVE CARE UNIT			0	0	0.00	0	33.04		
33.05	03305	BURN INTENSIVE CARE UNIT			0	0	0.00	0	33.05		
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0	0.00	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0		0	2,482	0.00	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0		0	2,081	0.00	0	41.00		
43.00	04300	NURSERY			0	1,635	0.00	689	43.00		
200.00		Total (lines 30 through 199)			0	21,218		2,444	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	
33.00	03300	BURN INTENSIVE CARE UNIT		0						33.00	
33.01	03302	BURN INTENSIVE CARE UNIT		0						33.01	
33.02	03301	NURSING ADMINISTRATION		0						33.02	
33.03	03303	GEROPSYCH REVENUE		0						33.03	
33.04	03304	BURN INTENSIVE CARE UNIT		0						33.04	
33.05	03305	BURN INTENSIVE CARE UNIT		0						33.05	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0						34.00	
40.00	04000	SUBPROVIDER - IPF		0						40.00	
41.00	04100	SUBPROVIDER - IRF		0						41.00	
43.00	04300	NURSERY		0						43.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		Title XIX			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	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	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
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	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		Title XIX		Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	53,338,969	0.000000 50.00
51.00	05100	RECOVERY ROOM	0	0	0	9,067,662	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,710,285	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,099,232	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,681,552	0.000000 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	3,196,261	0.000000 54.01
54.02	03630	ULTRA SOUND	0	0	0	3,094,041	0.000000 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	16,796,049	0.000000 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	14,539,479	0.000000 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	7,285,638	0.000000 58.00
60.00	06000	LABORATORY	0	0	0	17,255,411	0.000000 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	845,107	0.000000 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,876,274	0.000000 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,490,172	0.000000 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	2,208,812	0.000000 65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,492,160	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,129,573	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,331,174	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,122,255	0.000000 69.00
69.01	03140	CARDIOLOGY	0	0	0	16,677,916	0.000000 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	520,119	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	12,776,034	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,770,037	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,614,609	0.000000 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	665,364	0.000000 74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,066,169	0.000000 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,455,676	0.000000 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	13,581,354	0.000000 90.00
91.00	09100	EMERGENCY	0	0	0	18,376,804	0.000000 91.00
92.00	09200	OBSERVATION BEDS	0	0	0	2,536,888	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	278,601,076	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630 ULTRA SOUND	0.000000	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140 CARDIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		0	0	0		95.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 8/24/2020 11:07 am	
				Component CCN: 16-S117			
				Title XIX		Subprovider - IPF	PPS
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,356,292	53,338,969	0.025428	0	50.00
51.00	05100	RECOVERY ROOM	536,857	9,067,662	0.059206	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,200	3,710,285	0.036978	0	52.00
53.00	05300	ANESTHESIOLOGY	149,304	8,099,232	0.018434	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	318,549	5,681,552	0.056067	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	17,394	3,196,261	0.005442	0	54.01
54.02	03630	ULTRA SOUND	9,782	3,094,041	0.003162	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	668,857	16,796,049	0.039822	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	21,399	14,539,479	0.001472	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	106,058	7,285,638	0.014557	0	58.00
60.00	06000	LABORATORY	108,859	17,255,411	0.006309	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,733	845,107	0.016250	0	63.00
64.00	06400	INTRAVENOUS THERAPY	152,009	7,876,274	0.019300	0	64.00
65.00	06500	RESPIRATORY THERAPY	70,176	4,490,172	0.015629	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	20,315	2,208,812	0.009197	0	65.01
66.00	06600	PHYSICAL THERAPY	125,398	8,492,160	0.014766	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,572	3,129,573	0.007212	0	67.00
68.00	06800	SPEECH PATHOLOGY	18,372	1,331,174	0.013801	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,551	1,122,255	0.020094	0	69.00
69.01	03140	CARDIOLOGY	340,178	16,677,916	0.020397	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	36,778	520,119	0.070711	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	47,074	12,776,034	0.003685	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	41,053	13,770,037	0.002981	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	133,129	25,614,609	0.005197	0	73.00
74.00	07400	RENAL DIALYSIS	16,014	665,364	0.024068	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	36,215	1,066,169	0.033967	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,804	1,455,676	0.008796	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	180,421	13,581,354	0.013284	0	90.00
91.00	09100	EMERGENCY	220,307	18,376,804	0.011988	0	91.00
92.00	09200	OBSERVATION BEDS	0	2,536,888	0.000000	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	4,939,650	278,601,076		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 11:07 am	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		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
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
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		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: 16-0117 Component CCN: 16-S117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 11:07 am	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	53,338,969	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	9,067,662	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	3,710,285	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	8,099,232	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	5,681,552	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	3,196,261	0.000000	54.01
54.02	03630	ULTRA SOUND		0	0	0	3,094,041	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	16,796,049	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	14,539,479	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	7,285,638	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	17,255,411	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	845,107	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	7,876,274	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	4,490,172	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	2,208,812	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	8,492,160	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	3,129,573	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,331,174	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	1,122,255	0.000000	69.00
69.01	03140	CARDIOLOGY		0	0	0	16,677,916	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	520,119	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	12,776,034	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	13,770,037	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	25,614,609	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	665,364	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,066,169	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	1,455,676	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	13,581,354	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	18,376,804	0.000000	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	2,536,888	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0			95.00
200.00		Total (lines 50 through 199)		0	0	0	278,601,076		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 11:07 am	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	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	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0.000000	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
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	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	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 11:07 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,511	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,511	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)		11,456	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) (see instructions)		5,804	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)		13,200,749	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)		13,200,749	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)		13,200,749	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)		977.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,670,740	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)		5,670,740	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,135,735	1,509	1,415.33	604	854,859		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0		45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0		45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
	Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						9,190,084	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						15,715,683	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)						440,544	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						510,069	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						950,613	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						14,765,070	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						2,055	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						977.04	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 11:07 am	
				Title XVIII	Hospital	PPS	
Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,007,817	89.00
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	893,270	13,200,749	0.067668	2,007,817	135,865	90.00
91.00	Nursing School cost	0	13,200,749	0.000000	2,007,817	0	91.00
92.00	Allied health cost	0	13,200,749	0.000000	2,007,817	0	92.00
93.00	All other Medical Education	0	13,200,749	0.000000	2,007,817	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 11:07 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,482	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,482	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,482	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) (see instructions)		1,786	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,557,043	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,557,043	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,557,043	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)		1,030.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,839,991	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,839,991	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 16-S117		Date/Time Prepared: 8/24/2020 11:07 am	
				Title XVIII	Subprovider - IPF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					132,799	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,972,790	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)					95,122	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,455	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					99,577	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,873,213	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/24/2020 11:07 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description									
								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00	
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			132,186	2,557,043	0.051695	0	90.00	
91.00	Nursing School cost			0	2,557,043	0.000000	0	91.00	
92.00	Allied health cost			0	2,557,043	0.000000	0	92.00	
93.00	All other Medical Education			0	2,557,043	0.000000	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 11:07 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,081	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,081	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,081	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) (see instructions)		1,310	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,611,712	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,611,712	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,611,712	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)		1,255.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,644,089	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,644,089	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0117

Period:

Worksheet D-1

Component CCN: 16-T117

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/24/2020 11:07 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					697,768	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,341,857	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)					137,799	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					20,609	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					158,408	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,183,449	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117 Component CCN: 16-T117		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/24/2020 11:07 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description									
								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0		89.00
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	218,909	2,611,712	0.083818	0	0	0	90.00	
91.00	Nursing School cost	0	2,611,712	0.000000	0	0	0	91.00	
92.00	Allied health cost	0	2,611,712	0.000000	0	0	0	92.00	
93.00	All other Medical Education	0	2,611,712	0.000000	0	0	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 11:07 am
Cost Center Description		Title XIX	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,511	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,511	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)		11,456	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) (see instructions)		1,659	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,635	15.00
16.00	Nursery days (title V or XIX only)		689	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)		13,200,749	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)		13,200,749	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)		13,200,749	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)		977.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,620,909	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,620,909	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		Title XIX			Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	1,974,291	1,635	1,207.52	689	831,981		42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,135,735	1,509	1,415.33	96	135,872		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0		45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0		45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
	Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,588,762	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)						156,268	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						156,268	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,432,494	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						2,055	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						977.04	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 11:07 am	
				Title XIX	Hospital	PPS	
Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,007,817	89.00
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	893,270	13,200,749	0.067668	2,007,817	135,865	90.00
91.00	Nursing School cost	0	13,200,749	0.000000	2,007,817	0	91.00
92.00	Allied health cost	0	13,200,749	0.000000	2,007,817	0	92.00
93.00	All other Medical Education	0	13,200,749	0.000000	2,007,817	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 11:07 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,482	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,482	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,482	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) (see instructions)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,635	15.00
16.00	Nursery days (title V or XIX only)		689	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,557,043	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,557,043	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,557,043	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)		1,030.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0117

Period:

Worksheet D-1

Component CCN: 16-S117

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

8/24/2020 11:07 am

Title XIX

Subprovider -

PPS

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/24/2020 11:07 am	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description									
								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0		89.00
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	132,186	2,557,043	0.051695	0	0	0	90.00	
91.00	Nursing School cost	0	2,557,043	0.000000	0	0	0	91.00	
92.00	Allied health cost	0	2,557,043	0.000000	0	0	0	92.00	
93.00	All other Medical Education	0	2,557,043	0.000000	0	0	0	93.00	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/24/2020 11:07 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		7,034,336	30.00
31.00	03100	INTENSIVE CARE UNIT		1,390,196	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0	33.01
33.02	03301	NURSING ADMINISTRATION		0	33.02
33.03	03303	GEROPSYCH REVENUE		0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.206071	5,435,454	50.00
51.00	05100	RECOVERY ROOM	0.421051	664,090	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.541821	16,468	52.00
53.00	05300	ANESTHESIOLOGY	0.061494	679,378	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.310765	650,900	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.181587	78,289	54.01
54.02	03630	ULTRA SOUND	0.176112	244,334	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.172882	36,905	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.054124	1,774,255	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086703	237,930	58.00
60.00	06000	LABORATORY	0.387631	3,834,619	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.366861	296,495	63.00
64.00	06400	INTRAVENOUS THERAPY	0.277755	798,863	64.00
65.00	06500	RESPIRATORY THERAPY	0.229178	2,205,342	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.138408	726,708	65.01
66.00	06600	PHYSICAL THERAPY	0.460127	942,974	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.342066	504,246	67.00
68.00	06800	SPEECH PATHOLOGY	0.434109	130,557	68.00
69.00	06900	ELECTROCARDIOLOGY	0.203519	184,240	69.00
69.01	03140	CARDIOLOGY	0.127491	3,455,303	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.269602	10,903	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.180600	2,540,133	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.430189	3,366,541	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188996	5,274,364	73.00
74.00	07400	RENAL DIALYSIS	0.689115	470,393	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.360394	210	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.184062	1,632	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.198266	513,577	90.00
91.00	09100	EMERGENCY	0.195585	1,456,164	91.00
92.00	09200	OBSERVATION BEDS	0.791449	221,171	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)		36,752,438	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)		36,752,438	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/24/2020 11:07 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
33.01	03302 BURN INTENSIVE CARE UNIT		0		33.01
33.02	03301 NURSING ADMINISTRATION		0		33.02
33.03	03303 GEROPSYCH REVENUE		0		33.03
33.04	03304 BURN INTENSIVE CARE UNIT		0		33.04
33.05	03305 BURN INTENSIVE CARE UNIT		0		33.05
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		3,675,588		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.206071	0	0	50.00
51.00	05100 RECOVERY ROOM	0.421051	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.541821	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.061494	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.310765	8,218	2,554	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.181587	0	0	54.01
54.02	03630 ULTRA SOUND	0.176112	5,062	891	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.172882	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.054124	23,555	1,275	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.086703	0	0	58.00
60.00	06000 LABORATORY	0.387631	90,084	34,919	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.366861	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.277755	1,821	506	64.00
65.00	06500 RESPIRATORY THERAPY	0.229178	38,612	8,849	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.138408	12,767	1,767	65.01
66.00	06600 PHYSICAL THERAPY	0.460127	55,360	25,473	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.342066	39,169	13,398	67.00
68.00	06800 SPEECH PATHOLOGY	0.434109	10,737	4,661	68.00
69.00	06900 ELECTROCARDIOLOGY	0.203519	3,129	637	69.00
69.01	03140 CARDIOLOGY	0.127491	4,473	570	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.269602	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.180600	28,842	5,209	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.430189	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188996	113,978	21,541	73.00
74.00	07400 RENAL DIALYSIS	0.689115	7,255	5,000	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.360394	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.184062	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.198266	5,137	1,018	90.00
91.00	09100 EMERGENCY	0.195585	23,164	4,531	91.00
92.00	09200 OBSERVATION BEDS	0.791449	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		471,363	132,799	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)		471,363		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/24/2020 11:07 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
33.01	03302 BURN INTENSIVE CARE UNIT		0		33.01
33.02	03301 NURSING ADMINISTRATION		0		33.02
33.03	03303 GEROPSYCH REVENUE		0		33.03
33.04	03304 BURN INTENSIVE CARE UNIT		0		33.04
33.05	03305 BURN INTENSIVE CARE UNIT		0		33.05
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		2,450,537		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.206071	0	0	50.00
51.00	05100 RECOVERY ROOM	0.421051	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.541821	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.061494	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.310765	7,933	2,465	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.181587	0	0	54.01
54.02	03630 ULTRA SOUND	0.176112	2,999	528	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.172882	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.054124	21,515	1,164	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.086703	4,248	368	58.00
60.00	06000 LABORATORY	0.387631	140,443	54,440	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.366861	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.277755	16,063	4,462	64.00
65.00	06500 RESPIRATORY THERAPY	0.229178	87,285	20,004	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.138408	32,253	4,464	65.01
66.00	06600 PHYSICAL THERAPY	0.460127	579,954	266,852	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.342066	595,808	203,806	67.00
68.00	06800 SPEECH PATHOLOGY	0.434109	194,870	84,595	68.00
69.00	06900 ELECTROCARDIOLOGY	0.203519	3,278	667	69.00
69.01	03140 CARDIOLOGY	0.127491	2,982	380	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.269602	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.180600	61,636	11,131	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.430189	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188996	158,884	30,028	73.00
74.00	07400 RENAL DIALYSIS	0.689115	15,961	10,999	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.360394	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.184062	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.198266	3,015	598	90.00
91.00	09100 EMERGENCY	0.195585	4,176	817	91.00
92.00	09200 OBSERVATION BEDS	0.791449	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,933,303	697,768	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,933,303		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
8/24/2020 11:07 am

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			9,346,755	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			3,405,063	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)				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
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			62,358	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			21,534	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			81.37	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)			4.14	30.00
31.00	Percentage of Medicaid patient days (see instructions)			16.74	31.00
32.00	Sum of lines 30 and 31			20.88	32.00
33.00	Allowable disproportionate share percentage (see instructions)			6.44	33.00
34.00	Disproportionate share adjustment (see instructions)			205,305	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
8/24/2020 11:07 am

		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000065080	0.000052896	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		538,395	441,712	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		402,690	111,031	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		513,721		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
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		13,554,736		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			13,554,736	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,021,638	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 intructions)			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)			14,576,374	59.00
60.00	Primary payer payments			23,732	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			14,552,642	61.00
62.00	Deductibles billed to program beneficiaries			1,647,376	62.00
63.00	Coinurance billed to program beneficiaries			15,674	63.00
64.00	Allowable bad debts (see instructions)			100,010	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			65,007	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			54,401	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			12,954,599	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			67,926	70.93
70.94	HRR adjustment amount (see instructions)			-114,347	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/24/2020 11:07 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	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)		12,908,178	71.00
71.01	Sequestration adjustment (see instructions)		258,164	71.01
71.02	Demonstration payment adjustment amount after sequestration		136,748	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		12,437,132	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		76,134	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		228,469	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/24/2020 11:07 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,346,755	0	9,346,755		9,346,755
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,405,063	0		3,405,063	3,405,063
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	62,358	0	62,358		62,358
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	21,534	0		21,534	21,534
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0644	0.0644	0.0644	0.0644	
11.00	Disproportionate share adjustment (see instructions)	34.00	205,305	0	150,483	54,822	205,305
11.01	Uncompensated care payments	36.00	513,721	0	402,690	111,031	513,721
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	13,554,736	0	9,962,286	3,592,450	13,554,736
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	13,554,736	0	9,962,286	3,592,450	13,554,736
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,021,638	0	752,647	268,991	1,021,638

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/24/2020 11:07 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	10,714,933	3,861,441	14,576,374
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,020,981	0	752,182	268,799	1,020,981
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	657	0	465	192	657
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	1,021,638	0	752,647	268,991	1,021,638
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/24/2020 11:07 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,346,755	9,346,755		9,346,755	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,405,063		3,405,063	3,405,063	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	62,358	62,358		62,358	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	21,534		21,534	21,534	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0644	0.0644	0.0644		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	205,305	150,483	54,822	205,305	11.00
11.01	Uncompensated care payments	36.00	513,721	402,690	111,031	513,721	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	13,554,736	9,962,286	3,592,450	13,554,736	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	13,554,736	9,962,286	3,592,450	13,554,736	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,021,638	752,647	268,991	1,021,638	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			10,714,933	3,861,441	14,576,374	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/24/2020 11:07 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,020,981	752,182	268,799	1,020,981	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	657	465	192	657	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,021,638	752,647	268,991	1,021,638	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	67,926	43,025	24,901	67,926	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-114,347	-81,317	-33,030	-114,347	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/24/2020 11:07 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,763	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,863,417	2.00
3.00	OPPS payments		12,989,134	3.00
4.00	Outlier payment (see instructions)		103,060	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)		11,763	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		47,497	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)		47,497	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)		47,497	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		35,734	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)		11,763	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)		13,092,194	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		2,310	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,566,067	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)		10,535,580	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)		10,535,580	30.00
31.00	Primary payer payments		1,970	31.00
32.00	Subtotal (line 30 minus line 31)		10,533,610	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)		144,311	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		93,802	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		98,918	36.00
37.00	Subtotal (see instructions)		10,627,412	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-5	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)		10,627,417	40.00
40.01	Sequestration adjustment (see instructions)		212,548	40.01
40.02	Demonstration payment adjustment amount after sequestration		100,079	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		10,276,867	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		37,923	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/24/2020 11:07 am
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		321	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		161	2.00
3.00	OPPS payments		490	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		321	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,696	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,696	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)		1,696	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,375	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)		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)		490	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		811	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)		811	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		811	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		811	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		811	40.00
40.01	Sequestration adjustment (see instructions)		16	40.01
40.02	Demonstration payment adjustment amount after sequestration		7	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03	
41.00	Interim payments		805	41.00
41.01	Interim payments-PARHM		41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	
43.00	Balance due provider/program (see instructions)		-17	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01	
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: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
8/24/2020 11:07 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		12,385,032		10,243,867	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/21/2019	52,100	08/21/2019	33,000	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)		52,100		33,000	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)		12,437,132		10,276,867	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		76,134		37,923	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		12,513,266		10,314,790	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 16-0117
 Component CCN: 16-S117

 Period:
 From 01/01/2019
 To 12/31/2019

 Worksheet E-1
 Part I
 Date/Time Prepared:
 8/24/2020 11:07 am

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,395,531		805		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,395,531		805		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		17,342		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		17		6.02
7.00	Total Medicare program liability (see instructions)		1,412,873		788		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0117

Period:

Worksheet E-1

Component CCN: 16-T117

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/24/2020 11:07 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,046,561		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,046,561		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		28,769		0	6.02
7.00	Total Medicare program liability (see instructions)		2,017,792		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 8/24/2020 11:07 am	
		Title XVIII	Hospital	PPS	
				1.00	
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS					
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION					
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12				4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168				7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)				10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH					
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
31.00	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)				32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part II Date/Time Prepared: 8/24/2020 11:07 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,543,491 1.00
2.00	Net IPF PPS Outlier Payments			19,436 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			6.800000 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,562,927 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,562,927 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,562,927 18.00
19.00	Deductibles			99,500 19.00
20.00	Subtotal (line 18 minus line 19)			1,463,427 20.00
21.00	Coinurance			30,690 21.00
22.00	Subtotal (line 20 minus line 21)			1,432,737 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			27,226 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			17,697 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,450,434 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,450,434 31.00
31.01	Sequestration adjustment (see instructions)			29,009 31.01
31.02	Demonstration payment adjustment amount after sequestration			8,552 31.02
32.00	Interim payments			1,395,531 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			17,342 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			19,436 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 8/24/2020 11:07 am
		Title XVIII	Subprovider - IRF	PPS
			1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)		2,053,334	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0242	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		58,109	3.00
4.00	Outlier Payments		2,252	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		5.701370	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		2,113,695	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		2,113,695	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		2,113,695	19.00
20.00	Deductibles		36,828	20.00
21.00	Subtotal (line 19 minus line 20)		2,076,867	21.00
22.00	Coinsurance		0	22.00
23.00	Subtotal (line 21 minus line 22)		2,076,867	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		102	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		66	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		2,076,933	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		2,076,933	32.00
32.01	Sequestration adjustment (see instructions)		41,539	32.01
32.02	Demonstration payment adjustment amount after sequestration		17,602	32.02
33.00	Interim payments		2,046,561	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		-28,769	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		17,249	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		2,252	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

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

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet G

Date/Time Prepared:
8/24/2020 11:07 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	9,454,207	0	0	0	1.00
2.00	Temporary investments	578,649	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	48,570,967	0	0	0	4.00
5.00	Other receivable	858,815	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-30,230,759	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	2,344,720	0	0	0	8.00
9.00	Other current assets	578,568	0	0	0	9.00
10.00	Due from other funds	2,358,419	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	34,513,586	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,837,692	0	0	0	12.00
13.00	Land improvements	7,215,187	0	0	0	13.00
14.00	Accumulated depreciation	-6,037,632	0	0	0	14.00
15.00	Buildings	101,196,635	0	0	0	15.00
16.00	Accumulated depreciation	-54,332,673	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	70,275,646	0	0	0	23.00
24.00	Accumulated depreciation	-42,347,953	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	1,501,669	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	83,308,571	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	98,638,898	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	10,528,362	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	109,167,260	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	226,989,417	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,988,523	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,657,234	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	9,681,820	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,327,577	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	17,341,521	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	17,341,521	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	35,669,098	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	191,320,319	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	191,320,319	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	226,989,417	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
8/24/2020 11:07 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		172,294,821		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		17,321,224				2.00
3.00	Total (sum of line 1 and line 2)		189,616,045		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	CONTRIBUTIONS	429,409		0		0	5.00
6.00	FHF PERM RESTR NA - CURRENT YR	456,770		0		0	6.00
7.00	FHF TEMP RESTR NA-CURRENT YR	885,280		0		0	7.00
8.00	NET ASSETS RELEASE - CAP	272,048		0		0	8.00
9.00	UNRESTRICTED NA	692,612		0		0	9.00
10.00	Total additions (sum of line 4-9)		2,736,119		0		10.00
11.00	Subtotal (line 3 plus line 10)		192,352,164		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	NET ASSETS RELEASE FROM RESTR	157,361		0		0	13.00
14.00	TEMP RESTR	81,044		0		0	14.00
15.00	TSFR TO UNRESTRICT CA	272,048		0		0	15.00
16.00	CY XFERS TO/FROM AFFILIATES	521,392		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1,031,845		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		191,320,319		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	CONTRIBUTIONS		0				5.00
6.00	FHF PERM RESTR NA - CURRENT YR		0				6.00
7.00	FHF TEMP RESTR NA-CURRENT YR		0				7.00
8.00	NET ASSETS RELEASE - CAP		0				8.00
9.00	UNRESTRICTED NA		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	NET ASSETS RELEASE FROM RESTR		0				13.00
14.00	TEMP RESTR		0				14.00
15.00	TSFR TO UNRESTRICT CA		0				15.00
16.00	CY XFERS TO/FROM AFFILIATES		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: 16-0117

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
8/24/2020 11:07 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	21,583,739		21,583,739	1.00
2.00	SUBPROVIDER - IPF	5,122,876		5,122,876	2.00
3.00	SUBPROVIDER - IRF	3,873,328		3,873,328	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	30,579,943		30,579,943	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,441,913		3,441,913	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
13.02	NURSING ADMINISTRATION	0		0	13.02
13.03	GEROPSYCH REVENUE	0		0	13.03
13.04	BURN INTENSIVE CARE UNIT	0		0	13.04
13.05	BURN INTENSIVE CARE UNIT	0		0	13.05
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,441,913		3,441,913	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	34,021,856		34,021,856	17.00
18.00	Ancillary services	75,466,809	170,903,650	246,370,459	18.00
19.00	Outpatient services	4,834,628	27,302,493	32,137,121	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		4,875,575	4,875,575	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				26.00
27.00	OTHER (SPECIFY) PHYSICIANS	0	28,851,590	28,851,590	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	114,323,293	231,933,308	346,256,601	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		100,088,241		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)		100,088,241		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0117

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
8/24/2020 11:07 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	346,256,601	1.00
2.00	Less contractual allowances and discounts on patients' accounts	230,056,266	2.00
3.00	Net patient revenues (line 1 minus line 2)	116,200,335	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	100,088,241	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,112,094	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	13,591,629	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	21,736	21.00
22.00	Rental of hospital space	400,481	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	OTHER (SPECIFY) GRANTS	121,140	24.01
24.02	OTHER (SPECIFY) MEANINGFUL USE	2,128	24.02
24.03	OTHER (SPECIFY) MISCELLANEOUS	5,643,277	24.03
25.00	Total other income (sum of lines 6-24)	19,780,391	25.00
26.00	Total (line 5 plus line 25)	35,892,485	26.00
27.00	OTHER EXPENSES (SPECIFY) AHS	18,571,261	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	18,571,261	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	17,321,224	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0117

Period:

Worksheet H

HHA CCN: 16-7002

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

8/24/2020 11:07 am

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	0	0	284	11,849	1,387,281	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,032,760	512,825	170,872	52,487	85,131	6.00
7.00	Physical Therapy	3,878	287	394	2,608	778	7.00
8.00	Occupational Therapy	1,268	85	54	0	267	8.00
9.00	Speech Pathology	54	4	1	0	160	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	427	27	343	1,706	172	11.00
12.00	Supplies (see instructions)	0	0	0	0	110	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	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)	2,038,387	513,228	171,948	68,650	1,473,899	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	0	1,399,414	-289,323	1,110,091		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-592	2,853,483	-244	2,853,239		6.00
7.00	Physical Therapy	0	7,945	0	7,945		7.00
8.00	Occupational Therapy	0	1,674	0	1,674		8.00
9.00	Speech Pathology	0	219	0	219		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Home Health Aide	0	2,675	0	2,675		11.00
12.00	Supplies (see instructions)	0	110	0	110		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	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)	-592	4,265,520	-289,567	3,975,953		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: 16-0117

Period:

Worksheet H-1

HHA CCN: 16-7002

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/24/2020 11:07 amHome Health
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		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	
	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	1,110,091	0	0	0	0	1,110,091	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,853,239	0	0	0	0	2,853,239	6.00
7.00	Physical Therapy	7,945	0	0	0	0	7,945	7.00
8.00	Occupational Therapy	1,674	0	0	0	0	1,674	8.00
9.00	Speech Pathology	219	0	0	0	0	219	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	2,675	0	0	0	0	2,675	11.00
12.00	Supplies (see instructions)	110	0	0	0	0	110	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	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)	3,975,953	0	0	0	0	3,975,953	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	1,110,091						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,105,202	3,958,441					6.00
7.00	Physical Therapy	3,077	11,022					7.00
8.00	Occupational Therapy	648	2,322					8.00
9.00	Speech Pathology	85	304					9.00
10.00	Medical Social Services	0	0					10.00
11.00	Home Health Aide	1,036	3,711					11.00
12.00	Supplies (see instructions)	43	153					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	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)		3,975,953					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0117

Period:

Worksheet H-1

HHA CCN: 16-7002

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/24/2020 11:07 amHome Health
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	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	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,110,091	2,865,862
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	2,853,239	6.00
7.00	Physical Therapy	0	0	0	0	7,945	7.00
8.00	Occupational Therapy	0	0	0	0	1,674	8.00
9.00	Speech Pathology	0	0	0	0	219	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	2,675	11.00
12.00	Supplies (see instructions)	0	0	0	0	110	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	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)	0	0	0	0	-1,110,091	2,865,862
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,110,091
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.387350

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0117

Period:

Worksheet H-2

HHA CCN: 16-7002

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/24/2020 11:07 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	3,958,441	0	0	0	3,958,441	597,123	2.00
3.00	Physical Therapy	11,022	0	0	0	11,022	1,663	3.00
4.00	Occupational Therapy	2,322	0	0	0	2,322	350	4.00
5.00	Speech Pathology	304	0	0	0	304	46	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	3,711	0	0	0	3,711	560	7.00
8.00	Supplies (see instructions)	153	0	0	0	153	23	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,975,953	0	0	0	3,975,953	599,765	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	Subtotal	PURCHASING RECEIVING AND STORES	
		5.02	5.03	5A.03	5.04	5A.04	5.05	
1.00	Administrative and General	152,024	0	152,024	773	152,797	723	1.00
2.00	Skilled Nursing Care	0	0	4,555,564	23,150	4,578,714	21,662	2.00
3.00	Physical Therapy	0	0	12,685	64	12,749	60	3.00
4.00	Occupational Therapy	0	0	2,672	14	2,686	13	4.00
5.00	Speech Pathology	0	0	350	2	352	2	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	4,271	22	4,293	20	7.00
8.00	Supplies (see instructions)	0	0	176	1	177	1	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	152,024	0	4,727,742	24,026	4,751,768	22,481	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: 16-0117

Period:

Worksheet H-2

HHA CCN: 16-7002

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/24/2020 11:07 amHome Health
Agency I

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Cost Center Description		MAINTENANCE & REPAIRS 6.00	MAINTENANCE & REPAIRS 6.01	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		CAFETERIA 11.00	EMPLOYEE CAFETERIA 11.01	MAINTENANCE OF PERSONNEL 12.00	NURSING ADMINISTRATION 13.00	CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	
1.00	Administrative and General	0	0	0	0	11,301	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	11,301	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: 16-0117

Period:

Worksheet H-2

HHA CCN: 16-7002

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/24/2020 11:07 amHome Health
Agency I

PPS

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
		16.00	17.00	19.00	20.00	21.00	22.00	
1.00	Administrative and General	9,673	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	9,673	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	174,494	0	174,494			1.00
2.00	Skilled Nursing Care	0	4,600,376	0	4,600,376	173,725	4,774,101	2.00
3.00	Physical Therapy	0	12,809	0	12,809	484	13,293	3.00
4.00	Occupational Therapy	0	2,699	0	2,699	102	2,801	4.00
5.00	Speech Pathology	0	354	0	354	13	367	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	4,313	0	4,313	163	4,476	7.00
8.00	Supplies (see instructions)	0	178	0	178	7	185	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	4,795,223	0	4,795,223	174,494	4,795,223	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.					0.037763		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: 16-0117
HHA CCN: 16-7002Period:
From 01/01/2019
To 12/31/2019Worksheet H-2
Part II
Date/Time Prepared:
8/24/2020 11:07 am

						Home Health Agency I	PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	REHAB ADMINISTRATION (DOLLAR VALUE)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A.01	5.01	5.02	
1.00	Administrative and General	0	0	2,038,387	0	0	4,266,111	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,958,441	0	2.00
3.00	Physical Therapy	0	0	0	0	11,022	0	3.00
4.00	Occupational Therapy	0	0	0	0	2,322	0	4.00
5.00	Speech Pathology	0	0	0	0	304	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	3,711	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	153	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	2,038,387		3,975,953	4,266,111	20.00
21.00	Total cost to be allocated	0	0	0		599,765	152,024	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000		0.150848	0.035635	22.00
Cost Center Description		RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5A.04	5.04	5A.05	5.05	6.00	
1.00	Administrative and General	0	0	152,024	0	152,797	0	1.00
2.00	Skilled Nursing Care	0	0	4,555,564	0	4,578,714	0	2.00
3.00	Physical Therapy	0	0	12,685	0	12,749	0	3.00
4.00	Occupational Therapy	0	0	2,672	0	2,686	0	4.00
5.00	Speech Pathology	0	0	350	0	352	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	4,271	0	4,293	0	7.00
8.00	Supplies (see instructions)	0	0	176	0	177	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0		4,727,742		4,751,768	0	20.00
21.00	Total cost to be allocated	0		24,026		22,481	0	21.00
22.00	Unit cost multiplier	0.000000		0.005082		0.004731	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0117

Period:

Worksheet H-2

HHA CCN: 16-7002

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/24/2020 11:07 amHome Health
Agency I

PPS

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		6.01	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.01	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	74,219	0	4,875,575	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	74,219	0	4,875,575	20.00
21.00	Total cost to be allocated	0	0	0	11,301	0	9,673	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.152266	0.000000	0.001984	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0117

Period:

Worksheet H-2

HHA CCN: 16-7002

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/24/2020 11:07 amHome Health
Agency I

PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117

Period:

Worksheet H-3

HHA CCN: 16-7002

From 01/01/2019

Part I

To 12/31/2019

Date/Time Prepared:

8/24/2020 11:07 am

Title XVIII

Home Health

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	4,774,101		4,774,101	11,742	406.58	1.00
2.00	Physical Therapy	3.00	13,293	0	13,293	7,876	1.69	2.00
3.00	Occupational Therapy	4.00	2,801	0	2,801	2,684	1.04	3.00
4.00	Speech Pathology	5.00	367	0	367	473	0.78	4.00
5.00	Medical Social Services	6.00	0		0	351	0.00	5.00
6.00	Home Health Aide	7.00	4,476		4,476	3,607	1.24	6.00
7.00	Total (sum of lines 1-6)		4,795,038	0	4,795,038	26,733		7.00

Program Visits

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

Limitation Cost Computation

8.00	Skilled Nursing Care		16300	0	10		8.00
8.01	Skilled Nursing Care		20220	0	4,662		8.01
8.02	Skilled Nursing Care		99914	0	291		8.02
8.03	Skilled Nursing Care		99916	0	1,468		8.03
8.04	Skilled Nursing Care		99952	0	230		8.04
9.00	Physical Therapy		16300	0	33		9.00
9.01	Physical Therapy		20220	0	3,579		9.01
9.02	Physical Therapy		99914	0	249		9.02
9.03	Physical Therapy		99916	0	878		9.03
9.04	Physical Therapy		99952	0	204		9.04
10.00	Occupational Therapy		16300	0	16		10.00
10.01	Occupational Therapy		20220	0	1,355		10.01
10.02	Occupational Therapy		99914	0	82		10.02
10.03	Occupational Therapy		99916	0	326		10.03
10.04	Occupational Therapy		99952	0	52		10.04
11.00	Speech Pathology		16300	0	0		11.00
11.01	Speech Pathology		20220	0	156		11.01
11.02	Speech Pathology		99914	0	11		11.02
11.03	Speech Pathology		99916	0	38		11.03
11.04	Speech Pathology		99952	0	9		11.04
12.00	Medical Social Services		16300	0	0		12.00
12.01	Medical Social Services		20220	0	174		12.01
12.02	Medical Social Services		99914	0	10		12.02
12.03	Medical Social Services		99916	0	29		12.03
12.04	Medical Social Services		99952	0	8		12.04
13.00	Home Health Aide		16300	0	1		13.00
13.01	Home Health Aide		20220	0	650		13.01
13.02	Home Health Aide		99914	0	40		13.02
13.03	Home Health Aide		99916	0	297		13.03
13.04	Home Health Aide		99952	0	0		13.04
14.00	Total (sum of lines 8-13)			0	14,858		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	185	0	185	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117

Period:

Worksheet H-3

HHA CCN: 16-7002

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/24/2020 11:07 am

Title XVIII

Home Health
Agency I

PPS

	Cost Center Description	Program Visits		Cost of Services	Agency 1			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	6,661	0	2,708,229		1.00	
2.00	Physical Therapy	0	4,943	0	8,354		2.00	
3.00	Occupational Therapy	0	1,831	0	1,904		3.00	
4.00	Speech Pathology	0	214	0	167		4.00	
5.00	Medical Social Services	0	221	0	0		5.00	
6.00	Home Health Aide	0	988	0	1,225		6.00	
7.00	Total (sum of lines 1-6)	0	14,858	0	2,719,879		7.00	
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
8.01	Skilled Nursing Care						8.01	
8.02	Skilled Nursing Care						8.02	
8.03	Skilled Nursing Care						8.03	
8.04	Skilled Nursing Care						8.04	
9.00	Physical Therapy						9.00	
9.01	Physical Therapy						9.01	
9.02	Physical Therapy						9.02	
9.03	Physical Therapy						9.03	
9.04	Physical Therapy						9.04	
10.00	Occupational Therapy						10.00	
10.01	Occupational Therapy						10.01	
10.02	Occupational Therapy						10.02	
10.03	Occupational Therapy						10.03	
10.04	Occupational Therapy						10.04	
11.00	Speech Pathology						11.00	
11.01	Speech Pathology						11.01	
11.02	Speech Pathology						11.02	
11.03	Speech Pathology						11.03	
11.04	Speech Pathology						11.04	
12.00	Medical Social Services						12.00	
12.01	Medical Social Services						12.01	
12.02	Medical Social Services						12.02	
12.03	Medical Social Services						12.03	
12.04	Medical Social Services						12.04	
13.00	Home Health Aide						13.00	
13.01	Home Health Aide						13.01	
13.02	Home Health Aide						13.02	
13.03	Home Health Aide						13.03	
13.04	Home Health Aide						13.04	
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	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	82,876	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117

Period:

Worksheet H-3

HHA CCN: 16-7002

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/24/2020 11:07 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	2,708,229		1.00
2.00	Physical Therapy	8,354		2.00
3.00	Occupational Therapy	1,904		3.00
4.00	Speech Pathology	167		4.00
5.00	Medical Social Services	0		5.00
6.00	Home Health Aide	1,225		6.00
7.00	Total (sum of lines 1-6)	2,719,879		7.00
Cost Center Description				
		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
8.04	Skilled Nursing Care			8.04
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
9.04	Physical Therapy			9.04
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
10.04	Occupational Therapy			10.04
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
11.04	Speech Pathology			11.04
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
12.04	Medical Social Services			12.04
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
13.04	Home Health Aide			13.04
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117

Period:

Worksheet H-3

HHA CCN: 16-7002

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/24/2020 11:07 am

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	0.460127	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.342066	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.434109	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.180600	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.188996	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

		Provider CCN: 16-0117	Period: From 01/01/2019	Worksheet H-4	
		HHA CCN: 16-7002	To 12/31/2019	Part I-II Date/Time Prepared: 8/24/2020 11:07 am	
		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	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	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)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	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		0	2,619,175	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	96,814	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	40,515	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	15,101	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	15,459	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	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)		0	2,787,064	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	2,787,064	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	2,787,064	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,787,064	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	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)		0	2,787,064	31.00
31.01	Sequestration adjustment (see instructions)		0	55,741	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	25,471	31.02
32.00	Interim payments (see instructions)		0	2,705,853	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	-1	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: 16-0117

Period:

Worksheet H-5

HHA CCN: 16-7002

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

8/24/2020 11:07 am

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,705,853	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,705,853	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		1	6.02
7.00	Total Medicare program liability (see instructions)		0		2,705,852	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0117	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 8/24/2020 11:07 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,020,981	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		657	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)		36.85	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)		1,021,638	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