

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all inter-
payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050

EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 1/28/2021 12:19 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date:1/28/2021	Time:12:19 pm
	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 THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE 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 MCDONOUGH DISTRICT HOSPITAL (14-0089) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 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) WILLIAM MURDOCK

Officer or Administrator of Provider(s)

CFO

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	-208,507	44,935	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	246	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0			0	9.00
10.00	RURAL HEALTH CLINIC I	0		8,311		0	10.00
200.00	Total	0	-208,261	53,246	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 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 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.

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10					
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN:14-0089		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/28/2021 12:19 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street:525 E GRANT ST	PO Box:							1.00
2.00	City: MACOMB	State: IL	Zip Code:61455-		County: MC DONOUGH				2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
							V	XVIII	XIX
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital	MCDONOUGH DISTRICT HOSPITAL	140089	99914	1	07/01/1966	N	P	O
4.00	Subprovider - IPF	MCDONOUGH DISTRICT HOSPITAL	14S089	99914	4	07/01/2015	N	P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF	MDH SWING BEDS	14U089	99914		04/29/2015	N	P	N
8.00	Swing Beds - NF	MDH SWING BEDS	14U089	99914		04/29/2015	N		N
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA	MDH HOME HEALTH	147293	99914		12/14/1984	N	P	O
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice	MDH HOSPICE	141524	99914		01/12/1989			
15.00	Hospital-Based Health Clinic - RHC	BUSHNELL FAMILY PRACTICE	148522	99914		01/31/2013	N	O	O
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2019	06/30/2020		20.00
21.00	Type of Control (see instructions)					11			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
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.		164	86	0	0	623	49	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0089		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/28/2021 12:19 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
					Urban/Rural Status	Date of Geographic Reclassification			
					1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					1		35.00	
					Beginning:	Ending:			
					1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					07/01/2019	06/30/2020	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)					Y	Y	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	Y	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)					with	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					amount	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.						N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no 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.					or "N"			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.								58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N		59.00
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
					1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
1/28/2021 12:19 pm

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section N 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
63.00	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" N for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					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.					
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
1/28/2021 12:19 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
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	
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Y Enter "Y" for yes or "N" for no.					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)					71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Y Enter "Y" for yes and "N" for no.					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)					76.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
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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.			N	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.			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	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	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	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			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	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	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	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	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	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	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	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	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)			N	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)			N	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	
			1.00	2.00	
			Speech	Respiratory	
			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	109.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/28/2021 12:19 pm	
			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
			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			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
			Premiums	Losses	Insurance
			1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	140,440	0		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 §312N 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			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

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10		
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0089		Period: From 07/01/2019 To 06/30/2020		
				Worksheet S-2 Part I Date/Time Prepared: 1/28/2021 12:19 pm		
		1.00		2.00		
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)				140.00	
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:		Contractor's Name:		141.00	
142.00	Street:		PO Box:		142.00	
143.00	City:		State:		143.00	
				Zip Code:		
				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.				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				146.00	
				1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00
		Part A		Part B		
		1.00		2.00		
		Title V		Title XIX		
		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	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
				1.00		
Multicampus						
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00
		Name		County		
		0		1.00		
		State		Zip Code		
		2.00		3.00		
		CBSA		FTE/Campus		
		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	166.00
				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)				9.99	169.00
		Beginning		Ending		
		1.00		2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/28/2021 12:19 pm
		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)		0171.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 1/28/2021 12:19 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the 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 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.				13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
				Date	Date
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)	Y	10/09/2020	Y	10/09/2020
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)	N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0089		Period: From 07/01/2019 To 06/30/2020 Worksheet S-2 Part II Date/Time Prepared: 1/28/2021 12:19 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N	N		20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N			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.	N			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N			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.	N			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	N			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N			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.	N			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.	N			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?	N			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JILL	NELSON		41.00
42.00	Enter the employer/company name of the cost report preparer	RSM US LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6124559706	JILL.NELSON@RSMUS.COM		43.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 1/28/2021 12:19 pm	
		3.00			
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR			41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/28/2021 12:19 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	38	13,908	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)		38	13,908	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,562	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		45	16,470	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	12	4,392		0	16.00
17.00 SUBPROVIDER - IRF						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	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		57				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)		3	1,098			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/28/2021 12:19 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,386	24	2,501			1.00
2.00 HMO and other (see instructions)	0	583				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	161	0	161			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	77			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,547	24	2,739			7.00
8.00 INTENSIVE CARE UNIT	372	16	705			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		250	445			13.00
14.00 Total (see instructions)	1,919	290	3,889	0.00	438.69	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF						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	4,989	0	10,317	0.00	19.40	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	7.48	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	1,268	0	4,683	0.00	6.26	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	471.83	27.00
28.00 Observation Bed Days		8	668			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	49	524			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/28/2021 12:19 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	509	233	1,153	1.00
2.00 HMO and other (see instructions)			3	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	509	233	1,153	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF						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	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
1/28/2021 12:19 pm

	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	34,224,209	0	34,224,209	981,396.00	34.87
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		1,052,295	0	1,052,295	8,543.00	123.18
4.00	Physician-Part A - Administrative		72,129	0	72,129	608.00	118.63
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		4,745,769	0	4,745,769	35,922.00	132.11
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		233,861	0	233,861	8,961.00	26.10
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		7,344,653	-2,493,681	4,850,972	142,926.00	33.94
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		815,741	0	815,741	9,773.00	83.47
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,195,559	0	9,195,559		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,703,189	0	1,703,189		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		146,550	0	146,550		
22.00	Physician Part A - Administrative		10,357	0	10,357		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		625,230	0	625,230		
24.00	Wage-related costs (RHC/FQHC)		100,166	0	100,166		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
1/28/2021 12:19 pm

		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	
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	327,370	0	327,370	8,323.00	39.33	26.00
27.00	Administrative & General	5.00	5,096,938	0	5,096,938	175,119.00	29.11	27.00
28.00	Administrative & General under contract (see inst.)		670,788	0	670,788	3,022.00	221.97	28.00
29.00	Maintenance & Repairs	6.00	499,971	0	499,971	18,500.00	27.03	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		675,056	0	675,056	48,438.00	13.94	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		883,268	0	883,268	36,106.00	24.46	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	384,384	0	384,384	8,622.00	44.58	38.00
39.00	Central Services and Supply	14.00	283,966	6,109	290,075	17,501.00	16.57	39.00
40.00	Pharmacy	15.00	666,827	0	666,827	16,751.00	39.81	40.00
41.00	Medical Records & Medical Records Library	16.00	343,545	0	343,545	17,327.00	19.83	41.00
42.00	Social Service	17.00	339,320	0	339,320	9,615.00	35.29	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
1/28/2021 12:19 pm

	Worksheet A Line Number	Amount Reported	Reclassification 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)	30,421,396	0	30,421,396	1,015,536.00	29.96	1.00
2.00	Excluded area salaries (see instructions)	7,344,653	-2,493,681	4,850,972	142,926.00	33.94	2.00
3.00	Subtotal salaries (line 1 minus line 2)	23,076,743	2,493,681	25,570,424	872,610.00	29.30	3.00
4.00	Subtotal other wages & related costs (see inst.)	815,741	0	815,741	9,773.00	83.47	4.00
5.00	Subtotal wage-related costs (see inst.)	9,205,916	0	9,205,916	0.00	36.00	5.00
6.00	Total (sum of lines 3 thru 5)	33,098,400	2,493,681	35,592,081	882,383.00	40.34	6.00
7.00	Total overhead cost (see instructions)	10,171,433	6,109	10,177,542	359,324.00	28.32	7.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL WAGE RELATED COSTS		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 1/28/2021 12:19 pm	
				Amount Reported	
				1.00	
PART IV - WAGE RELATED COSTS					
Part A - Core List					
RETIREMENT COST					
1.00	401K Employer Contributions		557,925	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)		0	8.02	
8.03	Health Insurance (Purchased)		8,248,317	8.03	
9.00	Prescription Drug Plan		0	9.00	
10.00	Dental, Hearing and Vision Plan		246,429	10.00	
11.00	Life Insurance (If employee is owner or beneficiary)		31,172	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)		20,757	13.00	
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00	
15.00	'Workers' Compensation Insurance		187,773	15.00	
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00	
TAXES					
17.00	FICA-Employers Portion Only		2,262,403	17.00	
18.00	Medicare Taxes - Employers Portion Only		0	18.00	
19.00	Unemployment Insurance		163,174	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		63,101	23.00	
24.00	Total Wage Related cost (Sum of lines 1 -23)		11,781,051	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:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	815,741	11,781,051	1.00
2.00	Hospital	815,741	7,834,938	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			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	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	100,166	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	3,845,947	18.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL			In Lieu of Form CMS-2552-10				
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN:14-0089 Component CCN:14-7293		Period: From 07/01/2019 To 06/30/2020		Worksheet S-4 Date/Time Prepared: 1/28/2021 12:19 pm	
						Home Health Agency I		PPS	
						1.00			
0.00 County				MCDONOUGH				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	0	0	0	0	0	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	218.00	3.00	160.00	381.00	2.00		
					Number of Employees (Full Time Equivalent)				
		Enter the number of hours in your normal work week			Staff	Contract	Total		
		0			1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	0.00	3.00		
4.00	Director(s) and Assistant Director(s)		0.50	0.00	0.50	4.00			
5.00	Other Administrative Personnel		4.04	0.00	4.04	5.00			
6.00	Direct Nursing Service		8.95	0.00	8.95	6.00			
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00			
8.00	Physical Therapy Service		2.77	0.00	2.77	8.00			
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00			
10.00	Occupational Therapy Service		1.88	0.00	1.88	10.00			
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00			
12.00	Speech Pathology Service		0.10	0.00	0.10	12.00			
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00			
14.00	Medical Social Service		0.03	0.00	0.03	14.00			
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00			
16.00	Home Health Aide		1.12	0.00	1.12	16.00			
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00			
18.00	Other (specify)		0.00	0.00	0.00	18.00			
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		1			19.00			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		99914			20.00			
		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	1,922	1,124	55	19	3,120	21.00		
22.00	Skilled Nursing Visit Charges	336,350	196,700	9,625	3,325	546,000	22.00		
23.00	Physical Therapy Visits	633	296	7	3	939	23.00		
24.00	Physical Therapy Visit Charges	110,775	51,800	1,225	525	164,325	24.00		
25.00	Occupational Therapy Visits	352	255	4	0	611	25.00		
26.00	Occupational Therapy Visit Charges	61,600	44,625	700	0	106,925	26.00		
27.00	Speech Pathology Visits	37	16	3	0	56	27.00		
28.00	Speech Pathology Visit Charges	6,475	2,800	525	0	9,800	28.00		
29.00	Medical Social Service Visits	8	7	0	0	15	29.00		
30.00	Medical Social Service Visit Charges	1,400	1,225	0	0	2,625	30.00		
31.00	Home Health Aide Visits	127	120	1	0	248	31.00		
32.00	Home Health Aide Visit Charges	14,732	13,920	116	0	28,768	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,079	1,818	70	22	4,989	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)	531,332	311,070	12,191	3,850	858,443	35.00		
36.00	Total Number of Episodes (standard/non outlier)	219		29	1	249	36.00		
37.00	Total Number of Outlier Episodes		69		1	70	37.00		
38.00	Total Non-Routine Medical Supply Charges	10,883	8,309	363	36	19,591	38.00		

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:14-0089 Component CCN:14-8522		Period: From 07/01/2019 To 06/30/2020 Worksheet S-8 Date/Time Prepared: 1/28/2021 12:19 pm	
		RHC I		Cost	
		1.00			
1.00	Clinic Address and Identification				
	Street	1150 N COLE ST			
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County	BUSHNELL		IL	61422
					2.00
				1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0	3.00
		Grant Award		Date	
		1.00		2.00	
Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)				
5.00	Migrant Health Center (Section 329(d), PHS Act)				
6.00	Health Services for the Homeless (Section 340(d), PHS Act)				
7.00	Appalachian Regional Commission				
8.00	Look-Alikes				
9.00	OTHER (SPECIFY)				
		1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	yes or N		0	10.00
		Sunday		Monday	Tuesday
		from	to	from	to
		1.00	2.00	3.00	4.00
Facility hours of operations (1)					
11.00	CLINIC	08:00		17:00	08:00
		1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N			12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	30.8? N		0	13.00
		Provider name		CCN number	
		1.00		2.00	
14.00	RHC/FQHC name, CCN number				
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)				
		County			
		4.00			
2.00	City, State, ZIP Code, County	MCDONOUGH			
				2.00	
		Tuesday		Wednesday	
		to	from	to	from
		6.00	7.00	8.00	9.00
Facility hours of operations (1)					
11.00	CLINIC	17:00	08:00	17:00	08:00
		17:00		08:00	17:00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:14-0089	Period: From 07/01/2019	Worksheet S-8	
		Component CCN:14-8522	To 06/30/2020	Date/Time Prepared: 1/28/2021 12:19 pm	
		RHC I		Cost	
		Friday		Saturday	
		from	to	from	to
		11.00	12.00	13.00	14.00
Facility hours of operations (1)					
11.00	CLINIC	08:00	17:00		11.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN:14-0089

Period:

Worksheet S-9

Hospice CCN: 14-1524

From 07/01/2019
To 06/30/2020PARTS I THROUGH IV
Date/Time Prepared:
1/28/2021 12:19 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	3,709	1,677	1,727	7,113	11.00
12.00	Hospice Inpatient Respite Care	1	0	0	1	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	3,710	1,677	1,727	7,114	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 1/28/2021 12:19 pm	
			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.359515	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		936,287	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		2,720,063	5.00	
6.00	Medicaid charges		20,386,311	6.00	
7.00	Medicaid cost (line 1 times line 6)		7,329,185	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		3,672,835	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		42,095	9.00	
10.00	Stand-alone CHIP charges		221,137	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		79,502	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		37,407	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		81,113	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		37,000	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12, 16 and 17)		121,113	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)	610,017	1,473,904	2,083,921	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	219,310	1,473,904	1,693,214	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	219,310	1,473,904	1,693,214	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)		4,954,000	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		208,951	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		321,463	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		4,632,537	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,777,979	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,471,193	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,181,435	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	CAP REL COSTS-HOSPITAL		5,485,006	5,485,006	60,813	5,545,819	1.01
1.02	00102	CAP REL COSTS-HSB I		78,080	78,080	0	78,080	1.02
1.03	00103	CAP REL COSTS-HSB II		451,592	451,592	0	451,592	1.03
1.04	00104	CAP REL COSTS-REHAB CNT		53,500	53,500	0	53,500	1.04
1.05	00105	CAP REL COSTS-DIAYSIS		1,214	1,214	0	1,214	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE		9,068	9,068	0	9,068	1.06
1.07	00107	CAP REL COSTS-MAB		55,035	55,035	0	55,035	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG		28,237	28,237	0	28,237	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN		0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG		193,069	193,069	0	193,069	1.10
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	327,370	12,139,507	12,466,877	0	12,466,877	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,096,938	6,935,689	12,032,627	-61,108	11,971,519	5.00
6.00	00600	MAINTENANCE & REPAIRS	454,228	1,536,450	1,990,678	0	1,990,678	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	22,019	152,029	174,048	0	174,048	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	17,772	113,535	131,307	0	131,307	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	950	12,859	13,809	0	13,809	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	1,858	18,024	19,882	0	19,882	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	1,416	8,101	9,517	0	9,517	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	1,728	17,595	19,323	0	19,323	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	143,934	143,934	0	143,934	8.00
9.00	00900	HOUSEKEEPING	0	1,050,806	1,050,806	0	1,050,806	9.00
9.01	00901	HOUSEKEEPING-HSB	0	164,405	164,405	0	164,405	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	94,627	94,627	0	94,627	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	12,550	12,550	0	12,550	9.03
9.04	00904	HOUSEKEEPING-MAB	0	8,785	8,785	0	8,785	9.04
10.00	01000	DIETARY	0	971,878	971,878	-795,817	176,061	10.00
11.00	01100	CAFETERIA	0	0	0	795,817	795,817	11.00
13.00	01300	NURSING ADMINISTRATION	384,384	1,116	385,500	0	385,500	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	283,966	195,013	478,979	6,109	485,088	14.00
15.00	01500	PHARMACY	666,827	2,103,232	2,770,059	-6	2,770,053	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	343,545	323,800	667,345	295	667,640	16.00
17.00	01700	SOCIAL SERVICE	339,320	4,198	343,518	0	343,518	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	1,211,532	1,211,532	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,320,931	275,492	4,596,423	-728,488	3,867,935	30.00
31.00	03100	INTENSIVE CARE UNIT	782,467	45,958	828,425	0	828,425	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	378,583	378,583	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,039,051	566,725	1,605,776	-115	1,605,661	50.00
51.00	05100	RECOVERY ROOM	513,996	26,618	540,614	0	540,614	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	343,796	343,796	52.00
53.00	05300	ANESTHESIOLOGY	1,521,790	248,145	1,769,935	-1,211,532	558,403	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,193,120	762,503	1,955,623	-75,491	1,880,132	54.00
57.00	05700	CT SCAN	0	123,237	123,237	75,491	198,728	57.00
58.00	05800	MRI	0	501,001	501,001	0	501,001	58.00
60.00	06000	LABORATORY	2,428,615	1,586,954	4,015,569	0	4,015,569	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	235,380	235,380	0	235,380	63.00
65.00	06500	RESPIRATORY THERAPY	773,785	297,785	1,071,570	-26,020	1,045,550	65.00
66.00	06600	PHYSICAL THERAPY	1,632,385	54,632	1,687,017	0	1,687,017	66.00
67.00	06700	OCCUPATIONAL THERAPY	215,218	5,798	221,016	0	221,016	67.00
68.00	06800	SPEECH PATHOLOGY	36,651	37,362	74,013	0	74,013	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	742,717	742,717	26,141	768,858	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	579,422	579,422	0	579,422	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	639	348,014	348,653	0	348,653	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	675,156	20,381	695,537	0	695,537	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	297,196	83,137	380,333	0	380,333	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	483,323	64,255	547,578	0	547,578	88.00
90.00	09000	CLINIC	2,088,382	811,949	2,900,331	4,109,812	7,010,143	90.00
91.00	09100	EMERGENCY	934,530	779,503	1,714,033	0	1,714,033	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	51,278	166,032	217,310	0	217,310	95.00
101.00	10100	HOME HEALTH AGENCY	1,379,024	249,939	1,628,963	0	1,628,963	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	556,681	499,608	1,056,289	0	1,056,289	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,866,539	41,475,481	70,342,020	4,109,812	74,451,832	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	150,658	-1,269	149,389	0	149,389	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	134,767	151,677	286,444	0	286,444	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	20,566	491,004	511,570	0	511,570	194.05
194.06	07955	HOSPITALITY HOUSE	640	21,966	22,606	0	22,606	194.06
194.07	07956	HSK DIALYSIS	0	12,550	12,550	0	12,550	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	74,411	893	75,304	0	75,304	194.09
194.10	07959	FARM LAND	0	3,470	3,470	0	3,470	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	4,818,020	2,710,746	7,528,766	-4,109,812	3,418,954	194.12
194.13	07961	VALET PARKING SERVICE	63,718	2,016	65,734	0	65,734	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	94,890	7,756	102,646	0	102,646	194.15
200.00		TOTAL (SUM OF LINES 118 through 199)	34,224,209	44,876,290	79,100,499	0	79,100,499	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0
1.01	00101	CAP REL COSTS-HOSPITAL	-1,172,686	4,373,133
1.02	00102	CAP REL COSTS-HSB I	-31,500	46,580
1.03	00103	CAP REL COSTS-HSB II	0	451,592
1.04	00104	CAP REL COSTS-REHAB CNT	0	53,500
1.05	00105	CAP REL COSTS-DIAYSIS	0	1,214
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	9,068
1.07	00107	CAP REL COSTS-MAB	-2,029	53,006
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	28,237
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	193,069
3.00	00300	OTHER CAP REL COSTS	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,441,195	8,025,682
5.00	00500	ADMINISTRATIVE & GENERAL	-587,873	11,383,646
6.00	00600	MAINTENANCE & REPAIRS	0	1,990,678
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	174,048
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	131,307
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	13,809
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	19,882
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	9,517
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	19,323
8.00	00800	LAUNDRY & LINEN SERVICE	0	143,934
9.00	00900	HOUSEKEEPING	0	1,050,806
9.01	00901	HOUSEKEEPING-HSB	0	164,405
9.02	00902	HOUSEKEEPING-HSB II	0	94,627
9.03	00903	HOUSEKEEPING-ORTHO	0	12,550
9.04	00904	HOUSEKEEPING-MAB	0	8,785
10.00	01000	DIETARY	0	176,061
11.00	01100	CAFETERIA	0	795,817
13.00	01300	NURSING ADMINISTRATION	0	385,500
14.00	01400	CENTRAL SERVICES & SUPPLY	0	485,088
15.00	01500	PHARMACY	0	2,770,053
16.00	01600	MEDICAL RECORDS & LIBRARY	-12,317	655,323
17.00	01700	SOCIAL SERVICE	0	343,518
19.00	01900	NONPHYSICIAN ANESTHETISTS	-1,211,532	0
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,069,332	2,798,603
31.00	03100	INTENSIVE CARE UNIT	0	828,425
40.00	04000	SUBPROVIDER - IPF	0	0
43.00	04300	NURSERY	0	378,583
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,605,661
51.00	05100	RECOVERY ROOM	0	540,614
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	343,796
53.00	05300	ANESTHESIOLOGY	-450,255	108,148
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,880,132
57.00	05700	CT SCAN	0	198,728
58.00	05800	MRI	0	501,001
60.00	06000	LABORATORY	-834,941	3,180,628
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	235,380
65.00	06500	RESPIRATORY THERAPY	-30,091	1,015,459
66.00	06600	PHYSICAL THERAPY	-15,314	1,671,703
67.00	06700	OCCUPATIONAL THERAPY	0	221,016
68.00	06800	SPEECH PATHOLOGY	0	74,013
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-8	768,850
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	579,422
73.00	07300	DRUGS CHARGED TO PATIENTS	-78,846	269,807
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-600	694,937
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	380,333
76.02	03951	PAIN MANAGEMENT	0	0
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	547,578
90.00	09000	CLINIC	-5,116,341	1,893,802
91.00	09100	EMERGENCY	0	1,714,033
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	217,310
101.00	10100	HOME HEALTH AGENCY	0	1,628,963
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0
116.00	11600	HOSPICE	0	1,056,289
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-15,054,860	59,396,972

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	DAY HEALTH	0	0	194.00
194.01	07962	OUTREACH	0	149,389	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	286,444	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	511,570	194.05
194.06	07955	HOSPITALITY HOUSE	0	22,606	194.06
194.07	07956	HSK DIALYSIS	0	12,550	194.07
194.08	07957	LEASED SALARIES	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	75,304	194.09
194.10	07959	FARM LAND	0	3,470	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	3,418,954	194.12
194.13	07961	VALET PARKING SERVICE	0	65,734	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	194.14
194.15	07965	ASSISTED LIVING	0	102,646	194.15
200.00		TOTAL (SUM OF LINES 118 through 199)	-15,054,860	64,045,639	200.00

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - RECLASS OB SALARY				
1.00	NURSERY	43.00	378,583	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	343,796	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	6,109	0	3.00
			728,488	0	
	B - RECLASS FOOD SERVICE				
1.00	CAFETERIA	11.00	0	795,817	1.00
			0	795,817	
	C - RECLASS CT EXPENSE				
1.00	CT SCAN	57.00	75,491	0	1.00
			75,491	0	
	D - RECLASS CRNA SALARIES				
1.00	NONPHYSICIAN ANESTHETISTS	19.00	1,052,295	159,237	1.00
			1,052,295	159,237	
	E - RECLASS COPY MACHINE EXPENSE				
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	295	1.00
			0	295	
	F - RECLASS 02 EXPENSE				
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	26,141	1.00
	PATIENT				
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
			0	26,141	
	G - RECLASS AUTO & AMBULANCE COLLISION I				
1.00	CAP REL COSTS-HOSPITAL	1.01	0	12,411	1.00
			0	12,411	
	H - RECLASS MITEL LEASE OF PHONE SERVICE				
1.00	CAP REL COSTS-HOSPITAL	1.01	0	48,402	1.00
			0	48,402	
	J - RECLASS EXPENSES TO NEW COST CENTER				
1.00	CLINIC	90.00	2,493,681	1,616,131	1.00
			2,493,681	1,616,131	
500.00	Grand Total: Increases		4,349,955	2,658,434	500.00

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - RECLASS OB SALARY						
1.00	ADULTS & PEDIATRICS	30.00	728,488	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
0			728,488	0		
B - RECLASS FOOD SERVICE						
1.00	DIETARY	10.00	0	795,817	0	1.00
0			0	795,817		
C - RECLASS CT EXPENSE						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	75,491	0	0	1.00
0			75,491	0		
D - RECLASS CRNA SALARIES						
1.00	ANESTHESIOLOGY	53.00	1,052,295	159,237	0	1.00
0			1,052,295	159,237		
E - RECLASS COPY MACHINE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	295	0	1.00
0			0	295		
F - RECLASS O2 EXPENSE						
1.00	RESPIRATORY THERAPY	65.00	0	26,020	0	1.00
2.00	OPERATING ROOM	50.00	0	115	0	2.00
3.00	PHARMACY	15.00	0	6	0	3.00
0			0	26,141		
G - RECLASS AUTO & AMBULANCE COLLISION I						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,411	12	1.00
0			0	12,411		
H - RECLASS MITEL LEASE OF PHONE SERVICE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	48,402	10	1.00
0			0	48,402		
J - RECLASS EXPENSES TO NEW COST CENTER						
1.00	MMG-PHYSICIAN OFFICES	194.12	2,493,681	1,616,131	0	1.00
0			2,493,681	1,616,131		
500.00	Grand Total: Decreases		4,349,955	2,658,434		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
1/28/2021 12:19 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	111,602	0	0	0	0	1.00
2.00	Land Improvements	3,450,730	0	0	0	0	2.00
3.00	Buildings and Fixtures	49,930,582	3,022,386	0	3,022,386	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	71,367,199	1,144,278	0	1,144,278	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	124,860,113	4,166,664	0	4,166,664	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	124,860,113	4,166,664	0	4,166,664	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	111,602	0				1.00
2.00	Land Improvements	3,450,730	0				2.00
3.00	Buildings and Fixtures	52,952,968	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	72,511,477	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	129,026,777	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	129,026,777	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	5,485,006	0	0	0	0	1.01
1.02	CAP REL COSTS-HSB I	78,080	0	0	0	0	1.02
1.03	CAP REL COSTS-HSB II	451,592	0	0	0	0	1.03
1.04	CAP REL COSTS-REHAB CNT	53,500	0	0	0	0	1.04
1.05	CAP REL COSTS-DIAYSIS	1,214	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	9,068	0	0	0	0	1.06
1.07	CAP REL COSTS-MAB	55,035	0	0	0	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	28,237	0	0	0	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	193,069	0	0	0	0	1.10
3.00	Total (sum of lines 1-2)	6,354,801	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-HOSPITAL	0	5,485,006				1.01
1.02	CAP REL COSTS-HSB I	0	78,080				1.02
1.03	CAP REL COSTS-HSB II	0	451,592				1.03
1.04	CAP REL COSTS-REHAB CNT	0	53,500				1.04
1.05	CAP REL COSTS-DIAYSIS	0	1,214				1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	9,068				1.06
1.07	CAP REL COSTS-MAB	0	55,035				1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	28,237				1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0				1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	193,069				1.10
3.00	Total (sum of lines 1-2)	0	6,354,801				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	CAP REL COSTS-HOSPITAL	124,109,813	0	124,109,813	0.961891	0	1.01
1.02	CAP REL COSTS-HSB I	2,455,192	0	2,455,192	0.019029	0	1.02
1.03	CAP REL COSTS-HSB II	2,016,146	0	2,016,146	0.015626	0	1.03
1.04	CAP REL COSTS-REHAB CNT	168,641	0	168,641	0.001307	0	1.04
1.05	CAP REL COSTS-DIAYSIS	1,518	0	1,518	0.000012	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	31,617	0	31,617	0.000245	0	1.06
1.07	CAP REL COSTS-MAB	228,466	0	228,466	0.001771	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	8,950	0	8,950	0.000069	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	4,484	0	4,484	0.000035	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	1,950	0	1,950	0.000015	0	1.10
3.00	Total (sum of lines 1-2)	129,026,777	0	129,026,777	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	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	0	0	0	4,313,079	47,643	1.01
1.02	CAP REL COSTS-HSB I	0	0	0	78,080	0	1.02
1.03	CAP REL COSTS-HSB II	0	0	0	451,592	0	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	53,500	0	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	1,214	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	9,068	0	1.06
1.07	CAP REL COSTS-MAB	0	0	0	55,035	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	28,237	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	193,069	0	1.10
3.00	Total (sum of lines 1-2)	0	0	0	5,182,874	47,643	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	0	1.00
1.01	CAP REL COSTS-HOSPITAL	0	12,411	0	0	4,373,133	1.01
1.02	CAP REL COSTS-HSB I	0	0	-31,500	0	46,580	1.02
1.03	CAP REL COSTS-HSB II	0	0	0	0	451,592	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0	53,500	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	1,214	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	9,068	1.06
1.07	CAP REL COSTS-MAB	0	0	-2,029	0	53,006	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	0	28,237	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	193,069	1.10
3.00	Total (sum of lines 1-2)	0	12,411	-33,529	0	5,209,399	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
1.01	Investment income - CAP REL COSTS-HOSPITAL (chapter 2)	B	-1,248,759	0	CAP REL COSTS-HOSPITAL	1.01	9 1.01
1.02	Investment income - CAP REL COSTS-HSB I (chapter 2)			0	CAP REL COSTS-HSB I	1.02	0 1.02
1.03	Investment income - CAP REL COSTS-HSB II (chapter 2)			0	CAP REL COSTS-HSB II	1.03	0 1.03
1.04	Investment income - CAP REL COSTS-REHAB CNT (chapter 2)			0	CAP REL COSTS-REHAB CNT	1.04	0 1.04
1.05	Investment income - CAP REL COSTS-DIAYSIS (chapter 2)			0	CAP REL COSTS-DIAYSIS	1.05	0 1.05
1.06	Investment income - CAP REL COSTS-HOSPITALITY HOUSE (chapter 2)			0	CAP REL COSTS-HOSPITALITY HOUSE	1.06	0 1.06
1.07	Investment income - CAP REL COSTS-MAB (chapter 2)			0	CAP REL COSTS-MAB	1.07	0 1.07
1.08	Investment income - CAP REL COSTS-ORTHO BLDG (chapter 2)			0	CAP REL COSTS-ORTHO BLDG	1.08	0 1.08
1.09	Investment income - CAP REL COSTS-CONVENIENCE CARE CLIN (chapter 2)			0	CAP REL COSTS-CONVENIENCE CARE CLIN	1.09	0 1.09
1.10	Investment income - CAP REL COSTS-BUSHNELL OFFICE BLDG (chapter 2)			0	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0 1.10
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	*** Cost Center Deleted ***	2.00	0 2.00
3.00	Investment income - other (chapter 2)			0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0		0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-108,026		ADMINISTRATIVE & GENERAL	5.00	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)	A	-2,485	0	CAP REL COSTS-HOSPITAL	1.01	9 8.00
9.00	Parking lot (chapter 21)			0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-6,481,413				0 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	A	79,317	0	CAP REL COSTS-HOSPITAL	1.01	9 11.00
12.00	Related organization transactions (chapter 10)	A-8-1		0			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 employees and others			0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients	B	-8	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	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	-12,317		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)	B	-44,144		ADMINISTRATIVE & GENERAL	5.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00	23.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				3.00	4.00		
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0 CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-HOSPITAL			0 CAP REL COSTS-HOSPITAL	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-HSB I			0 CAP REL COSTS-HSB I	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-HSB II			0 CAP REL COSTS-HSB II	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-REHAB CNT			0 CAP REL COSTS-REHAB CNT	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-DIAYSIS			0 CAP REL COSTS-DIAYSIS	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-HOSPITALITY HOUSE			0 CAP REL COSTS-HOSPITALITY HOUSE	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-MAB			0 CAP REL COSTS-MAB	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-ORTHO BLDG			0 CAP REL COSTS-ORTHO BLDG	1.08	0	26.08
26.09	Depreciation - CAP REL COSTS-CONVENIENCE CARE CLIN			0 CAP REL COSTS-CONVENIENCE CARE CLIN	1.09	0	26.09
26.10	Depreciation - CAP REL COSTS-BUSHNELL OFFICE BLDG			0 CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	26.10
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0 *** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-1,211,532	0 NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	TELEPHONE LEASE	A	-759	0 CAP REL COSTS-HOSPITAL	1.01	10	33.00
33.01	PATHOLOGIST CONSULTING REV	B	-89,508	0 LABORATORY	60.00	0	33.01
33.02	MISCELLANEOUS REV	B	-38,216	0 ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	IHA/AHA DUES	A	-16,908	0 ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	DAY HEALTH MEALS	B		0 DIETARY	10.00	0	33.04
33.05	RADIOLOGY BILLING	B	-114,876	0 ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	NUTRITION COUNSELING	B		0 DIETARY	10.00	0	33.06
33.07	KARE-A-LOT	B	-259	0 ADULTS & PEDIATRICS	30.00	0	33.07
33.08	CONSULTING-PT/OT	B	-15,314	0 PHYSICAL THERAPY	66.00	0	33.08
33.09	TELEPHONE SERVICES-SALARIES	A	-2,636	0 ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	SELF INSUR EMPLOYEE HEALTH INSUR EXP	A	-3,669,415	0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11	CRNA EMPLOYEE BENEFITS	A	-146,550	0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	PHYSICIAN PART B EMPLOYEE BENEFITS	A	-625,230	0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	ADVERTISING	A	-263,067	0 ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	NON-ALLOWABLE PROPERTY TAX	A		0 CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	13	33.14
34.00	NON-ALLOWABLE PROPERTY TAX	A		0 CAP REL COSTS-HSB II	1.03	13	34.00
34.50	NON-ALLOWABLE PROPERTY TAX	A		0 CAP REL COSTS-REHAB CNT	1.04	13	34.50
35.00	NON-ALLOWABLE PROPERTY TAX	A	-2,029	0 CAP REL COSTS-MAB	1.07	13	35.00
35.50	NON-ALLOWABLE PROPERTY TAX	A	-31,500	0 CAP REL COSTS-HSB I	1.02	13	35.50
36.00	NON-ALLOWABLE PROPERTY TAX	A		0 CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	13	36.00
36.50	OUTREACH SERVICES	B	-60	0 ADULTS & PEDIATRICS	30.00	0	36.50
37.00	ADVERTISING	A		0 AMBULANCE SERVICES	95.00	0	37.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description			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		
38.00	CONSULTING	B	-600	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0 38.00
38.01	CONTRACT PHARMACY	B	-78,846	DRUGS CHARGED TO PATIENTS	73.00	0 38.01
38.02	CLINIC MID-LEVELS	B	-929,720	CLINIC	90.00	0 38.02
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,054,860			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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
1/28/2021 12:19 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	60.00	LABORATORY	739,894	667,765	72,129	260,300	608	1.00
2.00	53.00	ANESTHESIOLOGY	450,255	450,255	0	0	0	2.00
3.00	91.00	EMERGENCY	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,074,813	1,074,813	0	0	0	4.00
5.00	65.00	RESPIRATORY THERAPY	4,901	4,901	0	0	0	5.00
6.00	90.00	CLINIC	2,298,573	2,298,573	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	25,190	25,190	0	0	0	7.00
8.00	60.00	LABORATORY	77,668	77,668	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	-5,800	-5,800	0	0	0	9.00
10.00	90.00	CLINIC	1,888,048	1,888,048	0	0	0	10.00
200.00			6,553,542	6,481,413	72,129		608	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	60.00	LABORATORY	76,088	3,804	4,113	401	10,967	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	6,561	0	7,332	2.00
3.00	91.00	EMERGENCY	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	11,210	0	13,602	4.00
5.00	65.00	RESPIRATORY THERAPY	0	0	3,821	0	0	5.00
6.00	90.00	CLINIC	0	0	935	0	5,847	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	90.00	CLINIC	0	0	0	0	0	10.00
200.00			76,088	3,804	26,640	401	37,748	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	60.00	LABORATORY	1,069	77,558	0	667,765		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	450,255		2.00
3.00	91.00	EMERGENCY	0	0	0	0		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,074,813		4.00
5.00	65.00	RESPIRATORY THERAPY	0	0	0	4,901		5.00
6.00	90.00	CLINIC	0	0	0	2,298,573		6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	25,190		7.00
8.00	60.00	LABORATORY	0	0	0	77,668		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	-5,800		9.00
10.00	90.00	CLINIC	0	0	0	1,888,048		10.00
200.00			1,069	77,558	0	6,481,413		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	CAP REL	CAP REL	CAP REL	
					COSTS-HOSPITAL	COSTS-HSB I	COSTS-HSB II	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00101	CAP REL COSTS-HOSPITAL	4,373,133	0	4,373,133			1.01
1.02	00102	CAP REL COSTS-HSB I	46,580	0	0	46,580		1.02
1.03	00103	CAP REL COSTS-HSB II	451,592	0	0	0	451,592	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	53,500	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	1,214	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	9,068	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-MAB	53,006	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	28,237	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	193,069	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,025,682	0	37,267	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,383,646	0	280,542	10,045	175,348	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,990,678	0	175,930	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	174,048	0	0	9,511	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	131,307	0	0	0	51,392	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	13,809	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	19,882	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	9,517	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	19,323	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	143,934	0	69,994	0	0	8.00
9.00	00900	HOUSEKEEPING	1,050,806	0	73,777	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	164,405	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	94,627	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	12,550	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	8,785	0	0	0	0	9.04
10.00	01000	DIETARY	176,061	0	53,157	0	0	10.00
11.00	01100	CAFETERIA	795,817	0	75,669	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	385,500	0	13,999	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	485,088	0	138,474	0	0	14.00
15.00	01500	PHARMACY	2,770,053	0	25,992	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	655,323	0	29,322	0	0	16.00
17.00	01700	SOCIAL SERVICE	343,518	0	17,026	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,798,603	0	1,019,261	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	828,425	0	69,237	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	378,583	0	18,728	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,605,661	0	719,611	1,679	0	50.00
51.00	05100	RECOVERY ROOM	540,614	0	49,185	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	343,796	0	32,159	0	0	52.00
53.00	05300	ANESTHESIOLOGY	108,148	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,880,132	0	305,248	0	0	54.00
57.00	05700	CT SCAN	198,728	0	12,675	0	0	57.00
58.00	05800	MRI	501,001	0	9,459	0	0	58.00
60.00	06000	LABORATORY	3,180,628	0	149,351	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	235,380	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,015,459	0	93,148	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,671,703	0	107,715	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	221,016	0	6,659	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	74,013	0	19,371	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	768,850	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	579,422	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	269,807	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	694,937	0	0	2,100	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	380,333	0	58,870	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	547,578	0	0	0	0	88.00
90.00	09000	CLINIC	1,893,802	0	0	5,871	127,793	90.00
91.00	09100	EMERGENCY	1,714,033	0	309,429	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	217,310	0	64,205	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,628,963	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
		0	1.00	1.01	1.02	1.03		
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00	
116.00	11600	HOSPICE	1,056,289	0	0	0	0 116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	59,396,972	0	4,035,460	29,206	354,533 118.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	12,519	0 192.00	
194.00	07950	DAY HEALTH	0	0	0	2,701	0 194.00	
194.01	07962	OUTREACH	149,389	0	0	197	0 194.01	
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02	
194.03	07952	FUND DEVELOPMENT	286,444	0	49,185	0	0 194.03	
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04	
194.05	07954	PHYSICIAN SUPPORT	511,570	0	0	0	0 194.05	
194.06	07955	HOSPITALITY HOUSE	22,606	0	0	0	0 194.06	
194.07	07956	HSK DIALYSIS	12,550	0	0	0	0 194.07	
194.08	07957	LEASED SALARIES	0	0	0	0	0 194.08	
194.09	07958	VISITING PHYSICIANS	75,304	0	0	0	0 194.09	
194.10	07959	FARM LAND	3,470	0	189,172	0	0 194.10	
194.11	07963	CONVENIENCE CARE CLINIC	0	0	14,188	0	0 194.11	
194.12	07960	MMG-PHYSICIAN OFFICES	3,418,954	0	85,128	1,957	97,059 194.12	
194.13	07961	VALET PARKING SERVICE	65,734	0	0	0	0 194.13	
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0 194.14	
194.15	07965	ASSISTED LIVING	102,646	0	0	0	0 194.15	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers		0	0	0	0 201.00	
202.00		TOTAL (sum lines 118 through 201)	64,045,639	0	4,373,133	46,580	451,592 202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITAL ITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT	53,500					1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	1,214				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	9,068			1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	53,006		1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	28,237	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	14,118	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL 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
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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	53,500	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						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	7,730	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	7,730	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITAL ITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
		1.04	1.05	1.06	1.07	1.08	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	53,500	0	0	15,400	14,118	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	22,086	0	192.00
194.00	07950 DAY HEALTH	0	0	0	0	0	194.00
194.01	07962 OUTREACH	0	0	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	9,068	0	0	194.06
194.07	07956 HSK DIALYSIS	0	1,214	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	6,626	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	8,834	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	0	0	0	0	14,119	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965 ASSISTED LIVING	0	0	0	0	0	194.15
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)	53,500	1,214	9,068	53,006	28,237	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10	4.00	4A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	193,069				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	8,062,949			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	1,449,700	13,313,399	13,313,399	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	129,194	2,295,802	602,476	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	6,263	189,822	49,814	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	5,055	187,754	49,271	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	270	14,079	3,695	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	528	20,410	5,356	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	403	9,920	2,603	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	491	19,814	5,200	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	213,928	56,140	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,124,583	295,119	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	164,405	43,144	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	94,627	24,832	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	12,550	3,293	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	8,785	2,305	9.04
10.00	01000	DIETARY	0	0	0	229,218	60,153	10.00
11.00	01100	CAFETERIA	0	0	0	871,486	228,700	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	109,328	508,827	133,529	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	82,505	706,067	185,290	14.00
15.00	01500	PHARMACY	0	0	189,662	2,985,707	783,524	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	97,713	782,358	205,310	16.00
17.00	01700	SOCIAL SERVICE	0	0	96,511	457,055	119,943	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	716,077	4,533,941	1,189,810	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	222,553	1,120,215	293,972	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	107,678	504,989	132,522	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	295,532	2,622,483	688,205	50.00
51.00	05100	RECOVERY ROOM	0	0	146,193	735,992	193,143	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	97,784	473,739	124,321	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,472	113,620	29,817	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	317,882	2,503,262	656,919	54.00
57.00	05700	CT SCAN	0	0	21,472	232,875	61,112	57.00
58.00	05800	MRI	0	0	0	510,460	133,957	58.00
60.00	06000	LABORATORY	0	0	500,830	3,830,809	1,005,300	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	235,380	61,770	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	218,690	1,327,297	348,316	65.00
66.00	06600	PHYSICAL THERAPY	0	43,429	464,291	2,340,638	614,242	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	61,213	288,888	75,811	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	10,424	103,808	27,242	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	768,850	201,765	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	579,422	152,055	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	182	269,989	70,852	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	192,031	889,068	233,314	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	84,530	523,733	137,441	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	149,640	137,469	834,687	219,043	88.00
90.00	09000	CLINIC	0	0	649,482	2,676,948	702,498	90.00
91.00	09100	EMERGENCY	0	0	265,804	2,289,266	600,761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	14,585	296,100	77,704	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	392,229	2,028,922	532,440	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	158,334	1,222,353	320,776	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	193,069	7,248,360	58,068,330	11,744,805	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	34,605	9,081	192.00
194.00	07950	DAY HEALTH	0	0	0	2,701	709	194.00
194.01	07962	OUTREACH	0	0	42,851	192,437	50,500	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	38,331	373,960	98,136	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	5,849	517,419	135,784	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	182	31,856	8,360	194.06
194.07	07956	HSK DIALYSIS	0	0	0	13,764	3,612	194.07
194.08	07957	LEASED SALARIES	0	0	0	6,626	1,739	194.08
194.09	07958	VISITING PHYSICIANS	0	0	21,164	105,302	27,634	194.09
194.10	07959	FARM LAND	0	0	0	192,642	50,554	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	14,188	3,723	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	661,100	4,278,317	1,122,737	194.12
194.13	07961	VALET PARKING SERVICE	0	0	18,123	83,857	22,006	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	26,989	129,635	34,019	194.15
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)	0	193,069	8,062,949	64,045,639	13,313,399	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
		6.00	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	2,898,278				6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	239,636			6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	237,025		6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	17,774	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	52,292	0	0	0	8.00
9.00	00900	HOUSEKEEPING	55,119	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	9.04
10.00	01000	DIETARY	39,714	0	0	0	10.00
11.00	01100	CAFETERIA	56,532	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	10,458	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	103,453	0	0	0	14.00
15.00	01500	PHARMACY	19,419	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,906	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	12,720	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	761,484	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	51,727	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	13,992	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	537,618	14,887	0	0	50.00
51.00	05100	RECOVERY ROOM	36,746	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,026	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	228,050	0	0	0	54.00
57.00	05700	CT SCAN	9,469	0	0	0	57.00
58.00	05800	MRI	7,066	0	0	0	58.00
60.00	06000	LABORATORY	111,580	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	69,591	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	80,473	0	0	17,774	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,975	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,472	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	18,619	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	43,982	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00	09000	CLINIC	0	52,058	134,712	0	90.00
91.00	09100	EMERGENCY	231,173	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	47,967	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	3,758	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	3,758	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,646,004	85,564	134,712	17,774	7,516

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	111,020	0	0	10,735	192.00
194.00	07950	DAY HEALTH	0	23,955	0	0	0	194.00
194.01	07962	OUTREACH	0	1,747	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	36,746	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	3,221	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	4,294	194.09
194.10	07959	FARM LAND	141,330	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	10,600	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	63,598	17,350	102,313	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,898,278	239,636	237,025	17,774	25,766	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNELL LL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB	
		6.05	6.06	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	12,523				6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	25,014			6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	322,360		8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,474,821	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	207,549
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	129,791	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,445	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	18,269	26,669	14.00
15.00	01500	PHARMACY	0	0	0	11,557	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,334	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	8,001	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	86,665	441,824	0
31.00	03100	INTENSIVE CARE UNIT	0	0	2,505	75,563	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	32,586	105,789	12,894
51.00	05100	RECOVERY ROOM	0	0	31,936	60,451	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	27,315	61,340	0
57.00	05700	CT SCAN	0	0	0	2,667	0
58.00	05800	MRI	0	0	3,251	0	0
60.00	06000	LABORATORY	0	0	3,001	80,008	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	5,580	38,226	0
66.00	06600	PHYSICAL THERAPY	0	5,627	22,717	101,344	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,976	10,668	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,667	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	16,126
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	10	8,890	0
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	19,387	0	0	0
90.00	09000	CLINIC	0	0	0	12,446	45,087
91.00	09100	EMERGENCY	0	0	81,820	272,917	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	1,930	4,445	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	1,186	889	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	25,014	321,747	1,465,931	74,107

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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNE LL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-H SB	
			6.05	6.06	8.00	9.00	9.01	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	96,155	192.00
194.00	07950	DAY HEALTH	0	0	0	0	20,747	194.00
194.01	07962	OUTREACH	0	0	0	4,445	1,513	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	4,445	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	12,523	0	613	0	15,027	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	12,523	25,014	322,360	1,474,821	207,549	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:
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Cost Center Description		HOUSEKEEPING-HSB	HOUSEKEEPING-ORTH	HOUSEKEEPING-MAB	DIETARY	CAFETERIA	
		B II	RTHO	AB			
		9.02	9.03	9.04	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II	119,459				9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	15,843			9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	11,090		9.04
10.00	01000	DIETARY	0	0	0	458,876	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	374,892	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	83,984	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	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
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00	09000	CLINIC	67,894	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,617	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	1,617	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	67,894	0	3,234	458,876	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			HOUSEKEEPING-HS	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA	
			B II	RTHO	AB			
			9.02	9.03	9.04	10.00	11.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,622	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	5,964	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	7,879	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	596	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	1,386	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	1,848	0	3,390	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	51,565	15,843	0	0	97,094	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	7,408	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	6,404	194.15
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	119,459	15,843	11,090	458,876	1,156,718	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:
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To 06/30/2020Worksheet B
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	670,287					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,580	1,069,728				14.00
15.00	01500	PHARMACY	0	6,054	3,831,531			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,917	0	1,042,974		16.00
17.00	01700	SOCIAL SERVICE	0	505	0	0	612,727	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	243,054	36,314	0	656,284	431,865	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,898	0	0	79,417	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	221,970	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	118,335	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	5,191	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	201,683	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	8,116	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,205	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	200	0	0	0	58.00
60.00	06000	LABORATORY	0	274,811	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,002	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,144	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,477	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	820	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	398	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	220,137	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	171,844	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	80,019	3,831,531	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	835	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	3,235	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	3,238	0	0	0	88.00
90.00	09000	CLINIC	0	32,243	0	0	0	90.00
91.00	09100	EMERGENCY	0	32,586	0	386,690	10,434	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	175	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	4,637	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,458	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	670,287	1,050,794	3,831,531	1,042,974	521,716	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	1,848	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	1,129	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	14	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	139	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	259	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	15,077	0	0	91,011	194.12
194.13	07961	VALET PARKING SERVICE	0	53	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	415	0	0	0	194.15
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)	670,287	1,069,728	3,831,531	1,042,974	612,727	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2019
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Cost Center Description		NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-HOSPITAL				1.01
1.02	00102	CAP REL COSTS-HSB I				1.02
1.03	00103	CAP REL COSTS-HSB II				1.03
1.04	00104	CAP REL COSTS-REHAB CNT				1.04
1.05	00105	CAP REL COSTS-DIAYSIS				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE				1.06
1.07	00107	CAP REL COSTS-MAB				1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG				1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN				1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II				6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC				6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB				6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG				6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL				6.06
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-HSB				9.01
9.02	00902	HOUSEKEEPING-HSB II				9.02
9.03	00903	HOUSEKEEPING-ORTHO				9.03
9.04	00904	HOUSEKEEPING-MAB				9.04
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	12,902			19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	8,895,606	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,751,561	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	0	890,268	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	4,180,104	0	50.00
51.00	05100	RECOVERY ROOM	0	1,087,034	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	839,025	0	52.00
53.00	05300	ANESTHESIOLOGY	12,902	168,348	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,540,726	0	54.00
57.00	05700	CT SCAN	0	309,953	0	57.00
58.00	05800	MRI	0	654,934	0	58.00
60.00	06000	LABORATORY	0	5,403,702	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	307,152	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,835,237	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,256,031	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	392,990	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	150,659	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,190,752	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	903,321	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,252,422	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,199,054	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	732,296	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	1,076,355	0	88.00
90.00	09000	CLINIC	0	3,887,028	0	90.00
91.00	09100	EMERGENCY	0	3,959,138	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	430,927	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,632,274	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE		1,576,518	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			19.00	24.00	25.00	26.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,902	55,503,415	0	55,503,415		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	266,218	0	266,218		192.00
194.00	07950	DAY HEALTH	0	48,112	0	48,112		194.00
194.01	07962	OUTREACH	0	258,454	0	258,454		194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0		194.02
194.03	07952	FUND DEVELOPMENT	0	517,850	0	517,850		194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0		194.04
194.05	07954	PHYSICIAN SUPPORT	0	653,799	0	653,799		194.05
194.06	07955	HOSPITALITY HOUSE	0	40,230	0	40,230		194.06
194.07	07956	HSK DIALYSIS	0	17,376	0	17,376		194.07
194.08	07957	LEASED SALARIES	0	17,417	0	17,417		194.08
194.09	07958	VISITING PHYSICIANS	0	142,607	0	142,607		194.09
194.10	07959	FARM LAND	0	384,526	0	384,526		194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	28,770	0	28,770		194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	5,883,068	0	5,883,068		194.12
194.13	07961	VALET PARKING SERVICE	0	113,324	0	113,324		194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0		194.14
194.15	07965	ASSISTED LIVING	0	170,473	0	170,473		194.15
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)	12,902	64,045,639	0	64,045,639		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	CAP REL	CAP REL	CAP REL	
					COSTS-HOSPITAL	COSTS-HSB I	COSTS-HSB II	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	37,267	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	280,542	10,045	175,348	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	175,930	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	9,511	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	51,392	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	69,994	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	73,777	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	53,157	0	0	10.00
11.00	01100	CAFETERIA	0	0	75,669	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	13,999	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	138,474	0	0	14.00
15.00	01500	PHARMACY	0	0	25,992	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	29,322	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	17,026	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,019,261	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	69,237	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	18,728	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	719,611	1,679	0	50.00
51.00	05100	RECOVERY ROOM	0	0	49,185	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	32,159	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	305,248	0	0	54.00
57.00	05700	CT SCAN	0	0	12,675	0	0	57.00
58.00	05800	MRI	0	0	9,459	0	0	58.00
60.00	06000	LABORATORY	0	0	149,351	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	93,148	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	107,715	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,659	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	19,371	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,100	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	58,870	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	5,871	127,793	90.00
91.00	09100	EMERGENCY	0	0	309,429	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	64,205	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
				1.00	1.01	1.02	1.03	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	4,035,460	29,206	354,533	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	12,519	0	192.00
194.00	07950	DAY HEALTH	0	0	0	2,701	0	194.00
194.01	07962	OUTREACH	0	0	0	197	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	49,185	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	189,172	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	14,188	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	85,128	1,957	97,059	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	4,373,133	46,580	451,592	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL	CAP REL	CAP REL	CAP REL	CAP REL	
			COSTS-REHAB CNT	COSTS-DIAYSIS	COSTS-HOSPITALITY HOUSE	COSTS-MAB	COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	14,118	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL 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
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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	53,500	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						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	7,730	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	7,730	0	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITAL ITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
		1.04	1.05	1.06	1.07	1.08	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	53,500	0	0	15,400	14,118	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	22,086	0	192.00
194.00	07950 DAY HEALTH	0	0	0	0	0	194.00
194.01	07962 OUTREACH	0	0	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	9,068	0	0	194.06
194.07	07956 HSK DIALYSIS	0	1,214	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	6,626	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	8,834	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	0	0	0	0	14,119	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965 ASSISTED LIVING	0	0	0	0	0	194.15
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	53,500	1,214	9,068	53,006	28,237	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10				
			2A	4.00	5.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	37,267	37,267		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	480,053	6,692	486,745	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	175,930	597	22,026	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	9,511	29	1,821	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	51,392	23	1,801	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	1	135	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	2	196	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	2	95	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	2	190	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	69,994	0	2,052	8.00
9.00	00900	HOUSEKEEPING	0	0	73,777	0	10,789	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	1,577	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	908	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	120	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	84	9.04
10.00	01000	DIETARY	0	0	53,157	0	2,199	10.00
11.00	01100	CAFETERIA	0	0	75,669	0	8,361	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	13,999	505	4,882	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	138,474	381	6,774	14.00
15.00	01500	PHARMACY	0	0	25,992	877	28,645	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	29,322	452	7,506	16.00
17.00	01700	SOCIAL SERVICE	0	0	17,026	446	4,385	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,019,261	3,311	43,521	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	69,237	1,029	10,747	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	18,728	498	4,845	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	721,290	1,366	25,160	50.00
51.00	05100	RECOVERY ROOM	0	0	49,185	676	7,061	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	32,159	452	4,545	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	25	1,090	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	305,248	1,470	24,016	54.00
57.00	05700	CT SCAN	0	0	12,675	99	2,234	57.00
58.00	05800	MRI	0	0	9,459	0	4,897	58.00
60.00	06000	LABORATORY	0	0	149,351	2,316	36,753	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,258	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	93,148	1,011	12,734	65.00
66.00	06600	PHYSICAL THERAPY	0	43,429	204,644	2,147	22,456	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,659	283	2,772	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	19,371	48	996	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,376	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1	2,590	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,100	888	8,530	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	58,870	391	5,025	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	149,640	149,640	636	8,008	88.00
90.00	09000	CLINIC	0	0	133,664	3,003	25,683	90.00
91.00	09100	EMERGENCY	0	0	309,429	1,229	21,963	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	64,205	67	2,841	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	7,730	1,813	19,465	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	7,730	732	11,727	116.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	193,069	4,695,346	33,500	429,398	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	34,605	0	332	192.00
194.00	07950	DAY HEALTH	0	0	2,701	0	26	194.00
194.01	07962	OUTREACH	0	0	197	198	1,846	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	49,185	177	3,588	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	27	4,964	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	9,068	1	306	194.06
194.07	07956	HSK DIALYSIS	0	0	1,214	0	132	194.07
194.08	07957	LEASED SALARIES	0	0	6,626	0	64	194.08
194.09	07958	VISITING PHYSICIANS	0	0	8,834	98	1,010	194.09
194.10	07959	FARM LAND	0	0	189,172	0	1,848	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	14,188	0	136	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	198,263	3,057	41,046	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	84	805	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	125	1,244	194.15
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)	0	193,069	5,209,399	37,267	486,745	202.00

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Cost Center Description		MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
		6.00	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	198,553				6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	11,361			6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	53,216		6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	136	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	198 6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	3,582	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,776	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	9.04
10.00	01000	DIETARY	2,721	0	0	0	10.00
11.00	01100	CAFETERIA	3,873	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	716	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,087	0	0	0	14.00
15.00	01500	PHARMACY	1,330	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,501	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	871	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	52,169	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,544	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	959	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,831	706	0	0	50.00
51.00	05100	RECOVERY ROOM	2,517	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,646	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,623	0	0	0	54.00
57.00	05700	CT SCAN	649	0	0	0	57.00
58.00	05800	MRI	484	0	0	0	58.00
60.00	06000	LABORATORY	7,644	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,767	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,513	0	0	136	66.00
67.00	06700	OCCUPATIONAL THERAPY	341	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	991	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	883	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	3,013	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00	09000	CLINIC	0	2,468	30,245	0	90.00
91.00	09100	EMERGENCY	15,837	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,286	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	29 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	29 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	181,271	4,057	30,245	136	58 118.00

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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,262	0	0	82	192.00
194.00	07950	DAY HEALTH	0	1,136	0	0	0	194.00
194.01	07962	OUTREACH	0	83	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	2,517	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	25	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	33	194.09
194.10	07959	FARM LAND	9,682	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	726	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	4,357	823	22,971	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	198,553	11,361	53,216	136	198	202.00

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Cost Center Description		MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNELL LL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB	
		6.05	6.06	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	97				6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	192			6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	75,628		8.00
9.00	00900	HOUSEKEEPING	0	0	0	88,342	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	1,577
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0
10.00	01000	DIETARY	0	0	0	7,775	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	266	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,286	1,598	0
15.00	01500	PHARMACY	0	0	0	692	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	320	0
17.00	01700	SOCIAL SERVICE	0	0	0	479	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	20,332	26,463	0
31.00	03100	INTENSIVE CARE UNIT	0	0	588	4,526	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	7,645	6,337	98
51.00	05100	RECOVERY ROOM	0	0	7,493	3,621	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	6,408	3,674	0
57.00	05700	CT SCAN	0	0	0	160	0
58.00	05800	MRI	0	0	763	0	0
60.00	06000	LABORATORY	0	0	704	4,793	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	1,309	2,290	0
66.00	06600	PHYSICAL THERAPY	0	43	5,330	6,071	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	698	639	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	160	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	123
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	2	533	0
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	149	0	0	0
90.00	09000	CLINIC	0	0	0	746	343
91.00	09100	EMERGENCY	0	0	19,195	16,348	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	453	266	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	278	53	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	192	75,484	87,810	564

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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNE LL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-H SB	
			6.05	6.06	8.00	9.00	9.01	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	730	192.00
194.00	07950	DAY HEALTH	0	0	0	0	158	194.00
194.01	07962	OUTREACH	0	0	0	266	11	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	266	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	97	0	144	0	114	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	97	192	75,628	88,342	1,577	202.00

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Cost Center Description		HOUSEKEEPING-HSB	HOUSEKEEPING-ORTH	HOUSEKEEPING-MAB	DIETARY	CAFETERIA	
		B II	RTHO	AB			
		9.02	9.03	9.04	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II	908				9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	120			9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	84		9.04
10.00	01000	DIETARY	0	0	0	65,852	10.00
11.00	01100	CAFETERIA	0	0	0	0	87,903
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	990
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,006
15.00	01500	PHARMACY	0	0	0	0	1,920
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,987
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,102
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	980
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	53,800	10,599
31.00	03100	INTENSIVE CARE UNIT	0	0	0	12,052	2,605
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	1,276
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	3,595
51.00	05100	RECOVERY ROOM	0	0	0	0	1,792
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,159
53.00	05300	ANESTHESIOLOGY	0	0	0	0	296
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,848
57.00	05700	CT SCAN	0	0	0	0	291
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	7,462
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	2,970
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,072
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	673
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	157
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	3,123
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	1,140
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
90.00	09000	CLINIC	516	0	0	0	12,399
91.00	09100	EMERGENCY	0	0	0	0	4,065
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	198
101.00	10100	HOME HEALTH AGENCY	0	0	12	0	4,628
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	0	12	0	1,784
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	516	0	24	65,852	78,119
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			HOUSEKEEPING-HS	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA	
			B II	RTHO	AB			
			9.02	9.03	9.04	10.00	11.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	35	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	453	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	599	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	45	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	11	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	14	0	258	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	392	120	0	0	7,379	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	563	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	487	194.15
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)	908	120	84	65,852	87,903	202.00

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	21,358					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	114	160,720				14.00
15.00	01500	PHARMACY	0	910	60,366			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	288	0	41,376		16.00
17.00	01700	SOCIAL SERVICE	0	76	0	0	24,385	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,745	5,456	0	26,036	17,187	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,487	0	0	3,161	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	7,073	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	17,779	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	780	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,426	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,219	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,984	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	30	0	0	0	58.00
60.00	06000	LABORATORY	0	41,291	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,503	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,073	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	973	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	123	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	60	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	33,074	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,818	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,022	60,366	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	125	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	486	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	486	0	0	0	88.00
90.00	09000	CLINIC	0	4,844	0	0	0	90.00
91.00	09100	EMERGENCY	0	4,896	0	15,340	415	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	26	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	697	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	369	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,358	157,875	60,366	41,376	20,763	118.00

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0192.00
194.00	07950	DAY HEALTH	0	0	0	0	0194.00
194.01	07962	OUTREACH	0	278	0	0	0194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0194.02
194.03	07952	FUND DEVELOPMENT	0	170	0	0	0194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0194.05
194.06	07955	HOSPITALITY HOUSE	0	2	0	0	0194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0194.08
194.09	07958	VISITING PHYSICIANS	0	21	0	0	0194.09
194.10	07959	FARM LAND	0	0	0	0	0194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	39	0	0	0194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	2,265	0	0	3,6220194.12
194.13	07961	VALET PARKING SERVICE	0	8	0	0	0194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0194.14
194.15	07965	ASSISTED LIVING	0	62	0	0	0194.15
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	21,358	160,720	60,366	41,376	24,385202.00

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Cost Center Description		NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-HOSPITAL				1.01
1.02	00102	CAP REL COSTS-HSB I				1.02
1.03	00103	CAP REL COSTS-HSB II				1.03
1.04	00104	CAP REL COSTS-REHAB CNT				1.04
1.05	00105	CAP REL COSTS-DIAYSIS				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE				1.06
1.07	00107	CAP REL COSTS-MAB				1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG				1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN				1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II				6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC				6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB				6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG				6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL				6.06
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-HSB				9.01
9.02	00902	HOUSEKEEPING-HSB II				9.02
9.03	00903	HOUSEKEEPING-ORTHO				9.03
9.04	00904	HOUSEKEEPING-MAB				9.04
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	980			19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,285,880	0	1,285,880	30.00
31.00	03100	INTENSIVE CARE UNIT	108,976	0	108,976	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	33,379	0	33,379	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	820,807	0	820,807	50.00
51.00	05100	RECOVERY ROOM	73,125	0	73,125	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	46,387	0	46,387	52.00
53.00	05300	ANESTHESIOLOGY	2,630	0	2,630	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	362,271	0	362,271	54.00
57.00	05700	CT SCAN	16,108	0	16,108	57.00
58.00	05800	MRI	15,633	0	15,633	58.00
60.00	06000	LABORATORY	250,314	0	250,314	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,761	0	3,761	63.00
65.00	06500	RESPIRATORY THERAPY	119,302	0	119,302	65.00
66.00	06600	PHYSICAL THERAPY	252,385	0	252,385	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,188	0	12,188	67.00
68.00	06800	SPEECH PATHOLOGY	21,783	0	21,783	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,450	0	40,450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,377	0	31,377	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,981	0	74,981	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	15,772	0	15,772	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	69,460	0	69,460	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	158,919	0	158,919	88.00
90.00	09000	CLINIC	213,911	0	213,911	90.00
91.00	09100	EMERGENCY	408,717	0	408,717	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	71,342	0	71,342	95.00
101.00	10100	HOME HEALTH AGENCY	34,374	0	34,374	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	22,714	0	22,714	116.00

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Cost Center Description		NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		19.00	24.00	25.00	26.00		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	4,566,946	0	4,566,946		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0		190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES		41,046	0	41,046		192.00
194.00	07950 DAY HEALTH		4,021	0	4,021		194.00
194.01	07962 OUTREACH		3,332	0	3,332		194.01
194.02	07951 OCCUPATIONAL MEDICINE		0	0	0		194.02
194.03	07952 FUND DEVELOPMENT		56,236	0	56,236		194.03
194.04	07953 OUTSIDE LAUNDRY		0	0	0		194.04
194.05	07954 PHYSICIAN SUPPORT		5,036	0	5,036		194.05
194.06	07955 HOSPITALITY HOUSE		9,377	0	9,377		194.06
194.07	07956 HSK DIALYSIS		1,346	0	1,346		194.07
194.08	07957 LEASED SALARIES		6,992	0	6,992		194.08
194.09	07958 VISITING PHYSICIANS		10,268	0	10,268		194.09
194.10	07959 FARM LAND		200,702	0	200,702		194.10
194.11	07963 CONVENIENCE CARE CLINIC		15,089	0	15,089		194.11
194.12	07960 MMG-PHYSICIAN OFFICES		284,650	0	284,650		194.12
194.13	07961 VALET PARKING SERVICE		1,460	0	1,460		194.13
194.14	07964 PAIN MANAGEMENT JOINT VENTURE		0	0	0		194.14
194.15	07965 ASSISTED LIVING		1,918	0	1,918		194.15
200.00	Cross Foot Adjustments	980	980	0	980		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	980	5,209,399	0	5,209,399		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	CAP REL COSTS-HOSPITAL	0	231,172				1.01
1.02	00102	CAP REL COSTS-HSB I	0	0	60,540			1.02
1.03	00103	CAP REL COSTS-HSB II	0	0	0	44,727		1.03
1.04	00104	CAP REL COSTS-REHAB CNT	0	0	0	0	4,300	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,970	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	14,830	13,055	17,367	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	9,300	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	12,362	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	5,090	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,700	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	3,900	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	2,810	0	0	0	10.00
11.00	01100	CAFETERIA	0	4,000	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	740	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,320	0	0	0	14.00
15.00	01500	PHARMACY	0	1,374	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,550	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	900	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	53,880	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,660	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	990	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	38,040	2,182	0	0	50.00
51.00	05100	RECOVERY ROOM	0	2,600	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,700	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,136	0	0	0	54.00
57.00	05700	CT SCAN	0	670	0	0	0	57.00
58.00	05800	MRI	0	500	0	0	0	58.00
60.00	06000	LABORATORY	0	7,895	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,924	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,694	0	0	4,300	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	352	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,024	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,729	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	3,112	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	7,630	12,657	0	90.00
91.00	09100	EMERGENCY	0	16,357	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,394	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)	
			1.00	1.01	1.02	1.03	1.04	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	213,322	37,958	35,114	4,300	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	16,272	0	0	192.00
194.00	07950	DAY HEALTH	0	0	3,511	0	0	194.00
194.01	07962	OUTREACH	0	0	256	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	2,600	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	10,000	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	750	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	4,500	2,543	9,613	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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	4,373,133	46,580	451,592	53,500	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	18.917226	0.769409	10.096631	12.441860	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-DIAYSIS (PER CENT)	CAP REL COSTS-HOSPITAL ITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	
			1.05	1.06	1.07	1.08	1.09	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS	1,656					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	2,160				1.06
1.07	00107	CAP REL COSTS-MAB	0	0	7,200			1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	9,172		1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	4,586	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL 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
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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,050	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-DIALYSIS (PER CENT)	CAP REL COSTS-HOSPITAL ITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	
			1.05	1.06	1.07	1.08	1.09	
116.00	11600	HOSPICE	0	0	1,050	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	2,100	4,586	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,000	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	2,160	0	0	0	194.06
194.07	07956	HSK DIALYSIS	1,656	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	900	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	1,200	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	4,586	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	1,214	9,068	53,006	28,237	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.733092	4.198148	7.361944	3.078609	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL			In Lieu of Form CMS-2552-10		
COST ALLOCATION - STATISTICAL BASIS				Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet B-1 Date/Time Prepared: 1/28/2021 12:19 pm	
Cost Center Description		CAPITAL RELATED COSTS BUSHNELL OFFICE BLDG (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		1.10	4.00	5A	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	5,806				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	28,348,237			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	5,096,938	-13,313,399	50,732,240	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	454,228	0	2,295,802	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	22,019	0	189,822	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	17,772	0	187,754	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	950	0	14,079	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	1,858	0	20,410	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	1,416	0	9,920	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	1,728	0	19,814	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	213,928	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,124,583	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	164,405	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	94,627	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	12,550	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	8,785	9.04
10.00	01000	DIETARY	0	0	0	229,218	10.00
11.00	01100	CAFETERIA	0	0	0	871,486	11.00
13.00	01300	NURSING ADMINISTRATION	0	384,384	0	508,827	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	290,075	0	706,067	14.00
15.00	01500	PHARMACY	0	666,827	0	2,985,707	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	343,545	0	782,358	16.00
17.00	01700	SOCIAL SERVICE	0	339,320	0	457,055	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,517,630	0	4,533,941	30.00
31.00	03100	INTENSIVE CARE UNIT	0	782,467	0	1,120,215	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	378,583	0	504,989	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,039,051	0	2,622,483	50.00
51.00	05100	RECOVERY ROOM	0	513,996	0	735,992	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	343,796	0	473,739	52.00
53.00	05300	ANESTHESIOLOGY	0	19,240	0	113,620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,117,629	0	2,503,262	54.00
57.00	05700	CT SCAN	0	75,491	0	232,875	57.00
58.00	05800	MRI	0	0	0	510,460	58.00
60.00	06000	LABORATORY	0	1,760,850	0	3,830,809	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	235,380	63.00
65.00	06500	RESPIRATORY THERAPY	0	768,884	0	1,327,297	65.00
66.00	06600	PHYSICAL THERAPY	1,306	1,632,385	0	2,340,638	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	215,218	0	288,888	67.00
68.00	06800	SPEECH PATHOLOGY	0	36,651	0	103,808	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	768,850	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	579,422	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	639	0	269,989	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	675,156	0	889,068	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	297,196	0	523,733	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	4,500	483,323	0	834,687	88.00
90.00	09000	CLINIC	0	2,283,490	0	2,676,948	90.00
91.00	09100	EMERGENCY	0	934,530	0	2,289,266	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	51,278	0	296,100	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,379,024	0	2,028,922	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		CAPITAL RELATED COSTS BUSHNELL OFFICE BLDG (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		1.10	4.00	5A	5.00	6.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	556,681	0	1,222,353	0116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,806	25,484,248	-13,313,399	44,754,931	187,222118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	34,605	0192.00
194.00	07950	DAY HEALTH	0	0	0	2,701	0194.00
194.01	07962	OUTREACH	0	150,658	0	192,437	0194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0194.02
194.03	07952	FUND DEVELOPMENT	0	134,767	0	373,960	2,600194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0194.04
194.05	07954	PHYSICIAN SUPPORT	0	20,566	0	517,419	0194.05
194.06	07955	HOSPITALITY HOUSE	0	640	0	31,856	0194.06
194.07	07956	HSK DIALYSIS	0	0	0	13,764	0194.07
194.08	07957	LEASED SALARIES	0	0	0	6,626	0194.08
194.09	07958	VISITING PHYSICIANS	0	74,411	0	105,302	0194.09
194.10	07959	FARM LAND	0	0	0	192,642	10,000194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	14,188	750194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	2,324,339	0	4,278,317	4,500194.12
194.13	07961	VALET PARKING SERVICE	0	63,718	0	83,857	0194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0194.14
194.15	07965	ASSISTED LIVING	0	94,890	0	129,635	0194.15
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)	193,069	8,062,949		13,313,399	2,898,278202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	33.253359	0.284425	0.262425	14.132978	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		37,267	486,745	198,553	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.001315	0.009594	0.968211	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
		6.01	6.02	6.03	6.04	6.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	35,123				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	22,270			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	4,300		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	7,200	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,182	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
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,300	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,729	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00	09000	CLINIC	7,630	12,657	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,050	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	1,050	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,541	12,657	4,300	2,100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHOD BLDG (SQUARE FEET)	
		6.01	6.02	6.03	6.04	6.05	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,272	0	0	3,000	0192.00
194.00	07950	DAY HEALTH	3,511	0	0	0	0194.00
194.01	07962	OUTREACH	256	0	0	0	0194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0194.07
194.08	07957	LEASED SALARIES	0	0	0	900	0194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	1,200	0194.09
194.10	07959	FARM LAND	0	0	0	0	0194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0194.11
194.12	07960	MMG-PHYSICIAN OFFICES	2,543	9,613	0	0	4,586194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0194.15
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)	239,636	237,025	17,774	25,766	12,523202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.822766	10.643242	4.133488	3.578611	2.730702203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	11,361	53,216	136	198	97204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.323463	2.389582	0.031628	0.027500	0.021151205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		MAINTENANCE & REPAIRS-BUSHNELL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-HSB (SQUARE FEET)	HOUSEKEEPING-HSB II (SQUARE FEET)	
		6.06	8.00	9.00	9.01	9.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	5,806				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	220,953			8.00
9.00	00900	HOUSEKEEPING	0	0	1,659		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	35,123	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	146	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	5	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,522	30	0	14.00
15.00	01500	PHARMACY	0	0	13	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	6	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	9	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	59,402	497	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,717	85	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	22,335	119	2,182	50.00
51.00	05100	RECOVERY ROOM	0	21,890	68	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	18,722	69	0	54.00
57.00	05700	CT SCAN	0	0	3	0	57.00
58.00	05800	MRI	0	2,228	0	0	58.00
60.00	06000	LABORATORY	0	2,057	90	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,825	43	0	65.00
66.00	06600	PHYSICAL THERAPY	1,306	15,571	114	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,040	12	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,729	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	7	10	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	4,500	0	0	0	88.00
90.00	09000	CLINIC	0	0	14	7,630	90.00
91.00	09100	EMERGENCY	0	56,081	307	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	1,323	5	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	813	1	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,806	220,533	1,649	12,541	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		MAINTENANCE & REPAIRS-BUSHNE L (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-H SB (SQUARE FEET)	HOUSEKEEPING-H SB II (SQUARE FEET)	
		6.06	8.00	9.00	9.01	9.02	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	16,272	192.00
194.00	07950	DAY HEALTH	0	0	0	3,511	194.00
194.01	07962	OUTREACH	0	0	5	256	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	5	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	420	0	2,543	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	194.15
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)	25,014	322,360	1,474,821	207,549	119,459
203.00		Unit cost multiplier (Wkst. B, Part I)	4.308302	1.458953	888.981917	5.909205	5.364122
204.00		Cost to be allocated (per Wkst. B, Part II)	192	75,628	88,342	1,577	908
205.00		Unit cost multiplier (Wkst. B, Part II)	0.033069	0.342281	53.250151	0.044899	0.040772
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:

1/28/2021 12:19 pm

Cost Center Description			HOUSEKEEPING-THO (SQUARE FEET)	HOUSEKEEPING-M AB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSIN)	
			9.03	9.04	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO	4,586					9.03
9.04	00904	HOUSEKEEPING-MAB	0	7,200				9.04
10.00	01000	DIETARY	0	0	907			10.00
11.00	01100	CAFETERIA	0	0	0	36,848		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	415	1,685	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	841	9	14.00
15.00	01500	PHARMACY	0	0	0	805	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	833	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	462	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	411	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	741	4,443	611	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	166	1,092	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	535	558	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,507	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	751	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	486	507	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	124	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,613	0	54.00
57.00	05700	CT SCAN	0	0	0	122	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	3,128	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,245	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,126	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	282	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	66	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,309	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	478	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	5,197	0	90.00
91.00	09100	EMERGENCY	0	0	0	1,704	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	83	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,050	0	1,940	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,050	0	748	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,100	907	32,747	1,685	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		HOUSEKEEPING-0 THO (SQUARE FEET)	HOUSEKEEPING-M AB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSIN)	
		9.03	9.04	10.00	11.00	13.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,000	0	0	0192.00
194.00	07950	DAY HEALTH	0	0	0	0	0194.00
194.01	07962	OUTREACH	0	0	0	190	0194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	251	0194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	19	0194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0194.07
194.08	07957	LEASED SALARIES	0	900	0	0	0194.08
194.09	07958	VISITING PHYSICIANS	0	1,200	0	108	0194.09
194.10	07959	FARM LAND	0	0	0	0	0194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0194.11
194.12	07960	MMG-PHYSICIAN OFFICES	4,586	0	0	3,093	0194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	236	0194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0194.14
194.15	07965	ASSISTED LIVING	0	0	0	204	0194.15
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)	15,843	11,090	458,876	1,156,718	670,287 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.454645	1.540278	505.927233	31.391609	397.796439 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	120	84	65,852	87,903	21,358 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.026167	0.011667	72.604190	2.385557	12.675371 205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO					9.03
9.04	00904	HOUSEKEEPING-MAB					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,606,898				14.00
15.00	01500	PHARMACY	20,413	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,464	0	383		16.00
17.00	01700	SOCIAL SERVICE	1,704	0	0	1,057	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	122,444	0	241	745	30.00
31.00	03100	INTENSIVE CARE UNIT	33,375	0	0	137	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	399,000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	17,504	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	27,367	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,523	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	676	0	0	0	58.00
60.00	06000	LABORATORY	926,600	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	33,724	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	24,088	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	21,839	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,764	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,343	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	742,258	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	579,422	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	269,807	100	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,814	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	10,909	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	10,918	0	0	0	88.00
90.00	09000	CLINIC	108,716	0	0	0	90.00
91.00	09100	EMERGENCY	109,873	0	142	18	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	591	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	15,635	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	8,287	0	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,543,058	100	383	900	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 DAY HEALTH	0	0	0	0	0	194.00
194.01	07962 OUTREACH	6,230	0	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	3,808	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	48	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	468	0	0	0	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	872	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	50,838	0	0	157	0	194.12
194.13	07961 VALET PARKING SERVICE	178	0	0	0	0	194.13
194.14	07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965 ASSISTED LIVING	1,398	0	0	0	0	194.15
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)	1,069,728	3,831,531	1,042,974	612,727	12,902	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.296578	38,315.310000	2,723.169713	579.684957	129.020000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	160,720	60,366	41,376	24,385	980	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.044559	603.660000	108.031332	23.070009	9.800000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/28/2021 12:19 pm

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,895,606	8,895,606	0	8,895,606 30.00
31.00	03100	INTENSIVE CARE UNIT	1,751,561	1,751,561	0	1,751,561 31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0 40.00
43.00	04300	NURSERY	890,268	890,268	0	890,268 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,180,104	4,180,104	0	4,180,104 50.00
51.00	05100	RECOVERY ROOM	1,087,034	1,087,034	0	1,087,034 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	839,025	839,025	0	839,025 52.00
53.00	05300	ANESTHESIOLOGY	168,348	168,348	0	168,348 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,540,726	3,540,726	0	3,540,726 54.00
57.00	05700	CT SCAN	309,953	309,953	0	309,953 57.00
58.00	05800	MRI	654,934	654,934	0	654,934 58.00
60.00	06000	LABORATORY	5,403,702	5,403,702	0	5,403,702 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	307,152	307,152	0	307,152 63.00
65.00	06500	RESPIRATORY THERAPY	1,835,237	1,835,237	0	1,835,237 65.00
66.00	06600	PHYSICAL THERAPY	3,256,031	3,256,031	0	3,256,031 66.00
67.00	06700	OCCUPATIONAL THERAPY	392,990	392,990	0	392,990 67.00
68.00	06800	SPEECH PATHOLOGY	150,659	150,659	0	150,659 68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,190,752	1,190,752	0	1,190,752 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	903,321	903,321	0	903,321 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,252,422	4,252,422	0	4,252,422 73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,199,054	1,199,054	0	1,199,054 76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	732,296	732,296	0	732,296 76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0 76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	1,076,355	1,076,355	0	1,076,355 88.00
90.00	09000	CLINIC	3,887,028	3,887,028	0	3,887,028 90.00
91.00	09100	EMERGENCY	3,959,138	3,959,138	0	3,959,138 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,864,608	1,864,608	0	1,864,608 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	430,927	430,927	0	430,927 95.00
101.00	10100	HOME HEALTH AGENCY	2,632,274	2,632,274	0	2,632,274 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE	1,576,518	1,576,518	0	1,576,518 116.00
200.00		Subtotal (see instructions)	57,368,023	57,368,023	0	57,368,023 200.00
201.00		Less Observation Beds	1,864,608	1,864,608	0	1,864,608 201.00
202.00		Total (see instructions)	55,503,415	55,503,415	0	55,503,415 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/28/2021 12:19 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,413,698		8,413,698			30.00
31.00	03100	INTENSIVE CARE UNIT	3,938,762		3,938,762			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
43.00	04300	NURSERY	573,108		573,108			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,269,746	12,172,005	14,441,751	0.289446	0.000000	50.00
51.00	05100	RECOVERY ROOM	499,733	4,950,083	5,449,816	0.199463	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,188,006	0	1,188,006	0.706246	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	333,528	2,352,031	2,685,559	0.062686	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	416,029	5,729,059	6,145,088	0.576188	0.000000	54.00
57.00	05700	CT SCAN	1,040,458	14,109,895	15,150,353	0.020458	0.000000	57.00
58.00	05800	MRI	150,311	3,495,792	3,646,103	0.179626	0.000000	58.00
60.00	06000	LABORATORY	4,672,410	26,857,600	31,530,010	0.171383	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	720,951	1,063,358	1,784,309	0.172141	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	1,816,880	5,388,549	7,205,429	0.254702	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	550,106	6,065,229	6,615,335	0.492194	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	369,317	762,892	1,132,209	0.347100	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	92,766	177,306	270,072	0.557848	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,136,265	2,042,730	3,178,995	0.374569	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,088,673	894,538	1,983,211	0.455484	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,475,419	6,582,204	8,057,623	0.527751	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,442	1,307,600	1,312,042	0.913884	0.000000	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	7,435	660,714	668,149	1.096007	0.000000	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0.000000	0.000000	76.02
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	981,507	981,507			88.00
90.00	09000	CLINIC	0	4,627,868	4,627,868	0.839918	0.000000	90.00
91.00	09100	EMERGENCY	1,805,908	17,092,966	18,898,874	0.209491	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	216,844	1,158,946	1,375,790	1.355300	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,771,935	1,771,935			101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,358,368	1,358,368			116.00
200.00		Subtotal (see instructions)	32,780,795	121,603,175	154,383,970			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	32,780,795	121,603,175	154,383,970			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.289446		50.00
51.00	05100	RECOVERY ROOM	0.199463		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.706246		52.00
53.00	05300	ANESTHESIOLOGY	0.062686		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.576188		54.00
57.00	05700	CT SCAN	0.020458		57.00
58.00	05800	MRI	0.179626		58.00
60.00	06000	LABORATORY	0.171383		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.172141		63.00
65.00	06500	RESPIRATORY THERAPY	0.254702		65.00
66.00	06600	PHYSICAL THERAPY	0.492194		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.347100		67.00
68.00	06800	SPEECH PATHOLOGY	0.557848		68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.374569		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.455484		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.527751		73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.913884		76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.096007		76.01
76.02	03951	PAIN MANAGEMENT	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
90.00	09000	CLINIC	0.839918		90.00
91.00	09100	EMERGENCY	0.209491		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.355300		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/28/2021 12:19 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,895,606		8,895,606	0
31.00	03100	INTENSIVE CARE UNIT	1,751,561		1,751,561	0
40.00	04000	SUBPROVIDER - IPF	0		0	0
43.00	04300	NURSERY	890,268		890,268	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,180,104		4,180,104	0
51.00	05100	RECOVERY ROOM	1,087,034		1,087,034	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	839,025		839,025	0
53.00	05300	ANESTHESIOLOGY	168,348		168,348	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,540,726		3,540,726	0
57.00	05700	CT SCAN	309,953		309,953	0
58.00	05800	MRI	654,934		654,934	0
60.00	06000	LABORATORY	5,403,702		5,403,702	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	307,152		307,152	0
65.00	06500	RESPIRATORY THERAPY	1,835,237	0	1,835,237	0
66.00	06600	PHYSICAL THERAPY	3,256,031	0	3,256,031	0
67.00	06700	OCCUPATIONAL THERAPY	392,990	0	392,990	0
68.00	06800	SPEECH PATHOLOGY	150,659	0	150,659	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,190,752		1,190,752	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	903,321		903,321	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,252,422		4,252,422	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,199,054		1,199,054	0
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	732,296		732,296	0
76.02	03951	PAIN MANAGEMENT	0		0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	1,076,355		1,076,355	0
90.00	09000	CLINIC	3,887,028		3,887,028	0
91.00	09100	EMERGENCY	3,959,138		3,959,138	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,864,608		1,864,608	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	430,927		430,927	0
101.00	10100	HOME HEALTH AGENCY	2,632,274		2,632,274	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE	1,576,518		1,576,518	0
200.00		Subtotal (see instructions)	57,368,023	0	57,368,023	0
201.00		Less Observation Beds	1,864,608		1,864,608	0
202.00		Total (see instructions)	55,503,415	0	55,503,415	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/28/2021 12:19 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,413,698		8,413,698		30.00
31.00	03100	INTENSIVE CARE UNIT	3,938,762		3,938,762		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	573,108		573,108		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,269,746	12,172,005	14,441,751	0.289446	50.00
51.00	05100	RECOVERY ROOM	499,733	4,950,083	5,449,816	0.199463	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,188,006	0	1,188,006	0.706246	52.00
53.00	05300	ANESTHESIOLOGY	333,528	2,352,031	2,685,559	0.062686	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	416,029	5,729,059	6,145,088	0.576188	54.00
57.00	05700	CT SCAN	1,040,458	14,109,895	15,150,353	0.020458	57.00
58.00	05800	MRI	150,311	3,495,792	3,646,103	0.179626	58.00
60.00	06000	LABORATORY	4,672,410	26,857,600	31,530,010	0.171383	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	720,951	1,063,358	1,784,309	0.172141	63.00
65.00	06500	RESPIRATORY THERAPY	1,816,880	5,388,549	7,205,429	0.254702	65.00
66.00	06600	PHYSICAL THERAPY	550,106	6,065,229	6,615,335	0.492194	66.00
67.00	06700	OCCUPATIONAL THERAPY	369,317	762,892	1,132,209	0.347100	67.00
68.00	06800	SPEECH PATHOLOGY	92,766	177,306	270,072	0.557848	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,136,265	2,042,730	3,178,995	0.374569	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,088,673	894,538	1,983,211	0.455484	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,475,419	6,582,204	8,057,623	0.527751	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,442	1,307,600	1,312,042	0.913884	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	7,435	660,714	668,149	1.096007	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	981,507	981,507	1.096635	88.00
90.00	09000	CLINIC	0	4,627,868	4,627,868	0.839918	90.00
91.00	09100	EMERGENCY	1,805,908	17,092,966	18,898,874	0.209491	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	216,844	1,158,946	1,375,790	1.355300	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	1,771,935	1,771,935		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,358,368	1,358,368		116.00
200.00		Subtotal (see instructions)	32,780,795	121,603,175	154,383,970		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	32,780,795	121,603,175	154,383,970		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.000000		76.01
76.02	03951	PAIN MANAGEMENT	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
1/28/2021 12:19 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,285,880	7,210	1,278,670	3,169	403.49	30.00
31.00	INTENSIVE CARE UNIT	108,976		108,976	705	154.58	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	33,379		33,379	445	75.01	43.00
200.00	Total (lines 30 through 199)	1,428,235		1,421,025	4,319		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	1,386	559,237				
31.00	INTENSIVE CARE UNIT	372	57,504				
40.00	SUBPROVIDER - IPF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	1,758	616,741				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 1/28/2021 12:19 pm
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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)	Hospital 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	820,807	14,441,751	0.056836	850,688	48,350	50.00
51.00	05100 RECOVERY ROOM	73,125	5,449,816	0.013418	224,678	3,015	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	46,387	1,188,006	0.039046	1,986	78	52.00
53.00	05300 ANESTHESIOLOGY	2,630	2,685,559	0.000979	142,674	140	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	362,271	6,145,088	0.058953	412,154	24,298	54.00
57.00	05700 CT SCAN	16,108	15,150,353	0.001063	1,036,118	1,101	57.00
58.00	05800 MRI	15,633	3,646,103	0.004288	106,475	457	58.00
60.00	06000 LABORATORY	250,314	31,530,010	0.007939	2,803,546	22,257	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,761	1,784,309	0.002108	237,375	500	63.00
65.00	06500 RESPIRATORY THERAPY	119,302	7,205,429	0.016557	973,949	16,126	65.00
66.00	06600 PHYSICAL THERAPY	252,385	6,615,335	0.038152	420,192	16,031	66.00
67.00	06700 OCCUPATIONAL THERAPY	12,188	1,132,209	0.010765	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	21,783	270,072	0.080656	63,956	5,158	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	40,450	3,178,995	0.012724	650,571	8,278	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	31,377	1,983,211	0.015821	679,295	10,747	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	74,981	8,057,623	0.009306	1,436,018	13,364	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	15,772	1,312,042	0.012021	4,442	53	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	69,460	668,149	0.103959	0	0	76.01
76.02	03951 PAIN MANAGEMENT	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	158,919	981,507	0.161913	0	0	88.00
90.00	09000 CLINIC	213,911	4,627,868	0.046222	0	0	90.00
91.00	09100 EMERGENCY	408,717	18,898,874	0.021627	1,073,086	23,208	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	269,533	1,375,790	0.195911	144,476	28,304	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	3,279,814	138,328,099		11,261,679	221,465	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0089		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 1/28/2021 12:19 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
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	3,169	0.00	1,386	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	705	0.00	372	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
43.00	04300	NURSERY	0	0	445	0.00	0	43.00		
200.00		Total (lines 30 through 199)	0	0	4,319	0.00	1,758	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
43.00	04300	NURSERY	0							43.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet D
Part IV
Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet D
Part IV
Date/Time Prepared:
1/28/2021 12:19 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	14,441,751	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,449,816	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,188,006	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,685,559	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	6,145,088	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	15,150,353	0.000000	57.00
58.00	05800	MRI	0	0	0	3,646,103	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	31,530,010	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,784,309	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,205,429	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,615,335	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,132,209	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	270,072	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,178,995	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,983,211	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,057,623	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,312,042	0.000000	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	668,149	0.000000	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	981,507	0.000000	88.00
90.00	09000	CLINIC	0	0	0	4,627,868	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	18,898,874	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	1,375,790	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	138,328,099		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/28/2021 12:19 pm

				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	850,688	0	3,414,590	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	224,678	0	1,467,445	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	1,986	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	142,674	0	707,837	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	412,154	0	2,157,094	0	54.00	
57.00	05700	CT SCAN	0.000000	1,036,118	0	4,926,910	0	57.00	
58.00	05800	MRI	0.000000	106,475	0	1,055,945	0	58.00	
60.00	06000	LABORATORY	0.000000	2,803,546	0	4,109,642	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	237,375	0	270,502	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	973,949	0	2,029,294	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	420,192	0	210,562	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	63,956	0	2,317	0	68.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	650,571	0	548,691	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	679,295	0	393,610	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,436,018	0	3,027,769	0	73.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	4,442	0	921,681	0	76.00	
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.000000	0	0	0	0	76.01	
76.02	03951	PAIN MANAGEMENT	0.000000	0	0	0	0	76.02	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
90.00	09000	CLINIC	0.000000	0	0	3,796	0	90.00	
91.00	09100	EMERGENCY	0.000000	1,073,086	0	4,208,611	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	144,476	0	289,564	0	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		11,261,679	0	29,745,860	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
1/28/2021 12:19 pm

			Title XVIII		Hospital		PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PS 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	0.289446	3,414,590	0	0	988,339	50.00	
51.00	05100 RECOVERY ROOM	0.199463	1,467,445	0	0	292,701	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.706246	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.062686	707,837	0	0	44,371	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.576188	2,157,094	0	0	1,242,892	54.00	
57.00	05700 CT SCAN	0.020458	4,926,910	0	0	100,795	57.00	
58.00	05800 MRI	0.179626	1,055,945	0	0	189,675	58.00	
60.00	06000 LABORATORY	0.171383	4,109,642	0	0	704,323	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.172141	270,502	0	0	46,564	63.00	
65.00	06500 RESPIRATORY THERAPY	0.254702	2,029,294	0	0	516,865	65.00	
66.00	06600 PHYSICAL THERAPY	0.492194	210,562	0	0	103,637	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.347100	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.557848	2,317	0	0	1,293	68.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.374569	548,691	0	0	205,523	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.455484	393,610	0	0	179,283	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.527751	3,027,769	338	53,233	1,597,908	73.00	
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.913884	921,681	0	0	842,310	76.00	
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.096007	0	0	0	0	76.01	
76.02	03951 PAIN MANAGEMENT	0.000000	0	0	0	0	76.02	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC						88.00	
90.00	09000 CLINIC	0.839918	3,796	0	0	3,188	90.00	
91.00	09100 EMERGENCY	0.209491	4,208,611	0	0	881,666	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.355300	289,564	0	0	392,446	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES	0.000000		0			95.00	
200.00	Subtotal (see instructions)		29,745,860	338	53,233	8,333,779	200.00	
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00	Net Charges (line 200 - line 201)		29,745,860	338	53,233	8,333,779	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
1/28/2021 12:19 pm

			Title XVIII	Hospital	PPS
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	178	28,094	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	178	28,094	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	178	28,094	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 1/28/2021 12:19 pm
				Component CCN:14-S089		
				Title XVIII	Subprovider - IP#	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	820,807	14,441,751	0.056836	0	0	50.00
51.00 05100 RECOVERY ROOM	73,125	5,449,816	0.013418	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	46,387	1,188,006	0.039046	0	0	52.00
53.00 05300 ANESTHESIOLOGY	2,630	2,685,559	0.000979	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	362,271	6,145,088	0.058953	0	0	54.00
57.00 05700 CT SCAN	16,108	15,150,353	0.001063	0	0	57.00
58.00 05800 MRI	15,633	3,646,103	0.004288	0	0	58.00
60.00 06000 LABORATORY	250,314	31,530,010	0.007939	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	3,761	1,784,309	0.002108	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	119,302	7,205,429	0.016557	0	0	65.00
66.00 06600 PHYSICAL THERAPY	252,385	6,615,335	0.038152	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	12,188	1,132,209	0.010765	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	21,783	270,072	0.080656	0	0	68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	40,450	3,178,995	0.012724	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	31,377	1,983,211	0.015821	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	74,981	8,057,623	0.009306	0	0	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	15,772	1,312,042	0.012021	0	0	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	69,460	668,149	0.103959	0	0	76.01
76.02 03951 PAIN MANAGEMENT	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	158,919	981,507	0.161913	0	0	88.00
90.00 09000 CLINIC	213,911	4,627,868	0.046222	0	0	90.00
91.00 09100 EMERGENCY	408,717	18,898,874	0.021627	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,375,790	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	3,010,281	138,328,099		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0089

Period:

Worksheet D

Component CCN:14-S089

From 07/01/2019
To 06/30/2020Part IV
Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	
		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
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951 PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
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:14-0089

Period:

Worksheet D

Component CCN:14-S089

From 07/01/2019

Part IV

To 06/30/2020

Date/Time Prepared:

1/28/2021 12:19 pm

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	14,441,751	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,449,816	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,188,006	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,685,559	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	6,145,088	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	15,150,353	0.000000	57.00
58.00	05800	MRI	0	0	0	3,646,103	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	31,530,010	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,784,309	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,205,429	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,615,335	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,132,209	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	270,072	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,178,995	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,983,211	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,057,623	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,312,042	0.000000	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	668,149	0.000000	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	981,507	0.000000	88.00
90.00	09000	CLINIC	0	0	0	4,627,868	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	18,898,874	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	1,375,790	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	138,328,099		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Provider CCN:14-0089 Period: From 07/01/2019 To 06/30/2020 Worksheet D Part IV Date/Time Prepared: 1/28/2021 12:19 pm

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	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.000000	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0.000000	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		0	0	0	200.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/28/2021 12:19 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,407	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,169	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)			2,501	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			81	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)			80	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			39	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)			38	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,386	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)			81	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)			80	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			231.33	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			237.99	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			157.19	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			157.19	20.00
21.00	Total general inpatient routine service cost (see instructions)			8,895,606	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)			18,738	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)			19,039	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)			6,130	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)			5,973	25.00
26.00	Total swing-bed cost (see instructions)			49,880	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			8,845,726	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)			8,845,726	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)			2,791.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,868,783	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)			3,868,783	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/28/2021 12:19 pm	
			Title XVIII	Hospital	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	1,751,561	705	2,484.48	372	924,227	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,326,715	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,119,725	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)					16,741	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					221,465	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					838,206	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,281,519	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)					18,738	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					19,039	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					37,777	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)					668	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,791.33	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,864,608	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
1/28/2021 12:19 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,285,880	8,895,606	0.144552	1,864,608	269,533
91.00	Nursing School cost	0	8,895,606	0.000000	1,864,608	0
92.00	Allied health cost	0	8,895,606	0.000000	1,864,608	0
93.00	All other Medical Education	0	8,895,606	0.000000	1,864,608	0

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0089	Period: From 07/01/2019	Worksheet D-1	
		Component CCN:14-S089	To 06/30/2020	Date/Time Prepared: 1/28/2021 12:19 pm	
		Title XVIII	Subprovider - IP#	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			0	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			0	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (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)			0	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
SWING BED ADJUSTMENT					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			0	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0	25.00
26.00	Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			0	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			0	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			0.00	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:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1
			Component CCN:14-S089		Date/Time Prepared: 1/28/2021 12:19 pm
			Title XVIII	Subprovider - IP#	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0
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
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0089

Period:

Worksheet D-1

Component CCN:14-S089

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/28/2021 12:19 pm

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

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/28/2021 12:19 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,236,287	30.00
31.00	03100	INTENSIVE CARE UNIT		1,307,615	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.289446	850,688	50.00
51.00	05100	RECOVERY ROOM	0.199463	224,678	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.706246	1,986	52.00
53.00	05300	ANESTHESIOLOGY	0.062686	142,674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.576188	412,154	54.00
57.00	05700	CT SCAN	0.020458	1,036,118	57.00
58.00	05800	MRI	0.179626	106,475	58.00
60.00	06000	LABORATORY	0.171383	2,803,546	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.172141	237,375	63.00
65.00	06500	RESPIRATORY THERAPY	0.254702	973,949	65.00
66.00	06600	PHYSICAL THERAPY	0.492194	420,192	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.347100	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.557848	63,956	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.374569	650,571	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.455484	679,295	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.527751	1,436,018	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.913884	4,442	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.096007	0	76.01
76.02	03951	PAIN MANAGEMENT	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
90.00	09000	CLINIC	0.839918	0	90.00
91.00	09100	EMERGENCY	0.209491	1,073,086	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.355300	144,476	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)		11,261,679	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)		11,261,679	202.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3	
		Component CCN:14-U089		Date/Time Prepared: 1/28/2021 12:19 pm	
		Title XVIII	Swing Beds - SNF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.289446	0	50.00
51.00	05100	RECOVERY ROOM	0.199463	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.706246	0	52.00
53.00	05300	ANESTHESIOLOGY	0.062686	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.576188	3,875	54.00
57.00	05700	CT SCAN	0.020458	4,340	57.00
58.00	05800	MRI	0.179626	0	58.00
60.00	06000	LABORATORY	0.171383	66,267	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.172141	6,798	63.00
65.00	06500	RESPIRATORY THERAPY	0.254702	15,426	65.00
66.00	06600	PHYSICAL THERAPY	0.492194	129,914	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.347100	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.557848	4,632	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.374569	7,714	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.455484	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.527751	39,401	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.913884	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.096007	0	76.01
76.02	03951	PAIN MANAGEMENT	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
90.00	09000	CLINIC	0.839918	0	90.00
91.00	09100	EMERGENCY	0.209491	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.355300	492	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)		278,859	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)		278,859	202.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/28/2021 12:19 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	836,224		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	545,276		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)	19,181		2.03	
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	172,866		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)	45.52		4.00	
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00		5.00	
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00	
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00	
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01	
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00		8.00	
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01	
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00		8.02	
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	0.00		9.00	
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00		10.00	
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00	
12.00	Current year allowable FTE (see instructions)	0.00		12.00	
13.00	Total allowable FTE count for the prior year.	0.00		13.00	
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00		14.00	
15.00	Sum of lines 12 through 14 divided by 3.	0.00		15.00	
16.00	Adjustment for residents in initial years of the program	0.00		16.00	
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00	
18.00	Adjusted rolling average FTE count	0.00		18.00	
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000		19.00	
20.00	Prior year resident to bed ratio (see instructions)	0.000000		20.00	
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000		21.00	
22.00	IME payment adjustment (see instructions)	0		22.00	
22.01	IME payment adjustment - Managed Care (see instructions)	0		22.01	
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00		23.00	
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00		24.00	
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00	
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00	
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00	
28.00	IME add-on adjustment amount (see instructions)	0		28.00	
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0		28.01	
29.00	Total IME payment (sum of lines 22 and 28)	0		29.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0		29.01	
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.14		30.00	
31.00	Percentage of Medicaid patient days (see instructions)	22.08		31.00	
32.00	Sum of lines 30 and 31	25.22		32.00	
33.00	Allowable disproportionate share percentage (see instructions)	10.02		33.00	
34.00	Disproportionate share adjustment (see instructions)	84,707		34.00	

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT			Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/28/2021 12:19 pm
			Title XVIII	Hospital	PPS
				Prior to 10/1	On/After 10/1
				1.00	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)		0.000133716	0.000042559	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,106,214	355,393	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		278,827	266,059	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		544,886		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		4,203,140		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		4,496,019		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			4,496,019	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			291,592	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			4,787,611	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			4,787,611	61.00
62.00	Deductibles billed to program beneficiaries			515,064	62.00
63.00	Coinurance billed to program beneficiaries			0	63.00
64.00	Allowable bad debts (see instructions)			164,828	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			107,138	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			164,828	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			4,379,685	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			11,122	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/28/2021 12:19 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2019	225,444	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)	2020	654,299	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		42,680	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		5,227,870	71.00
71.01	Sequestration adjustment (see instructions)		87,305	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		5,349,072	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)		-208,507	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		154,820	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)			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:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/28/2021 12:19 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	836,224	0	836,224		836,224
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,545,276	0		2,545,276	2,545,276
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	19,181	0	19,181		19,181
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	172,866	0		172,866	172,866
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	0.1002	0.1002	0.1002	0.1002	
11.00	Disproportionate share adjustment (see instructions)	34.00	84,707	0	20,948	63,759	84,707
11.01	Uncompensated care payments	36.00	544,886	0	278,827	266,059	544,886
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	4,203,140	0	1,155,180	3,047,960	4,203,140
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	4,496,019	0	1,109,101	3,386,918	4,496,019
15.00	Total payment for inpatient operating costs (see instructions)	49.00	4,496,019	0	1,109,101	3,386,918	4,496,019
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	291,592	0	70,855	220,737	291,592
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ acquisition cost						

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/28/2021 12:19 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
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	1,179,956	3,607,655	4,787,611
		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	266,133	0	67,108	199,025	266,133
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	25,459	0	3,747	21,712	25,459
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	291,592	0	70,855	220,737	291,592
		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				0.191061	0.181364	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			225,444		225,444
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				654,299	654,299
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/28/2021 12:19 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	836,224	836,224		836,224	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,545,276		2,545,276	2,545,276	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	19,181	19,181		19,181	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	172,866		172,866	172,866	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	0.1002	0.1002	0.1002		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	84,707	20,948	63,759	84,707	11.00
11.01	Uncompensated care payments	36.00	544,886	278,827	266,059	544,886	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	4,203,140	1,155,180	3,047,960	4,203,140	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	4,496,019	1,109,101	3,386,918	4,496,019	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	4,496,019	1,109,101	3,386,918	4,496,019	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	291,592	70,855	220,737	291,592	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			1,179,956	3,607,655	4,787,611	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/28/2021 12:19 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	266,133	67,108	199,025	266,133	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	25,459	3,747	21,712	25,459	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	291,592	70,855	220,737	291,592	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	225,444	225,444		225,444	28.00
29.00	Low volume adjustment on or after October 1	70.97	654,299		654,299	654,299	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	11,122	5,078	6,044	11,122	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	0	0	0	0	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	42,680	42,680	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 1/28/2021 12:19 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			28,272	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			8,333,779	2.00
3.00	OPPS payments			6,188,814	3.00
4.00	Outlier payment (see instructions)			4,121	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.822	5.00
6.00	Line 2 times line 5			6,850,366	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			90.40	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)			28,272	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			53,571	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)			53,571	14.00
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	17.00
18.00	Total customary charges (see instructions)			53,571	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			25,299	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)			28,272	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)			6,192,935	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)			1,325,846	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)			4,895,361	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)			4,895,361	30.00
31.00	Primary payer payments			909	31.00
32.00	Subtotal (line 30 minus line 31)			4,894,452	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)			156,635	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			101,813	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			156,635	36.00
37.00	Subtotal (see instructions)			4,996,265	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	39.50
39.97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			4,996,265	40.00
40.01	Sequestration adjustment (see instructions)			83,438	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			0	40.03
41.00	Interim payments			4,867,892	41.00
41.01	Interim payments-PARHM			0	41.01
42.00	Tentative settlement (for contractors use only)			0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			0	42.01
43.00	Balance due provider/program (see instructions)			44,935	43.00
43.01	Balance due provider/program-PARHM (see instructions)			0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			113,161	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
1/28/2021 12:19 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		5,410,914		4,909,444	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	11/20/2019	61,842	11/20/2019	41,552	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)		-61,842		-41,552	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)		5,349,072		4,867,892	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		44,935	6.01	
6.02	SETTLEMENT TO PROGRAM		208,507		0	6.02	
7.00	Total Medicare program liability (see instructions)		5,140,565		4,912,827	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN:14-0089

Period:

Worksheet E-1

Component CCN:14-U089

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:

1/28/2021 12:19 pm

		Title XVIII		Swing Beds - SNF		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		73,301		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)		73,301		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		246		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		73,547		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
1/28/2021 12:19 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet E-2	
		Component CCN:14-U089		Date/Time Prepared: 1/28/2021 12:19 pm	
		Title XVIII	Swing Beds - SNF	PPS	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		79,609	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)	Part	0	0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)				3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		161	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		79,609	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		79,609	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		79,609	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		4,813	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (see instructions)		74,796	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)				16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)		0		16.55
16.99	Demonstration payment adjustment amount before sequestration		0	0	16.99
17.00	Allowable bad debts (see instructions)		0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	0	18.00
19.00	Total (see instructions)		74,796	0	19.00
19.01	Sequestration adjustment (see instructions)		1,249	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs				19.03
20.00	Interim payments		73,301	0	20.00
20.01	Interim payments-PARHM				20.01
21.00	Tentative settlement (for contractor use only)		0	0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)				21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		246	0	22.00
22.01	Balance due provider/program-PARHM (see instructions)				22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	23.00
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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))				201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))				202.00
203.00	Total (sum of lines 201 and 202)				203.00
204.00	Medicare swing-bed SNF discharges (see instructions)				204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
205.00	Medicare swing-bed SNF target amount				205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)				206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)				208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
Comparison of PPS versus Cost Reimbursement					
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)				215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 1/28/2021 12:19 pm
		Component CCN:14-S089		
		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)		0	1.00
2.00	Net IPF PPS Outlier Payments		0	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)		0.000000	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		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)		0	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)		0	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		0	18.00
19.00	Deductibles		0	19.00
20.00	Subtotal (line 18 minus line 19)		0	20.00
21.00	Coinsurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		0	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	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)		0	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)		0	31.00
31.01	Sequestration adjustment (see instructions)		0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		0	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)		0	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		0	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:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet G Date/Time Prepared: 1/28/2021 12:19 pm	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1.00	2.00	3.00	4.00
CURRENT ASSETS					
1.00	Cash on hand in banks	36,427,281	0	0	0
2.00	Temporary investments	0	0	0	0
3.00	Notes receivable	0	0	0	0
4.00	Accounts receivable	7,016,650	0	0	0
5.00	Other receivable	0	0	0	0
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0
7.00	Inventory	1,872,792	0	0	0
8.00	Prepaid expenses	2,221,080	0	0	0
9.00	Other current assets	0	0	0	0
10.00	Due from other funds	0	0	0	0
11.00	Total current assets (sum of lines 1-10)	47,537,803	0	0	0
FIXED ASSETS					
12.00	Land	111,602	0	0	0
13.00	Land improvements	3,450,730	0	0	0
14.00	Accumulated depreciation	-2,467,037	0	0	0
15.00	Buildings	52,952,968	0	0	0
16.00	Accumulated depreciation	-22,840,372	0	0	0
17.00	Leasehold improvements	0	0	0	0
18.00	Accumulated depreciation	0	0	0	0
19.00	Fixed equipment	0	0	0	0
20.00	Accumulated depreciation	0	0	0	0
21.00	Automobiles and trucks	0	0	0	0
22.00	Accumulated depreciation	0	0	0	0
23.00	Major movable equipment	72,511,477	0	0	0
24.00	Accumulated depreciation	-52,230,956	0	0	0
25.00	Minor equipment depreciable	0	0	0	0
26.00	Accumulated depreciation	0	0	0	0
27.00	HIT designated Assets	0	0	0	0
28.00	Accumulated depreciation	0	0	0	0
29.00	Minor equipment-nondepreciable	0	0	0	0
30.00	Total fixed assets (sum of lines 12-29)	51,488,412	0	0	0
OTHER ASSETS					
31.00	Investments	38,522,295	0	0	0
32.00	Deposits on leases	0	0	0	0
33.00	Due from owners/officers	0	0	0	0
34.00	Other assets	1,298,628	0	0	0
35.00	Total other assets (sum of lines 31-34)	39,820,923	0	0	0
36.00	Total assets (sum of lines 11, 30, and 35)	138,847,138	0	0	0
CURRENT LIABILITIES					
37.00	Accounts payable	12,852,586	0	0	0
38.00	Salaries, wages, and fees payable	5,177,000	0	0	0
39.00	Payroll taxes payable	0	0	0	0
40.00	Notes and loans payable (short term)	726,949	0	0	0
41.00	Deferred income	3,405,203	0	0	0
42.00	Accelerated payments	0	0	0	0
43.00	Due to other funds	0	0	0	0
44.00	Other current liabilities	1,623,473	0	0	0
45.00	Total current liabilities (sum of lines 37 thru 44)	23,785,211	0	0	0
LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0
47.00	Notes payable	36,269,876	0	0	0
48.00	Unsecured loans	0	0	0	0
49.00	Other long term liabilities	0	0	0	0
50.00	Total long term liabilities (sum of lines 46 thru 49)	36,269,876	0	0	0
51.00	Total liabilities (sum of lines 45 and 50)	60,055,087	0	0	0
CAPITAL ACCOUNTS					
52.00	General fund balance	78,792,051	0	0	0
53.00	Specific purpose fund	0	0	0	0
54.00	Donor created - endowment fund balance - restricted	0	0	0	0
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0
56.00	Governing body created - endowment fund balance	0	0	0	0
57.00	Plant fund balance - invested in plant	0	0	0	0
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0
59.00	Total fund balances (sum of lines 52 thru 58)	78,792,051	0	0	0
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	138,847,138	0	0	0

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-1

Date/Time Prepared:
1/28/2021 12:19 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		79,733,911		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-941,860				2.00
3.00	Total (sum of line 1 and line 2)		78,792,051		0		3.00
4.00	ROUNDING	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		78,792,051		0		11.00
12.00	ROUNDING	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		78,792,051		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	ROUNDING		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	ROUNDING		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	12,377,888		12,377,888	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	341,102		341,102	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)	12,718,990		12,718,990	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,938,762		3,938,762	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,938,762		3,938,762	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	16,657,752		16,657,752	17.00
18.00	Ancillary services	18,558,658	102,574,010	121,132,668	18.00
19.00	Outpatient services	1,985,998	22,861,315	24,847,313	19.00
20.00	RURAL HEALTH CLINIC	0	981,858	981,858	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,771,935	1,771,935	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,358,368	1,358,368	26.00
27.00	MCDONOUGH MEDICAL GROUP & OTHER	21,039	11,546,159	11,567,198	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)	6-37,223,447	141,093,645	178,317,092	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		79,100,499		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	RECONCILIATION TO FINANCIAL STATEMEN	2,276,994			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)		2,276,994		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		76,823,505		43.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
STATEMENT OF REVENUES AND EXPENSES		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet G-3 Date/Time Prepared: 1/28/2021 12:19 pm	
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)			178,317,092	1.00
2.00	Less contractual allowances and discounts on patients' accounts			110,947,980	2.00
3.00	Net patient revenues (line 1 minus line 2)			67,369,112	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)			76,823,505	4.00
5.00	Net income from service to patients (line 3 minus line 4)			-9,454,393	5.00
OTHER INCOME					
6.00	Contributions, donations, bequests, etc			29,525	6.00
7.00	Income from investments			959,918	7.00
8.00	Revenues from telephone and other miscellaneous communication services			0	8.00
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase discounts			0	10.00
11.00	Rebates and refunds of expenses			0	11.00
12.00	Parking lot receipts			0	12.00
13.00	Revenue from laundry and linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			0	14.00
15.00	Revenue from rental of living quarters			0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients			0	16.00
17.00	Revenue from sale of drugs to other than patients			0	17.00
18.00	Revenue from sale of medical records and abstracts			0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0	20.00
21.00	Rental of vending machines			0	21.00
22.00	Rental of hospital space			0	22.00
23.00	Governmental appropriations			0	23.00
24.00	OTHER OP			477,856	24.00
24.01	GRANTS & GIFTS			742,798	24.01
24.02	OTHER (SPECIFY)			0	24.02
24.50	COVID-19 PHE Funding			8,071,290	24.50
25.00	Total other income (sum of lines 6-24)			10,281,387	25.00
26.00	Total (line 5 plus line 25)			826,994	26.00
27.00	OTHER NON-OP NET			392,676	27.00
27.01	INTEREST EXPENSE			1,376,178	27.01
28.00	Total other expenses (sum of line 27 and subscripts)			1,768,854	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)			-941,860	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS			Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet H
			HHA CCN: 14-7293		Date/Time Prepared: 1/28/2021 12:19 pm

						Home Health Agency I	PPS	
		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	318,213	0	0	123,648	12,204	454,065	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	612,298	0	51,780	0	15,108	679,186	6.00
7.00	Physical Therapy	223,225	0	16,051	0	0	239,276	7.00
8.00	Occupational Therapy	178,924	0	10,636	0	0	189,560	8.00
9.00	Speech Pathology	8,022	0	1,197	0	0	9,219	9.00
10.00	Medical Social Services	1,950	0	423	0	0	2,373	10.00
11.00	Home Health Aide	36,392	0	4,228	0	0	40,620	11.00
12.00	Supplies (see instructions)	0	0	0	0	14,664	14,664	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)	1,379,024	0	84,315	123,648	41,976	1,628,963	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	454,065	0	454,065			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	679,186	0	679,186			6.00
7.00	Physical Therapy	0	239,276	0	239,276			7.00
8.00	Occupational Therapy	0	189,560	0	189,560			8.00
9.00	Speech Pathology	0	9,219	0	9,219			9.00
10.00	Medical Social Services	0	2,373	0	2,373			10.00
11.00	Home Health Aide	0	40,620	0	40,620			11.00
12.00	Supplies (see instructions)	0	14,664	0	14,664			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)	0	1,628,963	0	1,628,963			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:14-0089

Period:

Worksheet H-1

HHA CCN: 14-7293

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:

1/28/2021 12:19 pm

Home Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	454,065	0	0	0	0	454,065	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	679,186	0	0	0	0	679,186	6.00
7.00	Physical Therapy	239,276	0	0	0	0	239,276	7.00
8.00	Occupational Therapy	189,560	0	0	0	0	189,560	8.00
9.00	Speech Pathology	9,219	0	0	0	0	9,219	9.00
10.00	Medical Social Services	2,373	0	0	0	0	2,373	10.00
11.00	Home Health Aide	40,620	0	0	0	0	40,620	11.00
12.00	Supplies (see instructions)	14,664	0	0	0	0	14,664	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)	1,628,963	0	0	0	0	1,628,963	24.00
		Administrative	Total (cols. 4A					
		& General	+ 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	454,065						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	262,487	941,673					6.00
7.00	Physical Therapy	92,473	331,749					7.00
8.00	Occupational Therapy	73,260	262,820					8.00
9.00	Speech Pathology	3,563	12,782					9.00
10.00	Medical Social Services	917	3,290					10.00
11.00	Home Health Aide	15,698	56,318					11.00
12.00	Supplies (see instructions)	5,667	20,331					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)		1,628,963					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN:14-0089

Period:

Worksheet H-1

HHA CCN: 14-7293

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/28/2021 12:19 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	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	-454,065	1,174,898
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	679,186	6.00
7.00	Physical Therapy	0	0	0	0	239,276	7.00
8.00	Occupational Therapy	0	0	0	0	189,560	8.00
9.00	Speech Pathology	0	0	0	0	9,219	9.00
10.00	Medical Social Services	0	0	0	0	2,373	10.00
11.00	Home Health Aide	0	0	0	0	40,620	11.00
12.00	Supplies (see instructions)	0	0	0	0	14,664	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	-454,065	1,174,898
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		454,065
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.386472

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/28/2021 12:19 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		AGENCY 1			CAP REL COSTS-REHAB CNT	
			BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II			
		0	1.00	1.01	1.02	1.03	1.04		
1.00	Administrative and General	0	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	941,673	0	0	0	0	0	0	2.00
3.00	Physical Therapy	331,749	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	262,820	0	0	0	0	0	0	4.00
5.00	Speech Pathology	12,782	0	0	0	0	0	0	5.00
6.00	Medical Social Services	3,290	0	0	0	0	0	0	6.00
7.00	Home Health Aide	56,318	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	20,331	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,628,963	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		CAPITAL RELATED COSTS		AGENCY 1			BUSHNELL OFFICE BLDG	
		CAP REL COSTS-DIAGNOSIS	CAP REL COSTS-HOSPITAL TY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	CONVENIENCE CARE CLIN		
		1.05	1.06	1.07	1.08	1.09	1.10	
1.00	Administrative and General	0	0	7,730	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	7,730	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

(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:14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:

1/28/2021 12:19 pm

Home Health
Agency I

PPS

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	
		4.00	4A	5.00	6.00	6.01	6.02	
1.00	Administrative and General	90,508	98,238	25,780	0	0	0	1.00
2.00	Skilled Nursing Care	174,152	1,115,825	292,821	0	0	0	2.00
3.00	Physical Therapy	63,491	395,240	103,721	0	0	0	3.00
4.00	Occupational Therapy	50,890	313,710	82,325	0	0	0	4.00
5.00	Speech Pathology	2,282	15,064	3,953	0	0	0	5.00
6.00	Medical Social Services	555	3,845	1,009	0	0	0	6.00
7.00	Home Health Aide	10,351	66,669	17,496	0	0	0	7.00
8.00	Supplies (see instructions)	0	20,331	5,335	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)	392,229	2,028,922	532,440	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00
Cost Center Description		MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNE LL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		6.03	6.04	6.05	6.06	8.00	9.00	
1.00	Administrative and General	0	3,758	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	3,758	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

(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:14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/28/2021 12:19 pmHome Health
Agency I

PPS

Cost Center Description		HOUSEKEEPING-H	HOUSEKEEPING-HS	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA	
		SB	B II	RTHO	AB			
		9.01	9.02	9.03	9.04	10.00	11.00	
1.00	Administrative and General	0	0	0	1,617	0	60,900	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	1,617	0	60,900	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	4,637	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	4,637	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

(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:14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/28/2021 12:19 pmHome Health
Agency I

PPS

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	190,293	0	190,293				1.00
2.00	Skilled Nursing Care	1,413,283	0	1,413,283	110,131	1,523,414		2.00
3.00	Physical Therapy	498,961	0	498,961	38,882	537,843		3.00
4.00	Occupational Therapy	396,035	0	396,035	30,861	426,896		4.00
5.00	Speech Pathology	19,017	0	19,017	1,482	20,499		5.00
6.00	Medical Social Services	4,854	0	4,854	378	5,232		6.00
7.00	Home Health Aide	84,165	0	84,165	6,559	90,724		7.00
8.00	Supplies (see instructions)	25,666	0	25,666	2,000	27,666		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	2,632,274	0	2,632,274	190,293	2,632,274		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.				0.077926			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:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet H-2 Part II Date/Time Prepared: 1/28/2021 12:19 pm
		HHA CCN: 14-7293		
			Home Health Agency I	PPS

Cost Center Description		CAPITAL RELATED COSTS					CAP REL COSTS-DIAYSIS (PER CENT)	
		BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)		
		1.00	1.01	1.02	1.03	1.04		
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	BUSHNELL OFFICE BLDG (SQUARE FEET)		
		1.06	1.07	1.08	1.09	1.10		
1.00	Administrative and General	0	1,050	0	0	0	318,213	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	612,298	2.00
3.00	Physical Therapy	0	0	0	0	0	223,225	3.00
4.00	Occupational Therapy	0	0	0	0	0	178,924	4.00
5.00	Speech Pathology	0	0	0	0	0	8,022	5.00
6.00	Medical Social Services	0	0	0	0	0	1,950	6.00
7.00	Home Health Aide	0	0	0	0	0	36,392	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	1,050	0	0	0	1,379,024	20.00
21.00	Total cost to be allocated	0	7,730	0	0	0	392,229	21.00
22.00	Unit cost multiplier	0.000000	7.361905	0.000000	0.000000	0.000000	0.284425	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS			Provider CCN:14-0089 HHA CCN: 14-7293		Period: From 07/01/2019 To 06/30/2020		Worksheet H-2 Part II Date/Time Prepared: 1/28/2021 12:19 pm	
					Home Health Agency I		PPS	
Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	
		5A	5.00	6.00	6.01	6.02	6.03	
1.00	Administrative and General	0	98,238	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,115,825	0	0	0	0	2.00
3.00	Physical Therapy	0	395,240	0	0	0	0	3.00
4.00	Occupational Therapy	0	313,710	0	0	0	0	4.00
5.00	Speech Pathology	0	15,064	0	0	0	0	5.00
6.00	Medical Social Services	0	3,845	0	0	0	0	6.00
7.00	Home Health Aide	0	66,669	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	20,331	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)		2,028,922	0	0	0	0	20.00
21.00	Total cost to be allocated		532,440	0	0	0	0	21.00
22.00	Unit cost multiplier		0.262425	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	MAINTENANCE & REPAIRS-BUSHNE LL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-H SB (SQUARE FEET)	
		6.04	6.05	6.06	8.00	9.00	9.01	
1.00	Administrative and General	1,050	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)	1,050	0	0	0	0	0	20.00
21.00	Total cost to be allocated	3,758	0	0	0	0	0	21.00
22.00	Unit cost multiplier	3.579048	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS					Provider CCN:14-0089 HHA CCN: 14-7293	Period: From 07/01/2019 To 06/30/2020	Worksheet H-2 Part II Date/Time Prepared: 1/28/2021 12:19 pm
						Home Health Agency I	PPS
Cost Center Description	HOUSEKEEPING-SB II (SQUARE FEET)	HOUSEKEEPING-THO (SQUARE FEET)	HOUSEKEEPING-AB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSIN)	
	9.02	9.03	9.04	10.00	11.00	13.00	
1.00 Administrative and General	0	0	1,050	0	1,940	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	1,050	0	1,940	0	20.00
21.00 Total cost to be allocated	0	0	1,617	0	60,900	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	1.540000	0.000000	31.391753	0.000000	22.00
Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
	14.00	15.00	16.00	17.00	19.00		
1.00 Administrative and General	0	0	0	0	0		1.00
2.00 Skilled Nursing Care	15,635	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	15,635	0	0	0	0		20.00
21.00 Total cost to be allocated	4,637	0	0	0	0		21.00
22.00 Unit cost multiplier	0.296578	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0089

Period:

Worksheet H-3

HHA CCN: 14-7293

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:

1/28/2021 12:19 pm

Title XVIII

Home Health

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

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

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	1,523,414		1,523,414	6,385	238.59	1.00
2.00	Physical Therapy	3.00	537,843	0	537,843	1,917	280.56	2.00
3.00	Occupational Therapy	4.00	426,896	0	426,896	1,188	359.34	3.00
4.00	Speech Pathology	5.00	20,499	0	20,499	123	166.66	4.00
5.00	Medical Social Services	6.00	5,232		5,232	33	158.55	5.00
6.00	Home Health Aide	7.00	90,724		90,724	671	135.21	6.00
7.00	Total (sum of lines 1-6)		2,604,608	0	2,604,608	10,317		7.00

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

Limitation Cost Computation

8.00	Skilled Nursing Care		99914	0	3,120			8.00
9.00	Physical Therapy		99914	0	939			9.00
10.00	Occupational Therapy		99914	0	611			10.00
11.00	Speech Pathology		99914	0	56			11.00
12.00	Medical Social Services		99914	0	15			12.00
13.00	Home Health Aide		99914	0	248			13.00
14.00	Total (sum of lines 8-13)			0	4,989			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	27,666	0	27,666	27,863	0.992930	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

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

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	3,120	0	744,401			1.00
2.00	Physical Therapy	0	939	0	263,446			2.00
3.00	Occupational Therapy	0	611	0	219,557			3.00
4.00	Speech Pathology	0	56	0	9,333			4.00
5.00	Medical Social Services	0	15	0	2,378			5.00
6.00	Home Health Aide	0	248	0	33,532			6.00
7.00	Total (sum of lines 1-6)	0	4,989	0	1,272,647			7.00

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

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0089

Period:

Worksheet H-3

HHA CCN: 14-7293

From 07/01/2019
To 06/30/2020Part I
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Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	19,591	0	0	19,452	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	744,401						1.00
2.00	Physical Therapy	263,446						2.00
3.00	Occupational Therapy	219,557						3.00
4.00	Speech Pathology	9,333						4.00
5.00	Medical Social Services	2,378						5.00
6.00	Home Health Aide	33,532						6.00
7.00	Total (sum of lines 1-6)	1,272,647						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0089

Period:

Worksheet H-3

HHA CCN: 14-7293

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/28/2021 12:19 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.492194	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.347100	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.557848	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.374569	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.527751	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN:14-0089 HHA CCN: 14-7293	Period: From 07/01/2019 To 06/30/2020	Worksheet H-4 Part I-II Date/Time Prepared: 1/28/2021 12:19 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0 1.00
2.00	Total charges	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	498,200 11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	174,785 12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	10,003 13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	2,158 14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	57,160 15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	809 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	743,115 22.00
23.00	Excess reasonable cost (from line 8)		0	0 23.00
24.00	Subtotal (line 22 minus line 23)		0	743,115 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	743,115 26.00
27.00	Reimbursable bad debts (from your records)		0	0 27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0 28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	743,115 29.00
30.00	OTHER ADJUSTMENTS		0	10,657 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	753,772 31.00
31.01	Sequestration adjustment (see instructions)		0	12,499 31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0 31.02
32.00	Interim payments (see instructions)		0	741,273 32.00
33.00	Tentative settlement (for contractor use only)		0	0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0 35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED PROGRAM BENEFICIARIES		Provider CCN:14-0089 HHA CCN: 14-7293		Period: From 07/01/2019 To 06/30/2020		Worksheet H-5 Date/Time Prepared: 1/28/2021 12:19 pm	
				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		741,273	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		741,273	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01			0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50			0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		0		741,273	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN:14-0089

Period:

Worksheet 0

Hospice CCN: 14-1524

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/28/2021 12:19 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	8,623	8,623	0	8,623	3.00
4.00	ADMINISTRATIVE & GENERAL*	41,707	35,790	77,497	0	77,497	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	380	380	0	380	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	8,219	8,219	0	8,219	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	21,669	21,669	0	21,669	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	43,630	43,630	0	43,630	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	173,804	0	173,804	0	173,804	26.00
27.00	NURSE PRACTITIONER**	14,116	0	14,116	0	14,116	27.00
28.00	REGISTERED NURSE**	279,328	0	279,328	0	279,328	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	14	0	14	0	14	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	42,549	0	42,549	0	42,549	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	5,163	0	5,163	0	5,163	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	45,469	45,469	0	45,469	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	68	68	0	68	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	109,682	109,682	0	109,682	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	226,078	226,078	0	226,078	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	556,681	499,608	1,056,289	0	1,056,289	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN:14-0089

Period:

Worksheet 0

Hospice CCN: 14-1524

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/28/2021 12:19 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	8,623	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	77,497	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	380	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	8,219	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	21,669	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	43,630	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	173,804	26.00
27.00	NURSE PRACTITIONER**	0	14,116	27.00
28.00	REGISTERED NURSE**	0	279,328	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	14	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	42,549	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	5,163	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	45,469	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	68	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	109,682	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	226,078	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	1,056,289	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet 0-2
	Hospice CCN: 14-1524	Date/Time Prepared: 1/28/2021 12:19 pm	

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	173,780	0	173,780	0	173,780	26.00
27.00	NURSE PRACTITIONER	14,114	0	14,114	0	14,114	27.00
28.00	REGISTERED NURSE	279,289	0	279,289	0	279,289	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	14	0	14	0	14	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	42,543	0	42,543	0	42,543	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	5,162	0	5,162	0	5,162	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	45,469	45,469	0	45,469	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	68	68	0	68	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	109,667	109,667	0	109,667	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	514,902	155,204	670,106	0	670,106	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	173,780	26.00
27.00	NURSE PRACTITIONER	0	14,114	27.00
28.00	REGISTERED NURSE	0	279,289	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	14	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	42,543	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	5,162	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	45,469	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	68	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	109,667	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	670,106	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESIDENT	Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet 0-3
CARE	Hospice CCN: 14-1524	Date/Time Prepared: 1/28/2021 12:19 pm	

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	24	0	24	0	24	26.00
27.00	NURSE PRACTITIONER	2	0	2	0	2	27.00
28.00	REGISTERED NURSE	39	0	39	0	39	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	6	0	6	0	6	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1	0	1	0	1	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	15	15	0	15	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	72	15	87	0	87	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	24	26.00
27.00	NURSE PRACTITIONER	0	2	27.00
28.00	REGISTERED NURSE	0	39	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	6	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	1	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	15	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	87	100.00

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

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet 0-5
		Hospice CCN: 14-1524		Date/Time Prepared: 1/28/2021 12:19 pm
		Hospice I		
Descriptions		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)
		1.00	2.00	3.00
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	7,730	7,730 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0 2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	8,623	158,334	166,957 3.00
4.00	ADMINISTRATIVE & GENERAL	77,497	344,257	421,754 4.00
5.00	PLANT OPERATION & MAINTENANCE	380	3,758	4,138 5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,186	1,186 6.00
7.00	HOUSEKEEPING	0	2,506	2,506 7.00
8.00	DIETARY	0	0	0 8.00
9.00	NURSING ADMINISTRATION	0	0	0 9.00
10.00	ROUTINE MEDICAL SUPPLIES	8,219	2,458	10,677 10.00
11.00	MEDICAL RECORDS	0	0	0 11.00
12.00	STAFF TRANSPORTATION	21,669		21,669 12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0 13.00
14.00	PHARMACY	43,630	0	43,630 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0 15.00
16.00	OTHER GENERAL SERVICE	0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0 17.00
LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0		0 50.00
51.00	HOSPICE ROUTINE HOME CARE	670,106		670,106 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	87		87 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0		0 53.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	0		0 60.00
61.00	VOLUNTEER PROGRAM	0		0 61.00
62.00	FUNDRAISING	0		0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0 63.00
64.00	PALLIATIVE CARE PROGRAM	0		0 64.00
65.00	OTHER PHYSICIAN SERVICES	0		0 65.00
66.00	RESIDENTIAL CARE	226,078		226,078 66.00
67.00	ADVERTISING	0		0 67.00
68.00	TELEHEALTH/TELEMONITORING	0		0 68.00
69.00	THRIFT STORE	0		0 69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0 71.00
99.00	NEGATIVE COST CENTER	0		0 99.00
100.00	TOTAL	1,056,289	520,229	1,576,518 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/28/2021 12:19 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	7,730	7,730					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	166,957	0	0	166,957			3.00
4.00	ADMINISTRATIVE & GENERAL	421,754	7,730	0	12,510	441,994		4.00
5.00	PLANT OPERATION & MAINTENANCE	4,138	0	0	0	4,138		5.00
6.00	LAUNDRY & LINEN SERVICE	1,186	0	0	0	1,186		6.00
7.00	HOUSEKEEPING	2,506	0	0	0	2,506		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,677	0	0	0	10,677		10.00
11.00	MEDICAL RECORDS	0	0	0	0	0		11.00
12.00	STAFF TRANSPORTATION	21,669	0	0	0	21,669		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0		13.00
14.00	PHARMACY	43,630	0	0	0	43,630		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	670,106			154,447	824,553		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	87	0	0	0	87		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	226,078	0	0	0	226,078		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	1,576,518	7,730	0	166,957	1,576,518		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/28/2021 12:19 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	441,994						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,612	5,750					5.00
6.00	LAUNDRY & LINEN SERVICE	462	0		1,648			6.00
7.00	HOUSEKEEPING	976	0			3,482		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	4,160	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	8,442	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	16,998	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	321,233						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	34	5,750		1,648	3,482	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	88,077	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	441,994	5,750		1,648	3,482	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/28/2021 12:19 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	14,837				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			30,111		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	14,835	0	30,111	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	2	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	14,837	0	30,111	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/28/2021 12:19 pm

Descriptions		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	Hospice I PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	60,628					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	60,628	0	0		1,251,360	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	11,003	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	314,155	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	60,628	0	0	0	1,576,518	100.00

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

Provider CCN:14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,050					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	556,609			3.00
4.00	ADMINISTRATIVE & GENERAL	1,050	0	41,707	-441,994	1,134,524	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	4,138	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	1,186	6.00
7.00	HOUSEKEEPING	0	0	0	0	2,506	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	10,677	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	21,669	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	43,630	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			514,902	0	824,553	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	87	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	226,078	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	7,730	0	166,957		441,994	100.00
101.00	UNIT COST MULTIPLIER	7.361905	0.000000	0.299954		0.389585	101.00

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

Provider CCN:14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,050					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1				6.00
7.00	HOUSEKEEPING	0		1,050			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,050	1	1,050	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	5,750	1,648	3,482	0	0	100.00
101.00	UNIT COST MULTIPLIER	5.476190	1,648.000000	3.316190	0.000000	0.000000	101.00

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

Provider CCN:14-0089

Period:
From 07/01/2019
To 06/30/2020Worksheet 0-6
Part II
Date/Time Prepared:
1/28/2021 12:19 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	7,114					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			37,429			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	23,210	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	7,113	0	37,429	0	23,210	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	14,837	0	30,111	0	60,628	100.00
101.00	UNIT COST MULTIPLIER	2.085606	0.000000	0.804483	0.000000	2.612150	101.00

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

Provider CCN:14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/28/2021 12:19 pm

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

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet 0-7
		Hospice CCN: 14-1524		Date/Time Prepared: 1/28/2021 12:19 pm

					Hospice I			
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				
				HCHC	HRHC	HIRC		
				2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS								
1.00	PHYSICAL THERAPY	66.00	0.492194	0	510	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.347100	0	510	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.557848	0	510	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.527751	0	23,210	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00	
6.00	LABORATORY	60.00	0.171383	0	0	0	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.374569	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00	
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0.913884	0	0	0	10.00	
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	76.01	1.096007	0	0	0	10.01	
10.02	PAIN MANAGEMENT	76.02	0.000000	0	0	0	10.02	
11.00	Totals (sum of lines 1-11)						11.00	
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service		Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)		
		5.00	6.00	7.00	8.00	9.00		
ANCILLARY SERVICE COST CENTERS								
1.00	PHYSICAL THERAPY	0	0	251	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	0	0	177	0	0	2.00	
3.00	SPEECH PATHOLOGY	0	0	285	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	0	0	12,249	0	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00	
6.00	LABORATORY	0	0	0	0	0	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00	
9.00	RADIOLOGY-THERAPEUTIC						9.00	
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.00	
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	10.01	
10.02	PAIN MANAGEMENT	0	0	0	0	0	10.02	
11.00	Totals (sum of lines 1-11)		0	12,962	0	0	11.00	

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN:14-0089

Period:

Worksheet 0-8

Hospice CCN: 14-1524

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/28/2021 12:19 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,264,322	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			7,113	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			177.75	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	3,709	1,677		9.00
10.00	Program cost (line 8 times line 9)	659,275	298,087		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			11,003	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			1	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			11,003.00	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	1	0		14.00
15.00	Program cost (line 13 times line 14)	11,003	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			0	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0		19.00
20.00	Program cost (line 18 times line 19)	0	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,275,325	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			7,114	22.00
23.00	Average cost per diem (line 21 divided by line 22)			179.27	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 1/28/2021 12:19 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier	266,133	1.00	
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01	
2.00	Capital DRG outlier payments	25,459	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)	10.19	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)	291,592	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	

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL			In Lieu of Form CMS-2552-10				
ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS				Provider CCN:14-0089 Component CCN:14-8522		Period: From 07/01/2019 To 06/30/2020		Worksheet M-1 Date/Time Prepared: 1/28/2021 12:19 pm	
						RHC I		Cost	
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassification ons	Reclassified Trial Balance (col. 3 + col. 4)			
		1.00	2.00	3.00	4.00	5.00			
FACILITY HEALTH CARE STAFF COSTS									
1.00	Physician	247,926	0	247,926	0	247,926	1.00		
2.00	Physician Assistant	0	0	0	0	0	2.00		
3.00	Nurse Practitioner	114,304	0	114,304	0	114,304	3.00		
4.00	Visiting Nurse	0	0	0	0	0	4.00		
5.00	Other Nurse	0	0	0	0	0	5.00		
6.00	Clinical Psychologist	0	0	0	0	0	6.00		
7.00	Clinical Social Worker	0	0	0	0	0	7.00		
8.00	Laboratory Technician	0	0	0	0	0	8.00		
9.00	Other Facility Health Care Staff Costs	118,205	0	118,205	0	118,205	9.00		
10.00	Subtotal (sum of lines 1 through 9)	480,435	0	480,435	0	480,435	10.00		
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00		
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00		
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00		
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00		
15.00	Medical Supplies	0	10,918	10,918	0	10,918	15.00		
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00		
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00		
18.00	Professional Liability Insurance	0	9,719	9,719	0	9,719	18.00		
19.00	Other Health Care Costs	0	0	0	0	0	19.00		
20.00	Allowable GME Costs	0	0	0	0	0	20.00		
21.00	Subtotal (sum of lines 15 through 20)	0	20,637	20,637	0	20,637	21.00		
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	480,435	20,637	501,072	0	501,072	22.00		
COSTS OTHER THAN RHC/FQHC SERVICES									
23.00	Pharmacy	0	13,547	13,547	0	13,547	23.00		
24.00	Dental	0	0	0	0	0	24.00		
25.00	Optometry	0	0	0	0	0	25.00		
25.01	Telehealth	2,888	0	2,888	0	2,888	25.01		
25.02	Chronic Care Management	0	0	0	0	0	25.02		
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00		
27.00	Nonallowable GME costs	0	0	0	0	0	27.00		
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	2,888	13,547	16,435	0	16,435	28.00		
FACILITY OVERHEAD									
29.00	Facility Costs	0	18,609	18,609	0	18,609	29.00		
30.00	Administrative Costs	0	11,462	11,462	0	11,462	30.00		
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	30,071	30,071	0	30,071	31.00		
32.00	Total facility costs (sum of lines 22, 28 and 31)	483,323	64,255	547,578	0	547,578	32.00		

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:14-0089

Period:

Worksheet M-1

Component CCN:14-8522

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/28/2021 12:19 pm

RHC I

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	247,926	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	114,304	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	118,205	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	480,435	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	10,918	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	9,719	18.00
19.00	Other Health Care Costs	0	0	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	20,637	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	501,072	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	13,547	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	2,888	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	16,435	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	18,609	29.00
30.00	Administrative Costs	0	11,462	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	30,071	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	547,578	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES			Provider CCN:14-0089 Component CCN:14-8522		Period: From 07/01/2019 To 06/30/2020		Worksheet M-2 Date/Time Prepared: 1/28/2021 12:19 pm	
			RHC I		Cost			
			Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
			1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY								
Positions								
1.00	Physician	0.94	2,733	4,200	3,948			1.00
2.00	Physician Assistant	0.00	0	2,100	0			2.00
3.00	Nurse Practitioner	0.86	1,950	2,100	1,806			3.00
4.00	Subtotal (sum of lines 1 through 3)	1.80	4,683		5,754		5,754	4.00
5.00	Visiting Nurse	0.00	0				0	5.00
6.00	Clinical Psychologist	0.00	0				0	6.00
7.00	Clinical Social Worker	0.00	0				0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0				0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0				0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.80	4,683				5,754	8.00
9.00	Physician Services Under Agreements		0				0	9.00
							1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES								
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)						501,072	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)						16,435	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)						517,507	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)						0.968242	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)						30,071	14.00
15.00	Parent provider overhead allocated to facility (see instructions)						528,777	15.00
16.00	Total overhead (sum of lines 14 and 15)						558,848	16.00
17.00	Allowable GME overhead (see instructions)						0	17.00
18.00	Enter the amount from line 16						558,848	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)						541,100	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)						1,042,172	20.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10		
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet M-3		
		Component CCN:14-8522		Date/Time Prepared: 1/28/2021 12:19 pm		
		Title XVIII	RHC I	Cost		
			1.00			
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES						
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			1,042,172	1.00	
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			148,989	2.00	
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			893,183	3.00	
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			5,754	4.00	
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00	
6.00	Total adjusted visits (line 4 plus line 5)			5,754	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)			155.23	7.00	
			Calculation of Limit (1)			
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)		
			1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)			0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)			155.23	155.23	9.00
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)			322	946	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)			49,984	146,848	11.00
12.00	Program covered visits for mental health services (from contractor records)			0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)			0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)			0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)					15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *			0	196,832	16.00
16.01	Total program charges (see instructions)(from contractor's records)				207,719	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				5,830	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				5,524	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)				124,326	16.04
16.05	Total program cost (see instructions)			0	129,850	16.05
17.00	Primary payer amounts				0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				35,901	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				33,198	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)				129,850	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)				9,360	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				139,210	22.00
23.00	Allowable bad debts (see instructions)				0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)				0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)				0	25.50
25.99	Demonstration payment adjustment amount before sequestration				0	25.99
26.00	Net reimbursable amount (see instructions)				139,210	26.00
26.01	Sequestration adjustment (see instructions)				2,325	26.01
26.02	Demonstration payment adjustment amount after sequestration				0	26.02
27.00	Interim payments				128,574	27.00
28.00	Tentative settlement (for contractor use only)				0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)				8,311	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II chapter I, §115.2				0	30.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN:14-0089	Period: From 07/01/2019	Worksheet M-4	
		Component CCN:14-8522	To 06/30/2020	Date/Time Prepared: 1/28/2021 12:19 pm	
		Title XVIII	RHC I	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		480,435	480,435	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.005423		0.013968	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	2,605		6,711	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	47,204		15,113	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	49,809		21,824	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	501,072		501,072	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	541,100		541,100	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.099405		0.043555	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	53,788		23,568	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	103,597		45,392	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	424		1,092	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	244.33		41.57	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	15		137	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	3,665		5,695	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			148,989	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			9,360	16.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN:14-0089	Period: From 07/01/2019 To 06/30/2020	Worksheet M-5	
		Component CCN:14-8522		Date/Time Prepared: 1/28/2021 12:19 pm	
			RHC I	Cost	
			Part B		
			mm/dd/yyyy	Amount	
			1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC			127,614	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	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			11/20/2019	960	3.01
3.02				0	3.02
3.03				0	3.03
3.04				0	3.04
3.05				0	3.05
Provider to Program					
3.50				0	3.50
3.51				0	3.51
3.52				0	3.52
3.53				0	3.53
3.54				0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			960	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)			128,574	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	5.01
5.02				0	5.02
5.03				0	5.03
Provider to Program					
5.50				0	5.50
5.51				0	5.51
5.52				0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER			8,311	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			136,885	7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00