

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED 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: 16-0057

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

Worksheet S
Parts I-III
Date/Time Prepared:
2/1/2021 10:25 am

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 2/1/2021	Time: 10:25 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

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

CHIEF FINANCIAL OFFICER
Title

(Dated when report is electronically signed.)
Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	30,557	52,982	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	42,642	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	1,759	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	-1		0	9.00
200.00	Total	0	74,958	52,981	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 16-0057		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 2/1/2021 10:25 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1221 SOUTH GEAR AVENUE			PO Box:				1.00		
2.00	City: WEST BURLINGTON			State: IA		Zip Code: 52655		County: DES MOINES		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		GREAT RIVER MEDICAL CENTER	160057	99916	1	07/01/1965	N	P	P
4.00	Subprovider - IPF									
5.00	Subprovider - IRF		GREAT RIVER MEDICAL CENTER	16T057	99916	5	07/01/1985	N	P	P
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF		GREAT RIVER MEDICAL CENTER	165110	99916		05/01/1977	N	P	P
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		GREAT RIVER MEDICAL CENTER	167136	99916		11/08/1984	N	P	P
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		GREAT RIVER MEDICAL CENTER	161567	99916		03/06/2002			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020		20.00
21.00	Type of Control (see instructions)						2			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		N	22.03
23.00	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.									
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N		23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0057

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From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
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2/1/2021 10:25 am

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,333	0	0	0	3,462	0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	34	0	0	0	191		25.00
				Urban/Rural S	Date of Geogr		
				1.00	2.00		
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
				Beginning:	Ending:		
				1.00	2.00		
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
				Y/N	Y/N		
				1.00	2.00		
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	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)					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.					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.					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

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			Y	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				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			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			1,570,289	19,124		0118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			Y		5.06	122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0057		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 2/1/2021 10:25 am	
		1.00		2.00			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0937		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: GREAT RIVER HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001		141.00	
142.00	Street: 1221 S. GEAR AVENUE	PO Box:				142.00	
143.00	City: WEST BURLINGTON	State: IA		Zip Code: 52655		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
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.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0057	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 2/1/2021 10:25 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0057		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part II Date/Time Prepared: 2/1/2021 10:25 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A	01/26/2021	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			Y			5.00
				Y/N		Legal Oper.	
				1.00		2.00	
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					N	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	12/11/2020	Y	12/11/2020 17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
2/1/2021 10:25 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JILL		SIGELMAN	41.00
42.00	Enter the employer/company name of the cost report preparer.	CLIFTONLARSONALLEN			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	612-376-4528		JILL.SIGELMAN@CLACONNECT.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0057	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 2/1/2021 10:25 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT PRINCIPAL		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	124	45,260	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		124	45,260	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		136	49,640	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	11	4,015		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	160	58,400		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	6	2,190			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		313				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,612	674	19,973		1.00
2.00	HMO and other (see instructions)	2,991	3,271			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	142	191			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	10,612	674	19,973		7.00
8.00	INTENSIVE CARE UNIT	1,102	55	1,991		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		751	1,288		13.00
14.00	Total (see instructions)	11,714	1,480	23,252	0.00	14.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF	1,533	34	2,551	0.00	17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY	4,327	0	4,874	0.00	19.00
20.00	NURSING FACILITY		26,729	38,301	0.00	20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	6,323	4,476	13,431	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	529	34	1,227	0.00	24.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	735.66
28.00	Observation Bed Days		267	1,606		28.00
29.00	Ambulance Trips	502				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	44	114		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,742	332	7,522	1.00
2.00 HMO and other (see instructions)			566	1,279		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				184		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,742	332	7,522	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	114	39	415	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
2/1/2021 10:25 am

	Wkst. A Line Number	Amount Reported	Reclassificat ion 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	81,670,394	0	81,670,394	3,158,048.96	25.86 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	961,868	30,576	992,444	40,085.58	24.76 9.00
10.00	Excluded area salaries (see instructions)		10,683,270	160,885	10,844,155	429,579.26	25.24 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,048,820	0	1,048,820	14,771.34	71.00 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		3,234,852	0	3,234,852	13,892.43	232.85 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,720,962	0	20,720,962		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,619,984	0	3,619,984		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		521,816	0	521,816		
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: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
2/1/2021 10:25 am

		Wkst. A Line Number	Amount Reported	Reclassificat ion 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	769,237	0	769,237	24,660.51	31.19	26.00
27.00	Administrative & General	5.00	12,112,169	-191,461	11,920,708	438,942.73	27.16	27.00
28.00	Administrative & General under contract (see inst.)		173,258	0	173,258	870.57	199.02	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,201,442	0	2,201,442	80,316.27	27.41	30.00
31.00	Laundry & Linen Service	8.00	84,917	0	84,917	5,260.59	16.14	31.00
32.00	Housekeeping	9.00	1,925,493	0	1,925,493	130,495.55	14.76	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,704,683	0	1,704,683	102,795.85	16.58	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,101,983	0	2,101,983	62,835.59	33.45	38.00
39.00	Central Services and Supply	14.00	829,425	0	829,425	50,005.01	16.59	39.00
40.00	Pharmacy	15.00	2,455,501	0	2,455,501	50,553.32	48.57	40.00
41.00	Medical Records & Medical Records Library	16.00	2,289,844	0	2,289,844	103,377.68	22.15	41.00
42.00	Social Service	17.00	760,605	0	760,605	22,373.11	34.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
2/1/2021 10:25 am

	Worksheet A Line Number	Amount Reported	Reclassificat ion 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)	81,843,652	0	81,843,652	3,158,919.53	25.91	1.00
2.00	Excluded area salaries (see instructions)	11,645,138	191,461	11,836,599	469,664.84	25.20	2.00
3.00	Subtotal salaries (line 1 minus line 2)	70,198,514	-191,461	70,007,053	2,689,254.69	26.03	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,283,672	0	4,283,672	28,663.77	149.45	4.00
5.00	Subtotal wage-related costs (see inst.)	21,242,778	0	21,242,778	0.00	30.34	5.00
6.00	Total (sum of lines 3 thru 5)	95,724,964	-191,461	95,533,503	2,717,918.46	35.15	6.00
7.00	Total overhead cost (see instructions)	27,408,557	-191,461	27,217,096	1,072,486.78	25.38	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
2/1/2021 10:25 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	3,591,305	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	318,893	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)	11,738,258	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	305,233	9.00
10.00	Dental, Hearing and Vision Plan	541,187	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	127,289	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	980,608	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	6,226,108	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	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	512,064	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	24,340,945	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,048,820	24,340,945	1.00
2.00	Hospital	1,048,820	24,340,945	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 16-0057 Component CCN: 16-7136		Period: From 07/01/2019 To 06/30/2020		Worksheet S-4 Date/Time Prepared: 2/1/2021 10:25 am	
				Home Health Agency I		PPS	
				1.00			
0.00 County				DES MOINES		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	716	1,872	2,201	4,789	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	387.00	0.00	26.00	413.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.96	0.00	0.96	4.00
5.00	Other Administrative Personnel			7.83	0.00	7.83	5.00
6.00	Direct Nursing Service			10.45	0.00	10.45	6.00
7.00	Nursing Supervisor			3.66	0.00	3.66	7.00
8.00	Physical Therapy Service			4.11	0.00	4.11	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			0.31	0.00	0.31	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.15	0.00	1.15	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			4.27	0.00	4.27	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99916			20.00
		Full Episodes		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	1,724	473	59	13	2,269	21.00
22.00	Skilled Nursing Visit Charges	301,700	82,775	10,325	2,275	397,075	22.00
23.00	Physical Therapy Visits	1,716	223	31	18	1,988	23.00
24.00	Physical Therapy Visit Charges	378,118	43,485	5,850	3,510	430,963	24.00
25.00	Occupational Therapy Visits	931	160	4	14	1,109	25.00
26.00	Occupational Therapy Visit Charges	178,815	30,810	780	2,730	213,135	26.00
27.00	Speech Pathology Visits	102	26	1	0	129	27.00
28.00	Speech Pathology Visit Charges	19,695	5,070	195	0	24,960	28.00
29.00	Medical Social Service Visits	31	2	0	0	33	29.00
30.00	Medical Social Service Visit Charges	6,603	426	0	0	7,029	30.00
31.00	Home Health Aide Visits	678	115	2	0	795	31.00
32.00	Home Health Aide Visit Charges	66,444	11,270	196	0	77,910	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,182	999	97	45	6,323	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)	951,375	173,836	17,346	8,515	1,151,072	35.00
36.00	Total Number of Episodes (standard/non outlier)	411		40	5	456	36.00
37.00	Total Number of Outlier Episodes		40		2	42	37.00
38.00	Total Non-Routine Medical Supply Charges	3,511	1,585	193	92	5,381	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA				Provider CCN: 16-0057 Hospice CCN: 16-1567		Period: From 07/01/2019 To 06/30/2020		Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 2/1/2021 10:25 am	
				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		10.00	
11.00	Hospice Routine Home Care			10,755	0	555	11,310	11.00	
12.00	Hospice Inpatient Respite Care			163	0	57	220	12.00	
13.00	Hospice General Inpatient Care			366	0	701	1,067	13.00	
14.00	Total Hospice Days			11,284	0	1,313	12,597	14.00	
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015									
15.00	Hospice Inpatient Respite Care			0	0	0	0	15.00	
16.00	Hospice General Inpatient Care			0	0	0	0	16.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 16-0057	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 2/1/2021 10:25 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.384766 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	24,678,170		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	79,417,607		6.00
7.00	Medicaid cost (line 1 times line 6)	30,557,195		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)	5,879,025		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	168,892		9.00
10.00	Stand-alone CHIP charges	699,331		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	269,079		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	100,187		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	5,979,212		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	1,766,392	4,567,039	6,333,431 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	679,648	4,567,039	5,246,687 21.00
22.00	Payments received from patients for amounts previously written off as charity care	3,631	45,306	48,937 22.00
23.00	Cost of charity care (line 21 minus line 22)	676,017	4,521,733	5,197,750 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	3,882,804		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	0		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	0		27.01
28.00	Non-Medicare bad debt expense (see instructions)	3,882,804		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,493,971		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	6,691,721		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	12,670,933		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

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

Worksheet A

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (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	4,402,274	4,402,274	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN		0	0	746,891	746,891	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER		0	0	15,707	15,707	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY		0	0	19,138	19,138	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY		0	0	0	0	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN		0	0	0	0	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP		0	0	223,035	223,035	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB		0	0	1,098,236	1,098,236	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO		0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP		14,208,348	14,208,348	-5,640,965	8,567,383	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	769,237	775,718	1,544,955	2,976,441	4,521,396	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	234,993	79,447	314,440	-55,513	258,927	5.01
5.02	00550	DATA PROCESSING	3,732,030	12,881,348	16,613,378	-92,726	16,520,652	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	316,576	307,631	624,207	-10,179	614,028	5.03
5.04	00570	ADMITTING	1,308,846	653,653	1,962,499	-65,523	1,896,976	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,153,610	2,178,412	4,332,022	-113,931	4,218,091	5.05
5.06	00591	OTHER A&G	4,366,114	17,887,978	22,254,092	-1,153,816	21,100,276	5.06
7.00	00700	OPERATION OF PLANT	2,201,442	4,999,265	7,200,707	-76,404	7,124,303	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	84,917	447,546	532,463	70,651	603,114	8.00
9.00	00900	HOUSEKEEPING	1,699,100	770,638	2,469,738	196,944	2,666,682	9.00
9.01	00901	HOUSEKEEPING KLEIN	226,393	123,456	349,849	-13,811	336,038	9.01
10.00	01000	DIETARY	1,281,433	1,467,133	2,748,566	-71,565	2,677,001	10.00
10.01	01001	DIETARY KLEIN	423,250	562,307	985,557	-26,224	959,333	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,101,983	923,140	3,025,123	-59,775	2,965,348	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	829,425	474,898	1,304,323	-47,569	1,256,754	14.00
15.00	01500	PHARMACY	2,455,501	5,891,643	8,347,144	-48,091	8,299,053	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,289,844	1,454,760	3,744,604	-98,343	3,646,261	16.00
17.00	01700	SOCIAL SERVICE	760,605	168,928	929,533	-20,158	909,375	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,047,115	2,931,075	12,978,190	-342,595	12,635,595	30.00
31.00	03100	INTENSIVE CARE UNIT	1,532,896	510,754	2,043,650	-47,216	1,996,434	31.00
41.00	04100	SUBPROVIDER - IRF	863,368	246,789	1,110,157	-27,900	1,082,257	41.00
43.00	04300	NURSERY	337,804	92,440	430,244	-9,485	420,759	43.00
44.00	04400	SKILLED NURSING FACILITY	961,868	266,269	1,228,137	23,828	1,251,965	44.00
45.00	04500	NURSING FACILITY	4,480,264	1,366,344	5,846,608	-244,917	5,601,691	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,118,436	2,292,473	7,410,909	-153,021	7,257,888	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,403,504	1,392,294	2,795,798	-52,947	2,742,851	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	629,633	1,063,700	1,693,333	-17,920	1,675,413	55.00
56.00	05600	RADIOISOTOPE	151,905	76,960	228,865	-4,855	224,010	56.00
57.00	05700	CT SCAN	475,923	423,165	899,088	-16,914	882,174	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	258,022	211,131	469,153	-8,563	460,590	58.00
59.00	05900	CARDIAC CATHETERIZATION	840,872	413,726	1,254,598	-26,232	1,228,366	59.00
60.00	06000	LABORATORY	2,667,222	1,277,718	3,944,940	1,611,004	5,555,944	60.00
64.00	06400	INTRAVENOUS THERAPY	464,959	157,619	622,578	-12,643	609,935	64.00
65.00	06500	RESPIRATORY THERAPY	1,170,968	528,602	1,699,570	-41,871	1,657,699	65.00
66.00	06600	PHYSICAL THERAPY	408,183	143,977	552,160	-12,359	539,801	66.00
67.00	06700	OCCUPATIONAL THERAPY	372,646	136,962	509,608	-10,381	499,227	67.00
68.00	06800	SPEECH PATHOLOGY	122,907	20,346	143,253	-2,037	141,216	68.00
69.00	06900	ELECTROCARDIOLOGY	435,934	159,729	595,663	-13,624	582,039	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,744,111	40,744,111	-27,966,686	12,777,425	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,451,936	4,451,936	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	21,357,923	21,357,923	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	262,743	77,187	339,930	-9,919	330,011	76.01
76.02	03950	O/P REHAB SERVICES	1,867,971	1,717,627	3,585,598	-60,259	3,525,339	76.02
76.03	03951	SPORTS FITNESS	999,598	387,359	1,386,957	-43,721	1,343,236	76.03
76.04	03952	LIFE CENTER	1,318,427	1,493,982	2,812,409	-48,488	2,763,921	76.04
76.06	03480	ONCOLOGY	823,051	289,395	1,112,446	-27,255	1,085,191	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,610,439	15,559,484	23,169,923	-325,166	22,844,757	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

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

Worksheet A

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY	3,468,799	1,335,534	4,804,333	-113,573	4,690,760	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	480,192	176,432	656,624	-21,428	635,196	95.00
101.00	10100	HOME HEALTH AGENCY	2,098,536	786,716	2,885,252	-379,280	2,505,972	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,663,711	1,663,711	0	1,663,711	113.00
116.00	11600	HOSPICE	1,453,208	630,781	2,083,989	261,965	2,345,954	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	80,362,692	144,830,641	225,193,333	-179,875	225,013,458	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	292,077	117,049	409,126	-27,948	381,178	194.01
194.02	07952	MARKETING	345,462	654,064	999,526	-10,189	989,337	194.02
194.03	07953	OUTREACH REHAB	514,652	144,745	659,397	-12,300	647,097	194.03
194.04	07954	SWITCHBOARD	0	0	0	39,824	39,824	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	68,744	324,467	393,211	0	393,211	194.05
194.06	07956	OTHER NONREIMB	86,767	29,035	115,802	190,488	306,290	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	81,670,394	146,100,001	227,770,395	0	227,770,395	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

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

Worksheet A

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	619,004	5,021,278	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	0	746,891	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	0	15,707	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	19,138	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	393,579	393,579	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	433,286	433,286	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	223,035	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	132,322	1,230,558	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	24,424	24,424	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-424	8,566,959	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,492	4,517,904	4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	-26,081	232,846	5.01
5.02	00550	DATA PROCESSING	-95,788	16,424,864	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-37,545	576,483	5.03
5.04	00570	ADMITTING	-9,645	1,887,331	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-62,820	4,155,271	5.05
5.06	00591	OTHER A&G	-7,090,055	14,010,221	5.06
7.00	00700	OPERATION OF PLANT	-329,403	6,794,900	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	175,251	175,251	7.02
7.03	00703	OPERATION OF PLANT MERCY	159,339	159,339	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	26,605	26,605	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	603,114	8.00
9.00	00900	HOUSEKEEPING	-166,442	2,500,240	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	336,038	9.01
10.00	01000	DIETARY	-982,310	1,694,691	10.00
10.01	01001	DIETARY KLEIN	-458	958,875	10.01
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	115,931	3,081,279	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	-191,878	1,064,876	14.00
15.00	01500	PHARMACY	0	8,299,053	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-36,742	3,609,519	16.00
17.00	01700	SOCIAL SERVICE	0	909,375	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-299,602	12,335,993	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,996,434	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,082,257	41.00
43.00	04300	NURSERY	0	420,759	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,251,965	44.00
45.00	04500	NURSING FACILITY	631,773	6,233,464	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-24,620	7,233,268	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,742,851	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-129,710	1,545,703	55.00
56.00	05600	RADIOISOTOPE	0	224,010	56.00
57.00	05700	CT SCAN	0	882,174	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	460,590	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,228,366	59.00
60.00	06000	LABORATORY	-1,523	5,554,421	60.00
64.00	06400	INTRAVENOUS THERAPY	0	609,935	64.00
65.00	06500	RESPIRATORY THERAPY	-3,774	1,653,925	65.00
66.00	06600	PHYSICAL THERAPY	0	539,801	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	499,227	67.00
68.00	06800	SPEECH PATHOLOGY	0	141,216	68.00
69.00	06900	ELECTROCARDIOLOGY	0	582,039	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,777,425	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,451,936	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-9,788,341	11,569,582	73.00
76.00	03040	AUDIOLOGY	0	0	76.00
76.01	03280	EKG AND EEG	0	330,011	76.01
76.02	03950	O/P REHAB SERVICES	-21,120	3,504,219	76.02
76.03	03951	SPORTS FITNESS	-179,640	1,163,596	76.03
76.04	03952	LIFE CENTER	-363,216	2,400,705	76.04
76.06	03480	ONCOLOGY	-138,376	946,815	76.06
76.07	03954	OP REHAB SERVICES	0	0	76.07
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-10,619,180	12,225,577	90.00
91.00	09100	EMERGENCY	-84	4,690,676	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

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

Worksheet A

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-35,724	599,472	95.00
101.00	10100	HOME HEALTH AGENCY	-1,289	2,504,683	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-1,663,711	0	113.00
116.00	11600	HOSPICE	-23,217	2,322,737	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-29,614,696	195,398,762	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	194.00
194.01	07951	DAYCARE	0	381,178	194.01
194.02	07952	MARKETING	0	989,337	194.02
194.03	07953	OUTREACH REHAB	0	647,097	194.03
194.04	07954	SWITCHBOARD	0	39,824	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	393,211	194.05
194.06	07956	OTHER NONREIMB	0	306,290	194.06
194.07	07957	MEALS ON WHEELS	0	0	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-29,614,696	198,155,699	200.00

RECLASSIFICATIONS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
2/1/2021 10:25 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - MARKETING SALARIES					
1.00		0.00	0	0		1.00
			0	0		
	B - SWITCHBOARD EXPENSE					
1.00	SWITCHBOARD	194.04	31,325	10,590		1.00
			31,325	10,590		
	C - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	864,316		1.00
			0	864,316		
	D - PHYSICIAN RECRUITMENT					
1.00	OTHER NONREIMB	194.06	160,136	34,454		1.00
			160,136	34,454		
	E - SNF EXPENSES					
1.00	SKILLED NURSING FACILITY	44.00	30,576	11,860		1.00
			30,576	11,860		
	F - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,976,441		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
			0	2,976,441		
	G - HOME HEALTH HOSPICE ADMIN					
1.00	HOSPICE	116.00	222,914	95,943		1.00
	TOTALS		222,914	95,943		

Provider CCN: 16-0057

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

Worksheet A-6
Date/Time Prepared:
2/1/2021 10:25 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	H - SUPPLIES AND DRUGS					
1.00	OTHER A&G	5.00	0	26,697	1.00	
2.00	LAUNDRY & LINEN SERVICE	8.00	0	75,655	2.00	
3.00	HOUSEKEEPING	9.00	0	307,272	3.00	
4.00	SOCIAL SERVICE	17.00	0	1,125	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	1,237	5.00	
6.00	SKILLED NURSING FACILITY	44.00	0	19,525	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	460	7.00	
8.00	LABORATORY	60.00	0	1,724,856	8.00	
9.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,451,936	9.00	
10.00	DRUGS CHARGED TO PATIENTS	73.00	0	21,357,923	10.00	
	TOTALS		0	27,966,686		
	I - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,965,485	1.00	
2.00	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	671,074	2.00	
3.00	CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	10,019	3.00	
4.00	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	15,279	4.00	
5.00	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	211,974	5.00	
6.00	CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0	1,098,236	6.00	
	TOTALS		0	5,972,067		
500.00	Grand Total: Increases		444,951	37,932,357	500.00	

RECLASSIFICATIONS

Provider CCN: 16-0057

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

Worksheet A-6

Date/Time Prepared:
2/1/2021 10:25 am

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
1.00	A - MARKETING SALARIES					
		0.00	0	0	0	1.00
			0	0		
1.00	B - SWITCHBOARD EXPENSE					
	ADMINISTRATIVE AND GENERAL	5.01	31,325	10,590	0	1.00
			31,325	10,590		
1.00	C - PROPERTY INSURANCE					
	OTHER A&G	5.06	0	864,316	12	1.00
			0	864,316		
1.00	D - PHYSICIAN RECRUITMENT					
	OTHER A&G	5.06	160,136	34,454	0	1.00
			160,136	34,454		
1.00	E - SNF EXPENSES					
	NURSING FACILITY	45.00	30,576	11,860	0	1.00
			30,576	11,860		
	F - EMPLOYEE BENEFITS					
1.00	ADMINISTRATIVE AND GENERAL	5.01	0	13,598	0	1.00
2.00	DATA PROCESSING	5.02	0	92,726	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	10,179	0	3.00
4.00	ADMITTING	5.04	0	65,523	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	113,931	0	5.00
6.00	OTHER A&G	5.06	0	121,607	0	6.00
7.00	OPERATION OF PLANT	7.00	0	76,404	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	5,004	0	8.00
9.00	HOUSEKEEPING	9.00	0	110,328	0	9.00
10.00	HOUSEKEEPING KLEIN	9.01	0	13,811	0	10.00
11.00	DIETARY	10.00	0	71,565	0	11.00
12.00	DIETARY KLEIN	10.01	0	26,224	0	12.00
13.00	NURSING ADMINISTRATION	13.00	0	59,775	0	13.00
14.00	CENTRAL SERVICE & SUPPLY	14.00	0	47,569	0	14.00
15.00	PHARMACY	15.00	0	48,091	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	98,343	0	16.00
17.00	SOCIAL SERVICE	17.00	0	21,283	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	343,832	0	18.00
19.00	INTENSIVE CARE UNIT	31.00	0	47,216	0	19.00
20.00	SUBPROVIDER - IRF	41.00	0	27,900	0	20.00
21.00	NURSERY	43.00	0	9,485	0	21.00
22.00	SKILLED NURSING FACILITY	44.00	0	38,133	0	22.00
23.00	NURSING FACILITY	45.00	0	202,481	0	23.00
24.00	OPERATING ROOM	50.00	0	153,021	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	53,407	0	25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	0	17,920	0	26.00
27.00	RADIOISOTOPE	56.00	0	4,855	0	27.00
28.00	CT SCAN	57.00	0	16,914	0	28.00
29.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,563	0	29.00
30.00	CARDIAC CATHETERIZATION	59.00	0	26,232	0	30.00
31.00	LABORATORY	60.00	0	113,852	0	31.00
32.00	INTRAVENOUS THERAPY	64.00	0	12,643	0	32.00
33.00	RESPIRATORY THERAPY	65.00	0	41,871	0	33.00
34.00	PHYSICAL THERAPY	66.00	0	12,359	0	34.00
35.00	OCCUPATIONAL THERAPY	67.00	0	10,381	0	35.00
36.00	SPEECH PATHOLOGY	68.00	0	2,037	0	36.00
37.00	ELECTROCARDIOLOGY	69.00	0	13,624	0	37.00
38.00	EKG AND EEG	76.01	0	9,919	0	38.00
39.00	O/P REHAB SERVICES	76.02	0	60,259	0	39.00
40.00	SPORTS FITNESS	76.03	0	43,721	0	40.00
41.00	LIFE CENTER	76.04	0	48,488	0	41.00
42.00	ONCOLOGY	76.06	0	27,255	0	42.00
44.00	CLINIC	90.00	0	325,166	0	44.00
45.00	EMERGENCY	91.00	0	113,573	0	45.00
46.00	AMBULANCE SERVICES	95.00	0	21,428	0	46.00
47.00	HOME HEALTH AGENCY	101.00	0	60,423	0	47.00
48.00	HOSPICE	116.00	0	56,892	0	48.00
49.00	DAYCARE	194.01	0	27,948	0	49.00
50.00	MARKETING	194.02	0	10,189	0	50.00
51.00	OUTREACH REHAB	194.03	0	12,300	0	51.00
52.00	SWITCHBOARD	194.04	0	2,091	0	52.00
53.00	OTHER NONREIMB	194.06	0	4,102	0	53.00
			0	2,976,441		

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
	G - HOME HEALTH HOSPICE ADMIN						
1.00	HOME HEALTH AGENCY	101.00	222,914	95,943	0		1.00
	TOTALS		222,914	95,943			
	H - SUPPLIES AND DRUGS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	27,966,686	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	TOTALS		0	27,966,686			
	I - DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,972,067	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
	TOTALS		0	5,972,067			
500.00	Grand Total: Decreases		444,951	37,932,357			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
2/1/2021 10:25 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	4,946,488	0	0	0	0	1.00	
2.00	Land Improvements	11,972,330	488,175	0	488,175	0	2.00	
3.00	Buildings and Fixtures	127,066,771	169,386	0	169,386	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	63,127,582	214,196	0	214,196	0	5.00	
6.00	Movable Equipment	120,681,737	5,248,999	0	5,248,999	164,475	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	327,794,908	6,120,756	0	6,120,756	164,475	8.00	
9.00	Reconciling Items	-3,998,845	-777,589	0	-777,589	-1,393,339	9.00	
10.00	Total (line 8 minus line 9)	331,793,753	6,898,345	0	6,898,345	1,557,814	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	4,946,488	0					1.00
2.00	Land Improvements	12,460,505	0					
3.00	Buildings and Fixtures	127,236,157	0					3.00
4.00	Building Improvements	0	0					
5.00	Fixed Equipment	63,341,778	0					5.00
6.00	Movable Equipment	125,766,261	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	333,751,189	0					
9.00	Reconciling Items	-3,383,095	0					9.00
10.00	Total (line 8 minus line 9)	337,134,284	0					

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	0	0	0	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	0	0	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	0	0	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	0	0	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	14,208,348	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,208,348	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1)				
		Capital-Relat	(sum of cols.				
		ed Costs (see	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-BLDG & FIXT - KLEIN	0	0				1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	0				1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0				1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0				1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0				1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0				1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0				1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0				1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	14,208,348				2.00
3.00	Total (sum of lines 1-2)	0	14,208,348				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance
	1.00	2.00	3.00	4.00	5.00

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	170,373,201	0	170,373,201	0.505358	436,789	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	29,573,241	0	29,573,241	0.087719	75,817	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	2,218,680	0	2,218,680	0.006581	5,688	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1,505,464	0	1,505,464	0.004465	3,859	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0.000000	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	4,314,342	0	4,314,342	0.012797	11,061	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0.000000	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0.000000	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	129,149,356	0	129,149,356	0.383080	331,102	2.00
3.00	Total (sum of lines 1-2)	337,134,284	0	337,134,284	0.000000	864,316	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	436,789	4,584,489	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	0	75,817	671,074	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	5,688	10,019	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	3,859	15,279	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	393,579	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	433,286	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	11,061	211,974	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	1,230,558	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	24,424	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	331,102	8,235,857	0	2.00
3.00	Total (sum of lines 1-2)	0	0	864,316	15,810,539	0	3.00

Cost Center Description	SUMMARY OF CAPITAL				
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)
	11.00	12.00	13.00	14.00	15.00

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	436,789	0	0	5,021,278	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	75,817	0	0	746,891	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	5,688	0	0	15,707	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	3,859	0	0	19,138	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	393,579	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	433,286	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	11,061	0	0	223,035	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	1,230,558	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	24,424	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	331,102	0	0	8,566,959	2.00
3.00	Total (sum of lines 1-2)	0	864,316	0	0	16,674,855	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0057

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

Worksheet A-8

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				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-BLDG & FIXT - KLEIN (chapter 2)			0 CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-BLDG & FIXT - CANCER (chapter 2)			0 CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-BLDG & FIXT - LAUNDRY (chapter 2)			0 CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-BLDG & FIXT - MERCY (chapter 2)			0 CAP REL COSTS-BLDG & FIXT - MERCY	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-BLDG & FIXT - EASTMAN (chapter 2)			0 CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	0	1.05
1.06	Investment income - CAP REL COSTS-BLDG & FIXT - HHA/HOSP (chapter 2)			0 CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	1.06
1.07	Investment income - CAP REL COSTS-BLDG & FIXT - REHAB (chapter 2)			0 CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0	1.07
1.08	Investment income - CAP REL COSTS-BLDG & FIXT - WAPELLO (chapter 2)			0 CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	0	1.08
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-9,798,989			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0	0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-798,006			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-982,310	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-616	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0057

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

Worksheet A-8

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT - KLEIN		0	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-BLDG & FIXT - CANCER		0	CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-BLDG & FIXT - LAUNDRY		0	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-BLDG & FIXT - MERCY		0	CAP REL COSTS-BLDG & FIXT - MERCY	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-BLDG & FIXT - EASTMAN		0	CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-BLDG & FIXT - HHA/HOSP		0	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-BLDG & FIXT - REHAB		0	CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-BLDG & FIXT - WAPELLO		0	CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	0	26.08
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC INCOME - EMPLOYEE BENEFITS	B	-3,492	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	MISC INCOME - DATA PROCESSING	B	-66,598	DATA PROCESSING	5.02	0	33.01
33.02	MISC INCOME - NON PATIENT TELEPHONES	B	-35	ADMINISTRATIVE AND GENERAL	5.01	0	33.02
33.03	MISC INCOME - BUSINESS OFFICE	B	19,896	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.03
33.04	MISC INCOME - OTHER A&G	B	-3,721,432	OTHER A&G	5.06	0	33.04
33.05	MISC INCOME - OPERATION OF PLANT	B	-4,923	OPERATION OF PLANT	7.00	0	33.05
33.06	MISC INCOME - HOUSEKEEPING	B	-20,738	HOUSEKEEPING	9.00	0	33.06
33.07	MISC INCOME - DIETARY		0		0.00	0	33.07
33.08	MISC INCOME - DIETARY - KLEIN	B	-458	DIETARY KLEIN	10.01	0	33.08
33.09	MISC INCOME - NURSING ADMIN	B	-398,930	NURSING ADMINISTRATION	13.00	0	33.09
33.10	MISC INCOME - ADULTS AND PEDIATRICS	B	-299,602	ADULTS & PEDIATRICS	30.00	0	33.10
33.11	MISC INCOME - NURSERY	B	-17,946	PURCHASING RECEIVING AND STORES	5.03	0	33.11
33.12	MISC INCOME - OR	B	-15,995	OPERATING ROOM	50.00	0	33.12
33.13	MISC INCOME - RESPIRATORY THERAPY		0		0.00	0	33.13
33.14	MISC INCOME - LABORATORY	B	-1,059	LABORATORY	60.00	0	33.14

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0057

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

Worksheet A-8

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
33.15	MISC INCOME - O/P REHAB SERVICES		0		0.00	0	33.15
33.16	MISC INCOME - SPORTS FITNESS	B	-179,640	SPORTS FITNESS	76.03	0	33.16
33.17	MISC INCOME - LIFE CENTER	B	-1,168	LIFE CENTER	76.04	0	33.17
33.18	MISC INCOME - CLINICS	B	-30,277	CLINIC	90.00	0	33.18
33.19	MISC INCOME - AMBULANCE	B	-35,724	AMBULANCE SERVICES	95.00	0	33.19
33.20	MISC INCOME - HOME HEALTH AGENCY	B	-1,289	HOME HEALTH AGENCY	101.00	0	33.20
33.21	MISC INCOME - HOSPICE	B	-343	HOSPICE	116.00	0	33.21
33.22	MISC INCOME	B	-3,178	RADIOLOGY-THERAPEUTIC	55.00	0	33.22
33.23	MISC INCOME	B	-2,500	ONCOLOGY	76.06	0	33.23
33.24	MISC INCOME	B	-84	EMERGENCY	91.00	0	33.24
34.00	DISCOUNTS - PURCHASING RECEIVING AND		0		0.00	0	34.00
34.01	DISCOUNTS - OTHER A&G		0		0.00	0	34.01
34.02	DISCOUNTS - OPERATION OF PLANT		0		0.00	0	34.02
34.03	DISCOUNTS - RADIOLOGY-DIAGNOSTIC		0		0.00	0	34.03
34.04	DISCOUNTS - CLINICS		0		0.00	0	34.04
35.00	RENTAL INCOME - PAIN MANAGEMENT	B	-1,800	O/P REHAB SERVICES	76.02	0	35.00
35.01	RENTAL INCOME - FARMLAND	B	-5,200	OTHER A&G	5.06	0	35.01
35.02	RENTAL INCOME - CANCER CENTER		0		0.00	0	35.02
35.03	RENTAL INCOME - LABOR DELIVERY		0		0.00	0	35.03
35.04	RENTAL INCOME - LAUNDRY BLDG.		0		0.00	0	35.04
36.00	RELATED PARTY SERVICE REVENUE	B	-145,884	OPERATION OF PLANT	7.00	0	36.00
36.01	340B INCOME	B	-9,786,541	DRUGS CHARGED TO PATIENTS	73.00	0	36.01
36.02	RELATED PARTY SERVICE REVENUE	B	-145,704	HOUSEKEEPING	9.00	0	36.02
37.00	INTEREST EXPENSE	A	-1,663,711	INTEREST EXPENSE	113.00	0	37.00
37.01	DIALYSIS DEPRECIATION	A	-22,909	CAP REL COSTS-BLDG & FIXT	1.00	9	37.01
37.02	HELICOPTER DEPRECIATION		0		0.00	9	37.02
37.03	CAPITALIZED COSTS	A	63,900	CAP REL COSTS-BLDG & FIXT	1.00	9	37.03
37.04	CAPITALIZED INTEREST ON UNNECESSARY	A	-46,218	CAP REL COSTS-BLDG & FIXT	1.00	9	37.04
37.05	USEFUL LIFE ADJUSTMENTS	A	606,985	CAP REL COSTS-BLDG & FIXT	1.00	9	37.05
37.06	ICF DEPRECIATION	A	419,130	NURSING FACILITY	45.00	0	37.06
37.07	DAYCARE DEPRECIATION	A	-26,416	CAP REL COSTS-BLDG & FIXT	1.00	9	37.07
37.08	TV DEPRECIATION EXPENSE	A	-424	CAP REL COSTS-MVBLE EQUIP	2.00	9	37.08
37.09	PHONE COST OFFSET	A	-26,046	ADMINISTRATIVE AND GENERAL	5.01	0	37.09
38.00	CABLE TV		0		0.00	0	38.00
38.01	CABLE TV		0		0.00	0	38.01
38.02	CABLE TV		0		0.00	0	38.02
38.03	CABLE TV		0		0.00	0	38.03
38.04	CABLE TV	A	-53,901	OPERATION OF PLANT	7.00	0	38.04
38.05	CABLE TV		0		0.00	0	38.05
38.06	CABLE TV		0		0.00	0	38.06
38.07	CABLE TV		0		0.00	0	38.07
39.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.00
39.01	REMOVE MARKUP ON HMES TRANSACTIONS	A	-191,878	CENTRAL SERVICE & SUPPLY	14.00	0	39.01
39.02	AHA/IHA DUES - LOBBYING EXPENSES	A	-26,453	OTHER A&G	5.06	0	39.02
39.03	ALCOHOL	A	-18,220	OTHER A&G	5.06	0	39.03
39.04	ADMINISTRATIVE COST REDUCTIONS	A	-5,875	OTHER A&G	5.06	0	39.04
40.00	AMORTIZATION OF BOND COSTS	A	-85,257	OTHER A&G	5.06	0	40.00
41.00	OFFSET RENTAL COSTS - PETERSON, OTHE	A	-55,620	OPERATION OF PLANT	7.00	0	41.00
41.01	OFFSET RENTAL COSTS - PETERSON, OTHE	A	-1,076	OTHER A&G	5.06	0	41.01
42.00	OFFSET RENTAL COSTS - HCR	A	-29,190	DATA PROCESSING	5.02	0	42.00
42.01	OFFSET RENTAL COSTS - HCR	A	-17,310	PURCHASING RECEIVING AND STORES	5.03	0	42.01
42.02	OFFSET RENTAL COSTS - HCR	A	-9,645	ADMITTING	5.04	0	42.02
42.03	OFFSET RENTAL COSTS - HCR	A	-82,716	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	42.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0057

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

Worksheet A-8

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		2.00	3.00	4.00	5.00		
42.04	OFFSET RENTAL COSTS - HCR	A	-114,437	OTHER A&G	5.06	0	42.04
42.05	OFFSET RENTAL COSTS - HCR	A	-68,305	OPERATION OF PLANT	7.00	0	42.05
42.06	OFFSET RENTAL COSTS - HCR	A	-17,370	NURSING ADMINISTRATION	13.00	0	42.06
42.07	OFFSET RENTAL COSTS - HCR	A	-8,625	OPERATING ROOM	50.00	0	42.07
42.08	OFFSET RENTAL COSTS - HCR	A	-464	LABORATORY	60.00	0	42.08
42.09	OFFSET RENTAL COSTS - HCR	A	-19,320	O/P REHAB SERVICES	76.02	0	42.09
42.10	OFFSET RENTAL COSTS - HCR	A	-135,876	ONCOLOGY	76.06	0	42.10
42.11	OFFSET RENTAL COSTS - HCR	A	-1,281,022	CLINIC	90.00	0	42.11
42.12	OFFSET RENTAL COSTS - HCR	A	-1,246	LIFE CENTER	76.04	0	42.12
42.13	OFFSET RENTAL COSTS - HCR	A	-36,126	MEDICAL RECORDS & LIBRARY	16.00	0	42.13
43.00	PHYSICIAN COSTS	A	-182,596	OTHER A&G	5.06	0	43.00
44.00	CONTRIBUTION EXPENSE - PLANT OPERAT	A	-770	OPERATION OF PLANT	7.00	0	44.00
44.01	CONTRIBUTION EXPENSE - ADMINISTRATI	A	-2,250	OTHER A&G	5.06	0	44.01
44.02	CONTRIBUTION EXPENSE - INFORMATICS	A	-1,150	DATA PROCESSING	5.02	0	44.02
44.03	CONTRIBUTION INCOME EXPENSE - HOSPI	A	-22,874	HOSPICE	116.00	0	44.03
44.04	CONTRIBUTION INCOME EXPENSE - INFOR	A	1,150	DATA PROCESSING	5.02	0	44.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-29,614,696				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 16-0057

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

Worksheet A-8-1

Date/Time Prepared:
2/1/2021 10:25 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.03	PURCHASING RECEIVING AND STO	HEALTH ENTERPRISES - PURCHAS	5,341	7,630	1.00
2.00	5.06	OTHER A&G	HEALTH ENTERPRISES - A&G	6,800	8,500	2.00
3.00	73.00	DRUGS CHARGED TO PATIENTS	HEALTH ENTERPRISES - PHARMAC	7,200	9,000	3.00
3.01	5.06	OTHER A&G	GRHS HO - OPERATING	3,414,094	6,339,653	3.01
3.02	13.00	NURSING ADMINISTRATION	GRHS HO - NURSING ADMIN	532,231	0	3.02
3.03	45.00	NURSING FACILITY	GRHS HO - NURSING ADMIN KLIE	212,643	0	3.03
3.04	1.00	CAP REL COSTS-BLDG & FIXT	GRHS HO - CAPITAL	43,662	0	3.04
3.05	1.07	CAP REL COSTS-BLDG & FIXT -	HCR - REHAB BLDG - CAPITAL	132,322	0	3.05
3.06	1.08	CAP REL COSTS-BLDG & FIXT -	HCR - WAPELLO BLDG - CAPITA	24,424	0	3.06
3.07	1.04	CAP REL COSTS-BLDG & FIXT -	HCR - MERCY MOB - CAPITAL	393,579	0	3.07
3.08	1.05	CAP REL COSTS-BLDG & FIXT -	HCR - EASTMAN MOB - CAPITAL	433,286	0	3.08
4.00	7.07	OPERATION OF PLANT WAPELLO	HCR - WAPELLO BLDG - PLANT O	26,605	0	4.00
4.01	7.02	OPERATION OF PLANT EASTMAN	HCR - EASTMAN MOB - PLANT OT	175,251	0	4.01
4.02	7.03	OPERATION OF PLANT MERCY	HCR - MERCY MOB - PLANT OTHE	159,339	0	4.02
4.03	0.00			0	0	4.03
4.04	0.00			0	0	4.04
5.00	0		0	5,566,777	6,364,783	5.00

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

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

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

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

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

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

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

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

Provider CCN: 16-0057

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

Worksheet A-8-1

Date/Time Prepared:
2/1/2021 10:25 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-2,289	0		1.00
2.00	-1,700	0		2.00
3.00	-1,800	0		3.00
3.01	-2,925,559	0		3.01
3.02	532,231	0		3.02
3.03	212,643	0		3.03
3.04	43,662	9		3.04
3.05	132,322	9		3.05
3.06	24,424	9		3.06
3.07	393,579	9		3.07
3.08	433,286	9		3.08
4.00	26,605	0		4.00
4.01	175,251	0		4.01
4.02	159,339	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
5.00	-798,006			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	PHARMACY		6.00
7.00	HOSPITAL		7.00
8.00	HOME OFFICE		8.00
9.00	REALTY COMPANY		9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0057

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

Worksheet A-8-2

Date/Time Prepared:
2/1/2021 10:25 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	55.00	RADIOLOGY-THERAPEUTIC	126,532	126,532	0	0	0	1.00
2.00	65.00	RESPIRATORY THERAPY	3,774	3,774	0	0	0	2.00
3.00	76.02	O/P REHAB SERVICES	0	0	0	0	0	3.00
4.00	76.04	LIFE CENTER	360,802	360,802	0	0	0	4.00
5.00	76.04	LIFE CENTER	0	0	0	0	0	5.00
6.00	76.06	ONCOLOGY	0	0	0	0	0	6.00
7.00	90.00	CLINIC	9,307,881	9,307,881	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			9,798,989	9,798,989	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	1.00
2.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	2.00
3.00	76.02	O/P REHAB SERVICES	0	0	0	0	0	3.00
4.00	76.04	LIFE CENTER	0	0	0	0	0	4.00
5.00	76.04	LIFE CENTER	0	0	0	0	0	5.00
6.00	76.06	ONCOLOGY	0	0	0	0	0	6.00
7.00	90.00	CLINIC	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	126,532		1.00
2.00	65.00	RESPIRATORY THERAPY	0	0	0	3,774		2.00
3.00	76.02	O/P REHAB SERVICES	0	0	0	0		3.00
4.00	76.04	LIFE CENTER	0	0	0	360,802		4.00
5.00	76.04	LIFE CENTER	0	0	0	0		5.00
6.00	76.06	ONCOLOGY	0	0	0	0		6.00
7.00	90.00	CLINIC	0	0	0	9,307,881		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	9,798,989		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,021,278	5,021,278				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	746,891	0	746,891			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	15,707	0	0	15,707		1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	19,138	0	0	0	19,138	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	393,579	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	433,286	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	223,035	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	1,230,558	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	24,424	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,566,959					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,517,904	97,946	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	232,846	3,050	0	0	0	5.01
5.02	00550	DATA PROCESSING	16,424,864	106,978	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	576,483	123,995	0	0	0	5.03
5.04	00570	ADMITTING	1,887,331	62,038	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,155,271	24,152	0	0	0	5.05
5.06	00591	OTHER A&G	14,010,221	191,666	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	6,794,900	185,462	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	175,251	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	159,339	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	26,605	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	603,114	17,517	0	0	19,138	8.00
9.00	00900	HOUSEKEEPING	2,500,240	25,129	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	336,038	0	0	0	0	9.01
10.00	01000	DIETARY	1,694,691	184,648	0	0	0	10.00
10.01	01001	DIETARY KLEIN	958,875	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,081,279	69,010	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	1,064,876	93,232	0	0	0	14.00
15.00	01500	PHARMACY	8,299,053	29,378	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,609,519	90,415	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	909,375	21,091	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,335,993	1,438,187	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,996,434	105,954	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	1,082,257	63,540	0	0	0	41.00
43.00	04300	NURSERY	420,759	27,574	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,251,965	0	84,132	0	0	44.00
45.00	04500	NURSING FACILITY	6,233,464	0	661,147	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,233,268	545,411	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,742,851	41,716	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,545,703	0	0	15,707	0	55.00
56.00	05600	RADIOISOTOPE	224,010	60,490	0	0	0	56.00
57.00	05700	CT SCAN	882,174	23,838	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	460,590	35,465	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,228,366	181,482	0	0	0	59.00
60.00	06000	LABORATORY	5,554,421	124,297	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	609,935	63,668	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,653,925	42,589	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	539,801	105,767	775	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	499,227	0	675	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	141,216	0	162	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	582,039	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,777,425	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,451,936	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,569,582	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	330,011	52,552	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	3,504,219	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	1,163,596	0	0	0	0	76.03
76.04	03952	LIFE CENTER	2,400,705	0	0	0	0	76.04
76.06	03480	ONCOLOGY	946,815	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
			0	1.00	1.01	1.02	1.03	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,225,577	330,047	0	0	0	90.00
91.00	09100	EMERGENCY	4,690,676	218,809	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	599,472	37,595	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	2,504,683	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,322,737	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	195,398,762	4,824,688	746,891	15,707	19,138	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,290	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	381,178	130,257	0	0	0	194.01
194.02	07952	MARKETING	989,337	16,994	0	0	0	194.02
194.03	07953	OUTREACH REHAB	647,097	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	39,824	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	393,211	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	306,290	26,049	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	198,155,699	5,021,278	746,891	15,707	19,138	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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2/1/2021 10:25 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	
			MERCY	EASTMAN	HHA/HOSP	REHAB	WAPELLO	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	393,579					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	433,286				1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	223,035			1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	1,230,558		1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	24,424	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER A&G	0	12,363	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,598	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	10,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	884,302	0	76.04
76.06	03480	ONCOLOGY	242,143	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	151,436	415,325	0	346,256	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
			1.04	1.05	1.06	1.07	1.08	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	114,046	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	108,989	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	393,579	433,286	223,035	1,230,558	10,112	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	14,312	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	393,579	433,286	223,035	1,230,558	24,424	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	4.00	5.01	5A.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,566,959					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	107,794	4,723,644				4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	288	21,542	257,726			5.01
5.02	00550	DATA PROCESSING	2,301,470	146,936	9,396	18,989,644	18,989,644	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	44,595	16,117	2,685	763,875	81,143	5.03
5.04	00570	ADMITTING	11,817	103,821	3,893	2,068,900	219,771	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	16,255	180,550	5,772	4,382,000	465,482	5.05
5.06	00591	OTHER A&G	82,688	192,716	8,859	14,498,513	1,540,169	5.06
7.00	00700	OPERATION OF PLANT	305,877	121,067	19,866	7,427,172	788,959	7.00
7.01	00701	OPERATION OF PLANT KLEIN	122,906	0	0	122,906	13,056	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	175,251	18,616	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	159,339	16,926	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	2,685	2,685	285	7.04
7.05	00705	OPERATION OF PLANT REHAB	22,459	0	134	22,593	2,400	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	26,605	2,826	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	1,300	7,933	0	649,002	68,941	8.00
9.00	00900	HOUSEKEEPING	20,614	174,843	1,611	2,722,437	289,194	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	21,887	0	357,925	38,021	9.01
10.00	01000	DIETARY	41,006	113,416	3,222	2,036,983	216,381	10.00
10.01	01001	DIETARY KLEIN	2,055	41,547	0	1,002,477	106,489	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	696,538	94,727	8,859	3,950,413	419,637	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	124,301	75,381	2,013	1,359,803	144,446	14.00
15.00	01500	PHARMACY	344,536	76,196	2,416	8,751,579	929,645	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,692	155,841	9,128	3,869,595	411,052	16.00
17.00	01700	SOCIAL SERVICE	140	33,739	1,208	965,553	102,567	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	125,308	544,876	12,215	14,456,579	1,535,665	30.00
31.00	03100	INTENSIVE CARE UNIT	90,965	74,816	2,550	2,270,719	241,209	31.00
41.00	04100	SUBPROVIDER - IRF	5,415	44,212	537	1,195,961	127,042	41.00
43.00	04300	NURSERY	26,181	15,020	0	489,534	52,001	43.00
44.00	04400	SKILLED NURSING FACILITY	6,093	62,838	1,611	1,406,639	149,422	44.00
45.00	04500	NURSING FACILITY	40,725	318,486	12,484	7,266,306	771,871	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	984,988	242,479	14,229	9,025,973	958,793	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	488,478	84,631	9,799	3,367,475	357,713	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	506,686	28,409	0	2,096,505	222,703	55.00
56.00	05600	RADIOISOTOPE	215,689	7,682	0	507,871	53,949	56.00
57.00	05700	CT SCAN	218,597	26,810	0	1,151,419	122,311	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	235,692	13,577	0	745,324	79,173	58.00
59.00	05900	CARDIAC CATHETERIZATION	461,302	41,579	8,188	1,920,917	204,051	59.00
60.00	06000	LABORATORY	139,751	180,424	5,906	6,004,799	637,866	60.00
64.00	06400	INTRAVENOUS THERAPY	22,849	20,037	1,074	717,563	76,224	64.00
65.00	06500	RESPIRATORY THERAPY	40,427	66,350	537	1,803,828	191,613	65.00
66.00	06600	PHYSICAL THERAPY	0	19,598	0	676,053	71,814	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,462	0	516,364	54,851	67.00
68.00	06800	SPEECH PATHOLOGY	7,603	3,230	0	152,211	16,169	68.00
69.00	06900	ELECTROCARDIOLOGY	15,755	21,605	0	619,399	65,796	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,777,425	1,357,295	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,451,936	472,911	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,569,582	1,228,990	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	4,713	15,710	134	403,120	42,822	76.01
76.02	03950	O/P REHAB SERVICES	5,166	95,480	19,061	3,623,926	384,955	76.02
76.03	03951	SPORTS FITNESS	4,301	69,298	0	1,237,195	131,422	76.03
76.04	03952	LIFE CENTER	61,119	76,854	0	3,422,980	363,609	76.04
76.06	03480	ONCOLOGY	27,744	43,178	3,759	1,263,639	134,231	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	416,441	515,279	3,087	14,403,448	1,530,021	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIV E AND GENERAL	Subtotal	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	4.00	5.01	5A.01	5.02	
91.00	09100	EMERGENCY	77,941	179,985	5,369	5,172,780	549,484	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	40,243	33,959	268	711,537	75,584	95.00
101.00	10100	HOME HEALTH AGENCY	5,370	95,762	9,128	2,728,989	289,890	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	28,108	90,149	0	2,549,983	270,874	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,554,981	4,627,034	191,683	195,013,229	18,698,330	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	23,290	2,474	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	11,069	44,275	1,074	567,853	60,321	194.01
194.02	07952	MARKETING	909	16,149	0	1,023,389	108,711	194.02
194.03	07953	OUTREACH REHAB	0	19,504	0	666,601	70,810	194.03
194.04	07954	SWITCHBOARD	0	3,324	64,969	108,117	11,485	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	6,867	0	400,078	0	194.05
194.06	07956	OTHER NONREIMB	0	6,491	0	353,142	37,513	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,566,959	4,723,644	257,726	198,155,699	18,989,644	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER A&G	
			5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	845,018					5.03
5.04	00570	ADMITTING	116	2,288,787				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	388	0	4,847,870			5.05
5.06	00591	OTHER A&G	13,376	0	0	16,052,058	16,052,058	5.06
7.00	00700	OPERATION OF PLANT	758	0	0	8,216,889	724,302	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	135,962	11,985	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	193,867	17,089	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	176,265	15,537	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	2,970	262	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	24,993	2,203	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	29,431	2,594	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	2,980	0	0	720,923	63,548	8.00
9.00	00900	HOUSEKEEPING	12,144	0	0	3,023,775	266,540	9.00
9.01	00901	HOUSEKEEPING KLEIN	10	0	0	395,956	34,903	9.01
10.00	01000	DIETARY	37,203	0	0	2,290,567	201,909	10.00
10.01	01001	DIETARY KLEIN	13,350	0	0	1,122,316	98,930	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	461	0	0	4,370,511	385,252	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	688	0	0	1,504,937	132,657	14.00
15.00	01500	PHARMACY	512	0	0	9,681,736	853,426	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	177	0	0	4,280,824	377,346	16.00
17.00	01700	SOCIAL SERVICE	189	0	0	1,068,309	94,169	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,369	199,876	409,830	16,604,319	1,463,626	30.00
31.00	03100	INTENSIVE CARE UNIT	279	34,169	70,060	2,616,436	230,634	31.00
41.00	04100	SUBPROVIDER - IRF	123	17,537	35,958	1,376,621	121,346	41.00
43.00	04300	NURSERY	35	8,066	16,538	566,174	49,907	43.00
44.00	04400	SKILLED NURSING FACILITY	1,622	13,833	28,363	1,599,879	141,026	44.00
45.00	04500	NURSING FACILITY	675	0	83,548	8,122,400	715,973	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,747	359,086	736,906	11,082,505	976,901	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	426	84,063	172,364	3,982,041	351,009	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	145	66,281	135,903	2,521,537	222,268	55.00
56.00	05600	RADIOISOTOPE	4	22,816	46,783	631,423	55,659	56.00
57.00	05700	CT SCAN	16	130,655	267,897	1,672,298	147,410	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	61	71,264	146,120	1,041,942	91,845	58.00
59.00	05900	CARDIAC CATHETERIZATION	182	77,211	158,315	2,360,676	208,089	59.00
60.00	06000	LABORATORY	68,735	248,588	509,709	7,469,697	658,439	60.00
64.00	06400	INTRAVENOUS THERAPY	96	39,914	81,840	915,637	80,712	64.00
65.00	06500	RESPIRATORY THERAPY	137	49,934	102,386	2,147,898	189,333	65.00
66.00	06600	PHYSICAL THERAPY	34	13,359	27,393	788,653	69,518	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,089	22,738	605,042	53,333	67.00
68.00	06800	SPEECH PATHOLOGY	4	4,168	8,545	181,097	15,963	68.00
69.00	06900	ELECTROCARDIOLOGY	4	31,539	64,668	781,406	68,879	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	501,518	24,917	51,090	14,712,245	1,296,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,743	41,187	84,450	5,225,227	460,593	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	311,324	638,344	13,748,240	1,211,880	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	18	10,707	21,954	478,621	42,189	76.01
76.02	03950	O/P REHAB SERVICES	281	0	52,135	4,061,297	357,995	76.02
76.03	03951	SPORTS FITNESS	212	1,769	3,628	1,374,226	121,135	76.03
76.04	03952	LIFE CENTER	217	35,761	73,326	3,895,893	343,415	76.04
76.06	03480	ONCOLOGY	286	10,028	20,563	1,428,747	125,941	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,734	176,483	361,863	16,475,549	1,452,287	90.00
91.00	09100	EMERGENCY	926	159,575	327,194	6,209,959	547,395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER A&G	
			5.03	5.04	5.05	5A.05	5.06	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2	9,609	19,703	816,435	71,967	95.00
101.00	10100	HOME HEALTH AGENCY	177	10,170	20,852	3,050,078	268,858	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,087	13,809	28,313	2,864,066	252,462	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	842,247	2,288,787	4,829,279	194,700,553	15,747,494	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	25,764	2,271	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	1,633	0	0	629,807	55,516	194.01
194.02	07952	MARKETING	1,138	0	0	1,133,238	99,893	194.02
194.03	07953	OUTREACH REHAB	0	0	0	737,411	65,001	194.03
194.04	07954	SWITCHBOARD	0	0	0	119,602	10,543	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	400,078	35,266	194.05
194.06	07956	OTHER NONREIMB	0	0	18,591	409,246	36,074	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	845,018	2,288,787	4,847,870	198,155,699	16,052,058	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	
			7.00	7.01	7.02	7.03	7.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT	8,941,191					7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	147,947				7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	210,956			7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	191,802		7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	3,232	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	224,440	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	27,145	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	199,457	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	74,545	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	100,709	0	0	0	0	14.00
15.00	01500	PHARMACY	31,734	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	97,667	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	22,782	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,553,539	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	114,452	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	68,636	0	0	0	0	41.00
43.00	04300	NURSERY	29,785	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	202,010	16,665	0	0	0	44.00
45.00	04500	NURSING FACILITY	1,587,473	130,962	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	596,385	0	2,805	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,061	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	366,678	0	0	0	3,232	55.00
56.00	05600	RADIOISOTOPE	65,342	0	0	0	0	56.00
57.00	05700	CT SCAN	25,749	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	38,310	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	196,037	0	0	0	0	59.00
60.00	06000	LABORATORY	134,267	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	68,774	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	46,004	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	139,786	154	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,622	134	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	390	32	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	56,767	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	495,073	0	0	0	0	76.04
76.06	03480	ONCOLOGY	313,921	0	0	118,003	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,283,095	0	208,151	73,799	0	90.00
91.00	09100	EMERGENCY	236,359	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
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Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	
			7.00	7.01	7.02	7.03	7.04	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	40,611	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	107,750	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	102,972	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,695,327	147,947	210,956	191,802	3,232	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,158	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	140,704	0	0	0	0	194.01
194.02	07952	MARKETING	18,357	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	61,645	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,941,191	147,947	210,956	191,802	3,232	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.05	7.06	7.07	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB	27,196					7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0				7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	32,025			7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,008,911		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	3,317,460	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	105,336	0	9.01
10.00	01000	DIETARY	0	0	0	0	5,326	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	9,588	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	2,893	12,783	14.00
15.00	01500	PHARMACY	0	0	0	0	217,318	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	9,588	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	9,588	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	183,773	956,788	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	23,491	127,834	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	31,959	41.00
43.00	04300	NURSERY	0	0	0	2,880	8,522	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	113,778	852,229	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	68,805	73,505	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,689	102,267	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	25,145	0	59.00
60.00	06000	LABORATORY	0	0	0	26	57,525	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,496	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	199	127,834	65.00
66.00	06600	PHYSICAL THERAPY	0	0	13,259	66	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	4,099	9,588	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	36,180	351,544	76.02
76.03	03951	SPORTS FITNESS	0	0	0	34,493	0	76.03
76.04	03952	LIFE CENTER	19,544	0	0	1,553	38,350	76.04
76.06	03480	ONCOLOGY	0	0	0	9,125	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,652	0	0	38,346	0	90.00
91.00	09100	EMERGENCY	0	0	0	119,637	236,493	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.05	7.06	7.07	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	78,831	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	5,766	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,196	0	13,259	787,776	3,317,460	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	18,766	221,135	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	27,196	0	32,025	1,008,911	3,317,460	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATIO N	
			9.01	10.00	10.01	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN	536,195					9.01
10.00	01000	DIETARY	0	2,697,259				10.00
10.01	01001	DIETARY KLEIN	0	0	1,221,246			10.01
11.00	01100	CAFETERIA	0	1,717,635	0	1,717,635		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	53,202	4,893,098	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	44,317	141,358	14.00
15.00	01500	PHARMACY	0	0	0	44,796	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	91,619	82,517	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	19,836	84,063	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	602,334	0	320,336	1,373,541	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,235	0	43,985	223,829	31.00
41.00	04100	SUBPROVIDER - IRF	0	54,180	0	25,993	132,262	41.00
43.00	04300	NURSERY	0	0	0	8,830	0	43.00
44.00	04400	SKILLED NURSING FACILITY	58,981	0	134,337	0	180,772	44.00
45.00	04500	NURSING FACILITY	477,214	0	1,086,909	0	959,854	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	91	0	142,554	725,396	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	49,755	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	16,702	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,516	0	56.00
57.00	05700	CT SCAN	0	0	0	15,762	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	7,982	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,023	0	24,444	124,352	59.00
60.00	06000	LABORATORY	0	0	0	106,072	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,555	0	11,780	59,933	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	39,007	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,074	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,134	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,899	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,701	64,582	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	9,236	47,022	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	53,571	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	40,740	0	76.03
76.04	03952	LIFE CENTER	0	0	0	45,183	0	76.04
76.06	03480	ONCOLOGY	0	0	0	25,384	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	302,934	53,651	90.00
91.00	09100	EMERGENCY	0	11,188	0	105,814	538,387	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATIO N	
			9.01	10.00	10.01	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	19,965	101,579	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	5,530	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,464	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	536,195	2,408,705	1,221,246	1,709,653	4,893,098	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	7,982	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	288,554	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	536,195	2,697,259	1,221,246	1,717,635	4,893,098	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY KLEIN						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	1,939,654					14.00
15.00	01500	PHARMACY	1,305	10,830,315				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	450	0	4,940,011			16.00
17.00	01700	SOCIAL SERVICE	483	0	0	1,299,230		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,035	0	417,644	310,267	23,792,202	30.00
31.00	03100	INTENSIVE CARE UNIT	712	0	71,395	30,929	3,497,932	31.00
41.00	04100	SUBPROVIDER - IRF	313	0	36,644	39,628	1,887,582	41.00
43.00	04300	NURSERY	88	0	16,854	20,008	703,048	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	28,903	75,714	2,438,287	44.00
45.00	04500	NURSING FACILITY	0	0	85,141	594,981	13,760,907	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,452	0	750,665	0	15,247,761	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,087	0	175,650	0	4,746,913	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	369	0	138,495	0	3,381,237	55.00
56.00	05600	RADIOISOTOPE	10	0	47,675	0	804,625	56.00
57.00	05700	CT SCAN	42	0	273,005	0	2,134,266	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	157	0	148,906	0	1,329,142	58.00
59.00	05900	CARDIAC CATHETERIZATION	464	0	161,333	0	3,101,563	59.00
60.00	06000	LABORATORY	175,134	0	519,428	0	9,120,588	60.00
64.00	06400	INTRAVENOUS THERAPY	244	0	83,401	0	1,227,532	64.00
65.00	06500	RESPIRATORY THERAPY	349	0	104,338	0	2,654,962	65.00
66.00	06600	PHYSICAL THERAPY	88	0	27,915	0	1,047,513	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	23,171	0	690,436	67.00
68.00	06800	SPEECH PATHOLOGY	9	0	8,708	0	208,098	68.00
69.00	06900	ELECTROCARDIOLOGY	10	0	65,901	0	993,479	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,277,871	0	52,064	0	17,339,035	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	445,238	0	86,060	0	6,217,118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,830,315	650,515	0	26,440,950	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	47	0	22,372	0	669,941	76.01
76.02	03950	O/P REHAB SERVICES	717	0	53,129	0	4,914,433	76.02
76.03	03951	SPORTS FITNESS	539	0	3,697	0	1,574,830	76.03
76.04	03952	LIFE CENTER	552	0	74,724	0	4,914,287	76.04
76.06	03480	ONCOLOGY	729	0	20,955	0	2,042,805	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,515	0	368,763	0	20,273,742	90.00
91.00	09100	EMERGENCY	2,358	0	333,433	0	8,341,023	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6	0	20,079	0	1,070,642	95.00
101.00	10100	HOME HEALTH AGENCY	451	0	21,250	208,642	3,741,390	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,770	0	28,853	19,061	3,279,414	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,932,594	10,830,315	4,921,066	1,299,230	193,587,683	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	53,193	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	4,161	0	0	0	830,188	194.01
194.02	07952	MARKETING	2,899	0	0	0	1,262,369	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	802,412	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	130,145	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	435,344	194.05
194.06	07956	OTHER NONREIMB	0	0	18,945	0	765,811	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	288,554	194.07
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,939,654	10,830,315	4,940,011	1,299,230	198,155,699	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN		1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER		1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY		1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY		1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN		1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP		1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB		1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590	ADMINISTRATIVE AND GENERAL		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00591	OTHER A&G		5.06
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT KLEIN		7.01
7.02	00702	OPERATION OF PLANT EASTMAN		7.02
7.03	00703	OPERATION OF PLANT MERCY		7.03
7.04	00704	OPERATION OF PLANT CANCER		7.04
7.05	00705	OPERATION OF PLANT REHAB		7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE		7.06
7.07	00707	OPERATION OF PLANT WAPELLO		7.07
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING KLEIN		9.01
10.00	01000	DIETARY		10.00
10.01	01001	DIETARY KLEIN		10.01
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	23,792,202	30.00
31.00	03100	INTENSIVE CARE UNIT	3,497,932	31.00
41.00	04100	SUBPROVIDER - IRF	1,887,582	41.00
43.00	04300	NURSERY	703,048	43.00
44.00	04400	SKILLED NURSING FACILITY	2,438,287	44.00
45.00	04500	NURSING FACILITY	13,760,907	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	15,247,761	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,746,913	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,381,237	55.00
56.00	05600	RADIOISOTOPE	804,625	56.00
57.00	05700	CT SCAN	2,134,266	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,329,142	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,101,563	59.00
60.00	06000	LABORATORY	9,120,588	60.00
64.00	06400	INTRAVENOUS THERAPY	1,227,532	64.00
65.00	06500	RESPIRATORY THERAPY	2,654,962	65.00
66.00	06600	PHYSICAL THERAPY	1,047,513	66.00
67.00	06700	OCCUPATIONAL THERAPY	690,436	67.00
68.00	06800	SPEECH PATHOLOGY	208,098	68.00
69.00	06900	ELECTROCARDIOLOGY	993,479	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,339,035	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,217,118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,440,950	73.00
76.00	03040	AUDIOLOGY	0	76.00
76.01	03280	EKG AND EEG	669,941	76.01
76.02	03950	O/P REHAB SERVICES	4,914,433	76.02
76.03	03951	SPORTS FITNESS	1,574,830	76.03
76.04	03952	LIFE CENTER	4,914,287	76.04
76.06	03480	ONCOLOGY	2,042,805	76.06
76.07	03954	OP REHAB SERVICES	0	76.07
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	20,273,742	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
91.00	09100	EMERGENCY	0	8,341,023		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	1,070,642		95.00
101.00	10100	HOME HEALTH AGENCY	0	3,741,390		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	3,279,414		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	193,587,683		118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	53,193		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0		194.00
194.01	07951	DAYCARE	0	830,188		194.01
194.02	07952	MARKETING	0	1,262,369		194.02
194.03	07953	OUTREACH REHAB	0	802,412		194.03
194.04	07954	SWITCHBOARD	0	130,145		194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	435,344		194.05
194.06	07956	OTHER NONREIMB	0	765,811		194.06
194.07	07957	MEALS ON WHEELS	0	288,554		194.07
200.00		Cross Foot Adjustments	0	0		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	198,155,699		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			CAPITAL RELATED COSTS					
			Directly Assigned New Capital Related Costs	BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER		BLDG & FIXT - LAUNDRY
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	97,946	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	3,050	0	0	0	5.01
5.02	00550	DATA PROCESSING	29,190	106,978	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	17,310	123,995	0	0	0	5.03
5.04	00570	ADMITTING	9,645	62,038	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	82,716	24,152	0	0	0	5.05
5.06	00591	OTHER A&G	114,437	191,666	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	114,566	185,462	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	17,517	0	0	19,138	8.00
9.00	00900	HOUSEKEEPING	0	25,129	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	71	184,648	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	17,370	69,010	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	93,232	0	0	0	14.00
15.00	01500	PHARMACY	0	29,378	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,126	90,415	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	21,091	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,839	1,438,187	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,637	105,954	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	63,540	0	0	0	41.00
43.00	04300	NURSERY	0	27,574	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	84,132	0	0	44.00
45.00	04500	NURSING FACILITY	596	0	661,147	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,287	545,411	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	41,716	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,707	0	55.00
56.00	05600	RADIOISOTOPE	0	60,490	0	0	0	56.00
57.00	05700	CT SCAN	0	23,838	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	35,465	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	181,482	0	0	0	59.00
60.00	06000	LABORATORY	464	124,297	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	63,668	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	42,589	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	105,767	775	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	675	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	162	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	360	52,552	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	19,320	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	8,346	0	0	0	0	76.04
76.06	03480	ONCOLOGY	135,876	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
				0	1.00	1.01	1.02	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,290,085	330,047	0	0	0	90.00
91.00	09100	EMERGENCY	0	218,809	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	37,595	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	62,794	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,988,035	4,824,688	746,891	15,707	19,138	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,290	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	130,257	0	0	0	194.01
194.02	07952	MARKETING	0	16,994	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	26,049	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,988,035	5,021,278	746,891	15,707	19,138	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	
		MERCY	EASTMAN	HHA/HOSP	REHAB	WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00591	OTHER A&G	0	12,363	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	5,598	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	884,302	0	76.04
76.06	03480	ONCOLOGY	242,143	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	151,436	415,325	0	346,256	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
			1.04	1.05	1.06	1.07	1.08	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	114,046	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	108,989	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	393,579	433,286	223,035	1,230,558	10,112	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	14,312	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	393,579	433,286	223,035	1,230,558	24,424	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	
			2.00	2A	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	107,794	205,740	205,740			4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	288	3,338	938	4,276		5.01
5.02	00550	DATA PROCESSING	2,301,470	2,437,638	6,400	156	2,444,194	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	44,595	185,900	702	45	10,444	5.03
5.04	00570	ADMITTING	11,817	83,500	4,522	65	28,288	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	16,255	123,123	7,864	96	59,915	5.05
5.06	00591	OTHER A&G	82,688	401,154	8,394	147	198,166	5.06
7.00	00700	OPERATION OF PLANT	305,877	605,905	5,273	330	101,552	7.00
7.01	00701	OPERATION OF PLANT KLEIN	122,906	122,906	0	0	1,680	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	2,396	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	2,179	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	45	37	7.04
7.05	00705	OPERATION OF PLANT REHAB	22,459	22,459	0	2	309	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	364	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	1,300	37,955	346	0	8,874	8.00
9.00	00900	HOUSEKEEPING	20,614	45,743	7,615	27	37,224	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	953	0	4,894	9.01
10.00	01000	DIETARY	41,006	225,725	4,940	53	27,852	10.00
10.01	01001	DIETARY KLEIN	2,055	2,055	1,810	0	13,707	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	696,538	782,918	4,126	147	54,014	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	124,301	217,533	3,283	33	18,593	14.00
15.00	01500	PHARMACY	344,536	373,914	3,319	40	119,660	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,692	131,233	6,788	151	52,909	16.00
17.00	01700	SOCIAL SERVICE	140	21,231	1,470	20	13,202	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	125,308	1,592,334	23,732	203	197,665	30.00
31.00	03100	INTENSIVE CARE UNIT	90,965	202,556	3,259	42	31,048	31.00
41.00	04100	SUBPROVIDER - IRF	5,415	68,955	1,926	9	16,352	41.00
43.00	04300	NURSERY	26,181	53,755	654	0	6,693	43.00
44.00	04400	SKILLED NURSING FACILITY	6,093	90,225	2,737	27	19,233	44.00
45.00	04500	NURSING FACILITY	40,725	702,468	13,872	207	99,352	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	984,988	1,550,284	10,561	236	123,412	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	488,478	530,194	3,686	163	46,043	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	506,686	522,393	1,237	0	28,666	55.00
56.00	05600	RADIOISOTOPE	215,689	276,179	335	0	6,944	56.00
57.00	05700	CT SCAN	218,597	242,435	1,168	0	15,743	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	235,692	271,157	591	0	10,191	58.00
59.00	05900	CARDIAC CATHETERIZATION	461,302	642,784	1,811	136	26,265	59.00
60.00	06000	LABORATORY	139,751	264,512	7,858	98	82,104	60.00
64.00	06400	INTRAVENOUS THERAPY	22,849	86,517	873	18	9,811	64.00
65.00	06500	RESPIRATORY THERAPY	40,427	83,016	2,890	9	24,664	65.00
66.00	06600	PHYSICAL THERAPY	0	116,654	854	0	9,244	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	675	717	0	7,060	67.00
68.00	06800	SPEECH PATHOLOGY	7,603	7,765	141	0	2,081	68.00
69.00	06900	ELECTROCARDIOLOGY	15,755	15,755	941	0	8,469	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	174,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	60,871	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	158,191	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	4,713	57,625	684	2	5,512	76.01
76.02	03950	O/P REHAB SERVICES	5,166	24,486	4,159	316	49,550	76.02
76.03	03951	SPORTS FITNESS	4,301	4,301	3,018	0	16,916	76.03
76.04	03952	LIFE CENTER	61,119	953,767	3,347	0	46,802	76.04
76.06	03480	ONCOLOGY	27,744	405,763	1,881	62	17,278	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	416,441	2,949,590	22,443	51	196,938	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	2A	4.00	5.01	5.02	
91.00	09100	EMERGENCY	77,941	296,750	7,839	89	70,727	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	40,243	77,838	1,479	4	9,729	95.00
101.00	10100	HOME HEALTH AGENCY	5,370	119,416	4,171	151	37,313	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	28,108	199,891	3,926	0	34,866	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,554,981	18,440,010	201,533	3,180	2,406,698	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,290	0	0	318	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	11,069	141,326	1,928	18	7,764	194.01
194.02	07952	MARKETING	909	17,903	703	0	13,993	194.02
194.03	07953	OUTREACH REHAB	0	0	849	0	9,114	194.03
194.04	07954	SWITCHBOARD	0	0	145	1,078	1,478	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	299	0	0	194.05
194.06	07956	OTHER NONREIMB	0	40,361	283	0	4,829	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,566,959	18,662,890	205,740	4,276	2,444,194	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	OTHER A&G	OPERATION OF PLANT	
			5.03	5.04	5.05	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	197,091					5.03
5.04	00570	ADMITTING	27	116,402				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	90	0	191,088			5.05
5.06	00591	OTHER A&G	3,120	0	0	610,981		5.06
7.00	00700	OPERATION OF PLANT	177	0	0	27,568	740,805	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	456	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	650	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	591	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	10	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	84	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	99	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	695	0	0	2,419	18,596	8.00
9.00	00900	HOUSEKEEPING	2,832	0	0	10,145	2,249	9.00
9.01	00901	HOUSEKEEPING KLEIN	2	0	0	1,328	0	9.01
10.00	01000	DIETARY	8,677	0	0	7,685	16,526	10.00
10.01	01001	DIETARY KLEIN	3,114	0	0	3,765	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	107	0	0	14,663	6,176	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	160	0	0	5,049	8,344	14.00
15.00	01500	PHARMACY	119	0	0	32,482	2,629	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	41	0	0	14,362	8,092	16.00
17.00	01700	SOCIAL SERVICE	44	0	0	3,584	1,888	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	552	10,162	16,140	55,729	128,715	30.00
31.00	03100	INTENSIVE CARE UNIT	65	1,737	2,759	8,778	9,483	31.00
41.00	04100	SUBPROVIDER - IRF	29	892	1,416	4,619	5,687	41.00
43.00	04300	NURSERY	8	410	651	1,900	2,468	43.00
44.00	04400	SKILLED NURSING FACILITY	378	703	1,117	5,368	16,737	44.00
45.00	04500	NURSING FACILITY	157	0	3,290	27,251	131,530	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	408	18,290	29,187	37,182	49,412	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	99	4,274	6,788	13,360	3,733	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	34	3,370	5,352	8,460	30,380	55.00
56.00	05600	RADIOISOTOPE	1	1,160	1,842	2,118	5,414	56.00
57.00	05700	CT SCAN	4	6,643	10,551	5,611	2,133	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14	3,623	5,755	3,496	3,174	58.00
59.00	05900	CARDIAC CATHETERIZATION	42	3,926	6,235	7,920	16,242	59.00
60.00	06000	LABORATORY	16,032	12,639	20,074	25,061	11,124	60.00
64.00	06400	INTRAVENOUS THERAPY	22	2,029	3,223	3,072	5,698	64.00
65.00	06500	RESPIRATORY THERAPY	32	2,539	4,032	7,206	3,812	65.00
66.00	06600	PHYSICAL THERAPY	8	679	1,079	2,646	11,582	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	564	895	2,030	134	67.00
68.00	06800	SPEECH PATHOLOGY	1	212	337	608	32	68.00
69.00	06900	ELECTROCARDIOLOGY	1	1,604	2,547	2,622	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	116,977	1,267	2,012	49,360	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,757	2,094	3,326	17,531	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,829	25,140	46,125	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	4	544	865	1,606	4,703	76.01
76.02	03950	O/P REHAB SERVICES	66	0	2,053	13,626	0	76.02
76.03	03951	SPORTS FITNESS	49	90	143	4,611	0	76.03
76.04	03952	LIFE CENTER	50	1,818	2,888	13,071	41,018	76.04
76.06	03480	ONCOLOGY	67	510	810	4,793	26,009	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	871	8,973	14,251	55,275	106,308	90.00
91.00	09100	EMERGENCY	216	8,113	12,886	20,834	19,583	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	OTHER A&G	OPERATION OF PLANT	
			5.03	5.04	5.05	5.06	7.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1	489	776	2,739	3,365	95.00
101.00	10100	HOME HEALTH AGENCY	41	517	821	10,233	8,927	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	254	702	1,115	9,609	8,532	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	196,445	116,402	190,356	599,390	720,435	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	86	2,084	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	381	0	0	2,113	11,658	194.01
194.02	07952	MARKETING	265	0	0	3,802	1,521	194.02
194.03	07953	OUTREACH REHAB	0	0	0	2,474	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	401	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	1,342	0	194.05
194.06	07956	OTHER NONREIMB	0	0	732	1,373	5,107	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	197,091	116,402	191,088	610,981	740,805	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	
			7.01	7.02	7.03	7.04	7.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN	125,042					7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	3,046				7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	2,770			7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	92		7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	22,854	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,085	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	110,687	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	41	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	92	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	130	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	113	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	27	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	16,423	76.04
76.06	03480	ONCOLOGY	0	0	1,704	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,005	1,066	0	6,431	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	
			7.01	7.02	7.03	7.04	7.05	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	125,042	3,046	2,770	92	22,854	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	125,042	3,046	2,770	92	22,854	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING KLEIN	
			7.06	7.07	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0					7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	463				7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	68,885			8.00
9.00	00900	HOUSEKEEPING	0	0	0	105,835		9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	7,192	0	14,369	9.01
10.00	01000	DIETARY	0	0	0	170	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	306	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	198	408	0	14.00
15.00	01500	PHARMACY	0	0	0	6,933	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	306	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	306	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	12,547	30,523	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,604	4,078	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,020	0	41.00
43.00	04300	NURSERY	0	0	197	272	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	1,581	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	12,788	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	7,768	27,188	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,698	2,345	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	662	3,263	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,717	0	0	59.00
60.00	06000	LABORATORY	0	0	2	1,835	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	170	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	14	4,078	0	65.00
66.00	06600	PHYSICAL THERAPY	0	192	4	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	280	306	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	2,470	11,215	0	76.02
76.03	03951	SPORTS FITNESS	0	0	2,355	0	0	76.03
76.04	03952	LIFE CENTER	0	0	106	1,223	0	76.04
76.06	03480	ONCOLOGY	0	0	623	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	2,618	0	0	90.00
91.00	09100	EMERGENCY	0	0	8,168	7,545	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			OPERATION OF PLANT HHA/HOSPICE 7.06	OPERATION OF PLANT WAPELLO 7.07	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING KLEIN 9.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	2,515	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	394	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	192	53,787	105,835	14,369	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	271	15,098	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	463	68,885	105,835	14,369	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
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2/1/2021 10:25 am

Cost Center Description			DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICE & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY	291,628					10.00
10.01	01001	DIETARY KLEIN	0	24,451				10.01
11.00	01100	CAFETERIA	185,710	0	185,710			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	5,752	868,209		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	4,791	25,082	283,474	14.00
15.00	01500	PHARMACY	0	0	4,843	0	191	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	9,906	14,641	66	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,145	14,916	71	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	65,124	0	34,635	243,716	882	30.00
31.00	03100	INTENSIVE CARE UNIT	1,539	0	4,756	39,715	104	31.00
41.00	04100	SUBPROVIDER - IRF	5,858	0	2,810	23,468	46	41.00
43.00	04300	NURSERY	0	0	955	0	13	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,690	0	32,075	0	44.00
45.00	04500	NURSING FACILITY	0	21,761	0	170,312	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10	0	15,413	128,711	651	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,379	0	159	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,806	0	54	55.00
56.00	05600	RADIOISOTOPE	0	0	488	0	1	56.00
57.00	05700	CT SCAN	0	0	1,704	0	6	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	863	0	23	58.00
59.00	05900	CARDIAC CATHETERIZATION	111	0	2,643	22,064	68	59.00
60.00	06000	LABORATORY	0	0	11,468	0	25,595	60.00
64.00	06400	INTRAVENOUS THERAPY	493	0	1,274	10,634	36	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,217	0	51	65.00
66.00	06600	PHYSICAL THERAPY	0	0	873	0	13	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	771	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	205	0	1	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,373	11,459	1	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	186,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	65,069	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	999	8,343	7	76.01
76.02	03950	O/P REHAB SERVICES	0	0	5,792	0	105	76.02
76.03	03951	SPORTS FITNESS	0	0	4,405	0	79	76.03
76.04	03952	LIFE CENTER	0	0	4,885	0	81	76.04
76.06	03480	ONCOLOGY	0	0	2,745	0	106	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	32,753	9,520	1,391	90.00
91.00	09100	EMERGENCY	1,210	0	11,441	95,529	345	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICE & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	2,159	18,024	1	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	598	0	66	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	375	0	0	0	405	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	260,430	24,451	184,847	868,209	282,442	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	608	194.01
194.02	07952	MARKETING	0	0	863	0	424	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	31,198	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	291,628	24,451	185,710	868,209	283,474	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY KLEIN						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICE & SUPPLY						14.00
15.00	01500	PHARMACY	544,130					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	238,495				16.00
17.00	01700	SOCIAL SERVICE	0	0	58,877			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	20,154	14,060	2,446,873	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,445	1,402	316,370	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,768	1,796	136,651	0	41.00
43.00	04300	NURSERY	0	813	907	69,696	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,395	3,431	191,782	0	44.00
45.00	04500	NURSING FACILITY	0	4,109	26,962	1,324,746	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	36,334	0	2,035,088	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,476	0	629,397	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,683	0	612,452	0	55.00
56.00	05600	RADIOISOTOPE	0	2,301	0	296,783	0	56.00
57.00	05700	CT SCAN	0	13,174	0	299,172	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,186	0	306,073	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,785	0	739,749	0	59.00
60.00	06000	LABORATORY	0	25,066	0	503,468	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,025	0	127,895	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,035	0	141,595	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,347	0	145,305	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,118	0	14,077	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	420	0	11,830	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,180	0	47,952	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,512	0	533,589	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,153	0	193,801	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	544,130	31,392	0	820,807	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	1,080	0	82,560	0	76.01
76.02	03950	O/P REHAB SERVICES	0	2,564	0	116,402	0	76.02
76.03	03951	SPORTS FITNESS	0	178	0	36,145	0	76.03
76.04	03952	LIFE CENTER	0	3,606	0	1,089,085	0	76.04
76.06	03480	ONCOLOGY	0	1,011	0	463,362	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	17,795	0	3,429,279	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
91.00	09100	EMERGENCY	0	16,090	0	577,365	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	969	0	117,573	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,025	9,455	195,249	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,392	864	262,325	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	544,130	237,581	58,877	18,314,496	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	25,778	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	165,796	0	194.01
194.02	07952	MARKETING	0	0	0	39,474	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	12,437	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	3,102	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	1,641	0	194.05
194.06	07956	OTHER NONREIMB	0	914	0	68,968	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	31,198	0	194.07
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	544,130	238,495	58,877	18,662,890	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			Total	
			26.00	
101.00	10100	HOME HEALTH AGENCY	195,249	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	262,325	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,314,496	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,778	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	194.00
194.01	07951	DAYCARE	165,796	194.01
194.02	07952	MARKETING	39,474	194.02
194.03	07953	OUTREACH REHAB	12,437	194.03
194.04	07954	SWITCHBOARD	3,102	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	1,641	194.05
194.06	07956	OTHER NONREIMB	68,968	194.06
194.07	07957	MEALS ON WHEELS	31,198	194.07
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	18,662,890	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	431,403					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	0	142,636				1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	29,164			1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	0	16,346		1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	40,583	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,415	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	262	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	9,191	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	10,653	0	0	0	0	5.03
5.04	00570	ADMITTING	5,330	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,075	0	0	0	0	5.05
5.06	00591	OTHER A&G	16,467	0	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	15,934	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	1,505	0	0	16,346	0	8.00
9.00	00900	HOUSEKEEPING	2,159	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	15,864	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,929	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	8,010	0	0	0	0	14.00
15.00	01500	PHARMACY	2,524	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,768	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,812	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	123,562	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,103	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	5,459	0	0	0	0	41.00
43.00	04300	NURSERY	2,369	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	16,067	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	126,261	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	46,859	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,584	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	29,164	0	0	55.00
56.00	05600	RADIOISOTOPE	5,197	0	0	0	0	56.00
57.00	05700	CT SCAN	2,048	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,047	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,592	0	0	0	0	59.00
60.00	06000	LABORATORY	10,679	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	5,470	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,659	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,087	148	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	129	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	31	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	4,515	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.06	03480	ONCOLOGY	0	0	0	0	24,968	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	28,356	0	0	0	15,615	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
91.00	09100	EMERGENCY	18,799	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,230	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	414,513	142,636	29,164	16,346	40,583	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,001	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	11,191	0	0	0	0	194.01
194.02	07952	MARKETING	1,460	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	2,238	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,021,278	746,891	15,707	19,138	393,579	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.639414	5.236343	0.538575	1.170806	9.698125	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet B-1
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.05	1.06	1.07	1.08	2.00	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	44,508					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	16,760				1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	54,794			1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	4,548		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					8,237,995	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	103,655	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	277	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	2,213,095	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	42,883	5.03
5.04	00570	ADMITTING	0	0	0	0	11,363	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	15,631	5.05
5.06	00591	OTHER A&G	1,270	0	0	0	79,513	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	294,131	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	118,186	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	21,597	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,250	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	19,822	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	39,431	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	1,976	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	669,791	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	119,528	14.00
15.00	01500	PHARMACY	0	0	0	0	331,306	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	4,512	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	135	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	120,496	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	87,472	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	5,207	41.00
43.00	04300	NURSERY	0	0	0	0	25,176	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	5,859	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	39,161	45.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	575	0	0	0	947,165	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	469,721	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	487,229	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	207,407	56.00
57.00	05700	CT SCAN	0	0	0	0	210,203	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	226,642	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	443,588	59.00
60.00	06000	LABORATORY	0	0	0	0	134,385	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	21,972	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	38,875	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,883	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	7,311	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	15,150	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	4,532	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	4,968	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	4,136	76.03
76.04	03952	LIFE CENTER	0	0	39,376	0	58,772	76.04
76.06	03480	ONCOLOGY	0	0	0	0	26,679	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	42,663	0	15,418	0	400,450	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.05	1.06	1.07	1.08	2.00	
91.00	09100	EMERGENCY	0	0	0	0	74,948	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	38,698	95.00
101.00	10100	HOME HEALTH AGENCY	0	8,570	0	0	5,164	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	8,190	0	0	27,029	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,508	16,760	54,794	1,883	8,226,477	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	10,644	194.01
194.02	07952	MARKETING	0	0	0	0	874	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	2,665	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	433,286	223,035	1,230,558	24,424	8,566,959	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.735014	13.307578	22.457897	5.370273	1.039933	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIV E AND GENERAL (PHONES)	Reconciliatio n	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
			4.00	5.01	5A.02	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	150,644					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	687	1,920				5.01
5.02	00550	DATA PROCESSING	4,686	70	-18,989,644	178,765,977		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	514	20	0	763,875	21,528,803	5.03
5.04	00570	ADMITTING	3,311	29	0	2,068,900	2,963	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,758	43	0	4,382,000	9,878	5.05
5.06	00591	OTHER A&G	6,146	66	0	14,498,513	340,775	5.06
7.00	00700	OPERATION OF PLANT	3,861	148	0	7,427,172	19,314	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	122,906	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	175,251	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	159,339	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	20	0	2,685	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	1	0	22,593	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	26,605	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	253	0	0	649,002	75,923	8.00
9.00	00900	HOUSEKEEPING	5,576	12	0	2,722,437	309,391	9.00
9.01	00901	HOUSEKEEPING KLEIN	698	0	0	357,925	250	9.01
10.00	01000	DIETARY	3,617	24	0	2,036,983	947,833	10.00
10.01	01001	DIETARY KLEIN	1,325	0	0	1,002,477	340,118	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,021	66	0	3,950,413	11,738	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,404	15	0	1,359,803	17,518	14.00
15.00	01500	PHARMACY	2,430	18	0	8,751,579	13,050	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,970	68	0	3,869,595	4,499	16.00
17.00	01700	SOCIAL SERVICE	1,076	9	0	965,553	4,825	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,377	91	0	14,456,579	60,343	30.00
31.00	03100	INTENSIVE CARE UNIT	2,386	19	0	2,270,719	7,116	31.00
41.00	04100	SUBPROVIDER - IRF	1,410	4	0	1,195,961	3,129	41.00
43.00	04300	NURSERY	479	0	0	489,534	880	43.00
44.00	04400	SKILLED NURSING FACILITY	2,004	12	0	1,406,639	41,336	44.00
45.00	04500	NURSING FACILITY	10,157	93	0	7,266,306	17,185	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,733	106	0	9,025,973	44,512	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,699	73	0	3,367,475	10,865	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	906	0	0	2,096,505	3,692	55.00
56.00	05600	RADIOISOTOPE	245	0	0	507,871	102	56.00
57.00	05700	CT SCAN	855	0	0	1,151,419	420	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	433	0	0	745,324	1,565	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,326	61	0	1,920,917	4,637	59.00
60.00	06000	LABORATORY	5,754	44	0	6,004,799	1,751,162	60.00
64.00	06400	INTRAVENOUS THERAPY	639	8	0	717,563	2,442	64.00
65.00	06500	RESPIRATORY THERAPY	2,116	4	0	1,803,828	3,490	65.00
66.00	06600	PHYSICAL THERAPY	625	0	0	676,053	876	66.00
67.00	06700	OCCUPATIONAL THERAPY	525	0	0	516,364	0	67.00
68.00	06800	SPEECH PATHOLOGY	103	0	0	152,211	94	68.00
69.00	06900	ELECTROCARDIOLOGY	689	0	0	619,399	102	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,777,425	12,777,425	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,451,936	4,451,936	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,569,582	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	501	1	0	403,120	468	76.01
76.02	03950	O/P REHAB SERVICES	3,045	142	0	3,623,926	7,169	76.02
76.03	03951	SPORTS FITNESS	2,210	0	0	1,237,195	5,390	76.03
76.04	03952	LIFE CENTER	2,451	0	0	3,422,980	5,516	76.04
76.06	03480	ONCOLOGY	1,377	28	0	1,263,639	7,286	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	16,433	23	0	14,403,448	95,143	90.00
91.00	09100	EMERGENCY	5,740	40	0	5,172,780	23,582	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
		4.00	5.01	5A.02	5.02	5.03	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	1,083	2	0	711,537	61	95.00
101.00	10100 HOME HEALTH AGENCY	3,054	68	0	2,728,989	4,509	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	2,875	0	0	2,549,983	27,696	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	147,563	1,428	-18,989,644	176,023,585	21,458,204	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	23,290	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	1,412	8	0	567,853	41,608	194.01
194.02	07952 MARKETING	515	0	0	1,023,389	28,991	194.02
194.03	07953 OUTREACH REHAB	622	0	0	666,601	0	194.03
194.04	07954 SWITCHBOARD	106	484	0	108,117	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	219	0	-400,078	0	0	194.05
194.06	07956 OTHER NONREIMB	207	0	0	353,142	0	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,723,644	257,726		18,989,644	845,018	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	31.356337	134.232292		0.106226	0.039251	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	205,740	4,276		2,444,194	197,091	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.365736	2.227083		0.013673	0.009155	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			ADMITTING (GROSS CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliatio n	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	488,994,519					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	505,067,986				5.05
5.06	00591	OTHER A&G	0	0	-16,052,058	182,103,641		5.06
7.00	00700	OPERATION OF PLANT	0	0	0	8,216,889	711,145	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	135,962	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	193,867	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	176,265	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	2,970	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	24,993	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	29,431	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	720,923	17,851	8.00
9.00	00900	HOUSEKEEPING	0	0	0	3,023,775	2,159	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	395,956	0	9.01
10.00	01000	DIETARY	0	0	0	2,290,567	15,864	10.00
10.01	01001	DIETARY KLEIN	0	0	0	1,122,316	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,370,511	5,929	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	1,504,937	8,010	14.00
15.00	01500	PHARMACY	0	0	0	9,681,736	2,524	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,280,824	7,768	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,068,309	1,812	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,699,521	42,699,521	0	16,604,319	123,562	30.00
31.00	03100	INTENSIVE CARE UNIT	7,299,405	7,299,405	0	2,616,436	9,103	31.00
41.00	04100	SUBPROVIDER - IRF	3,746,399	3,746,399	0	1,376,621	5,459	41.00
43.00	04300	NURSERY	1,723,116	1,723,116	0	566,174	2,369	43.00
44.00	04400	SKILLED NURSING FACILITY	2,955,052	2,955,052	0	1,599,879	16,067	44.00
45.00	04500	NURSING FACILITY	0	8,704,685	0	8,122,400	126,261	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	76,753,424	76,753,424	0	11,082,505	47,434	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,958,282	17,958,282	0	3,982,041	3,584	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,159,545	14,159,545	0	2,521,537	29,164	55.00
56.00	05600	RADIOISOTOPE	4,874,265	4,874,265	0	631,423	5,197	56.00
57.00	05700	CT SCAN	27,911,730	27,911,730	0	1,672,298	2,048	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,224,050	15,224,050	0	1,041,942	3,047	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,494,534	16,494,534	0	2,360,676	15,592	59.00
60.00	06000	LABORATORY	53,105,790	53,105,790	0	7,469,697	10,679	60.00
64.00	06400	INTRAVENOUS THERAPY	8,526,820	8,526,820	0	915,637	5,470	64.00
65.00	06500	RESPIRATORY THERAPY	10,667,397	10,667,397	0	2,147,898	3,659	65.00
66.00	06600	PHYSICAL THERAPY	2,853,984	2,853,984	0	788,653	11,118	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,368,996	2,368,996	0	605,042	129	67.00
68.00	06800	SPEECH PATHOLOGY	890,329	890,329	0	181,097	31	68.00
69.00	06900	ELECTROCARDIOLOGY	6,737,612	6,737,612	0	781,406	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,323,017	5,323,017	0	14,712,245	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,798,736	8,798,736	0	5,225,227	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,508,042	66,508,042	0	13,748,240	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	2,287,341	2,287,341	0	478,621	4,515	76.01
76.02	03950	O/P REHAB SERVICES	0	5,431,815	0	4,061,297	0	76.02
76.03	03951	SPORTS FITNESS	377,979	377,979	0	1,374,226	0	76.03
76.04	03952	LIFE CENTER	7,639,708	7,639,708	0	3,895,893	39,376	76.04
76.06	03480	ONCOLOGY	2,142,380	2,142,380	0	1,428,747	24,968	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	37,701,941	37,701,941	0	16,475,549	102,052	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			ADMITTING (GROSS CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliatio n	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
91.00	09100	EMERGENCY	34,089,838	34,089,838	0	6,209,959	18,799	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,052,825	2,052,825	0	816,435	3,230	95.00
101.00	10100	HOME HEALTH AGENCY	2,172,548	2,172,548	0	3,050,078	8,570	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,949,913	2,949,913	0	2,864,066	8,190	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	488,994,519	503,131,019	-16,052,058	178,648,495	691,590	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	25,764	2,001	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	629,807	11,191	194.01
194.02	07952	MARKETING	0	0	0	1,133,238	1,460	194.02
194.03	07953	OUTREACH REHAB	0	0	0	737,411	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	119,602	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	400,078	0	194.05
194.06	07956	OTHER NONREIMB	0	1,936,967	0	409,246	4,903	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,288,787	4,847,870		16,052,058	8,941,191	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004681	0.009598		0.088148	12.572951	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	116,402	191,088		610,981	740,805	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000238	0.000378		0.003355	1.041707	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	OPERATION OF PLANT REHAB (SQUARE FEET)	
			7.01	7.02	7.03	7.04	7.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN	142,636					7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	43,238				7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	40,583			7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	29,164		7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	54,794	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	16,067	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	126,261	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	575	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	29,164	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	148	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	129	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	31	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	39,376	76.04
76.06	03480	ONCOLOGY	0	0	24,968	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	42,663	15,615	0	15,418	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	OPERATION OF PLANT REHAB (SQUARE FEET)	
			7.01	7.02	7.03	7.04	7.05	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	142,636	43,238	40,583	29,164	54,794	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	147,947	210,956	191,802	3,232	27,196	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.037235	4.878949	4.726166	0.110822	0.496332	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	125,042	3,046	2,770	92	22,854	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.876651	0.070447	0.068255	0.003155	0.417089	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
		7.06	7.07	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00500	ADMINISTRATIVE AND GENERAL					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER A&G					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT KLEIN					7.01
7.02	00702	OPERATION OF PLANT EASTMAN					7.02
7.03	00703	OPERATION OF PLANT MERCY					7.03
7.04	00704	OPERATION OF PLANT CANCER					7.04
7.05	00705	OPERATION OF PLANT REHAB					7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	16,760				7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	4,548			7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	614,383		8.00
9.00	00900	HOUSEKEEPING	0	0	0	186,849	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	64,145	0	100 9.01
10.00	01000	DIETARY	0	0	0	300	0 10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0 10.01
11.00	01100	CAFETERIA	0	0	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	540	0 13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	1,762	720	0 14.00
15.00	01500	PHARMACY	0	0	0	12,240	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	540	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	540	0 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	111,910	53,889	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	14,305	7,200	0 31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,800	0 41.00
43.00	04300	NURSERY	0	0	1,754	480	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	11 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	89 45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	69,286	48,000	0 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	41,899	4,140	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5,900	5,760	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	15,312	0	0 59.00
60.00	06000	LABORATORY	0	0	16	3,240	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,520	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	121	7,200	0 65.00
66.00	06600	PHYSICAL THERAPY	0	1,883	40	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0 76.00
76.01	03280	EKG AND EEG	0	0	2,496	540	0 76.01
76.02	03950	O/P REHAB SERVICES	0	0	22,032	19,800	0 76.02
76.03	03951	SPORTS FITNESS	0	0	21,005	0	0 76.03
76.04	03952	LIFE CENTER	0	0	946	2,160	0 76.04
76.06	03480	ONCOLOGY	0	0	5,557	0	0 76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0 76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	23,351	0	0 90.00
91.00	09100	EMERGENCY	0	0	72,854	13,320	0 91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
		7.06	7.07	8.00	9.00	9.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	8,570	0	0	4,440	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	8,190	0	3,511	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	16,760	1,883	479,722	186,849	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	0	0	194.01
194.02	07952 MARKETING	0	0	0	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMB	0	2,665	134,661	0	0	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	32,025	1,008,911	3,317,460	536,195	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	7.041557	1.642153	17.754765	5,361.950000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	463	68,885	105,835	14,369	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.101803	0.112121	0.566420	143.690000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	
			10.00	10.01	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY	355,850					10.00
10.01	01001	DIETARY KLEIN	0	100				10.01
11.00	01100	CAFETERIA	226,608	0	93,175			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,886	1,085,041		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	2,404	31,346	19,394,581	14.00
15.00	01500	PHARMACY	0	0	2,430	0	13,050	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,970	18,298	4,499	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,076	18,641	4,825	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,466	0	17,377	304,582	60,343	30.00
31.00	03100	INTENSIVE CARE UNIT	1,878	0	2,386	49,634	7,116	31.00
41.00	04100	SUBPROVIDER - IRF	7,148	0	1,410	29,329	3,129	41.00
43.00	04300	NURSERY	0	0	479	0	880	43.00
44.00	04400	SKILLED NURSING FACILITY	0	11	0	40,086	0	44.00
45.00	04500	NURSING FACILITY	0	89	0	212,847	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12	0	7,733	160,856	44,512	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,699	0	10,865	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	906	0	3,692	55.00
56.00	05600	RADIOISOTOPE	0	0	245	0	102	56.00
57.00	05700	CT SCAN	0	0	855	0	420	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	433	0	1,565	58.00
59.00	05900	CARDIAC CATHETERIZATION	135	0	1,326	27,575	4,637	59.00
60.00	06000	LABORATORY	0	0	5,754	0	1,751,162	60.00
64.00	06400	INTRAVENOUS THERAPY	601	0	639	13,290	2,442	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,116	0	3,490	65.00
66.00	06600	PHYSICAL THERAPY	0	0	438	0	876	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	387	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	103	0	94	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	689	14,321	102	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,777,425	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,451,936	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	501	10,427	468	76.01
76.02	03950	O/P REHAB SERVICES	0	0	2,906	0	7,169	76.02
76.03	03951	SPORTS FITNESS	0	0	2,210	0	5,390	76.03
76.04	03952	LIFE CENTER	0	0	2,451	0	5,516	76.04
76.06	03480	ONCOLOGY	0	0	1,377	0	7,286	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	16,433	11,897	95,143	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	
			10.00	10.01	11.00	13.00	14.00	
91.00	09100	EMERGENCY	1,476	0	5,740	119,387	23,582	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	1,083	22,525	61	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	300	0	4,509	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	457	0	0	0	27,696	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	317,781	100	92,742	1,085,041	19,323,982	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	41,608	194.01
194.02	07952	MARKETING	0	0	433	0	28,991	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	38,069	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,697,259	1,221,246	1,717,635	4,893,098	1,939,654	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.579764	12,212.460000	18.434505	4.509597	0.100010	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	291,628	24,451	185,710	868,209	283,474	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.819525	244.510000	1.993131	0.800162	0.014616	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)		
			15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00500	ADMINISTRATIVE AND GENERAL					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER A&G					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT KLEIN					7.01
7.02	00702	OPERATION OF PLANT EASTMAN					7.02
7.03	00703	OPERATION OF PLANT MERCY					7.03
7.04	00704	OPERATION OF PLANT CANCER					7.04
7.05	00705	OPERATION OF PLANT REHAB					7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE					7.06
7.07	00707	OPERATION OF PLANT WAPELLO					7.07
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING KLEIN					9.01
10.00	01000	DIETARY					10.00
10.01	01001	DIETARY KLEIN					10.01
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICE & SUPPLY					14.00
15.00	01500	PHARMACY	21,357,923				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	505,067,986			16.00
17.00	01700	SOCIAL SERVICE	0	0	83,636		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	42,699,521	19,973		30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,299,405	1,991		31.00
41.00	04100	SUBPROVIDER - IRF	0	3,746,399	2,551		41.00
43.00	04300	NURSERY	0	1,723,116	1,288		43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,955,052	4,874		44.00
45.00	04500	NURSING FACILITY	0	8,704,685	38,301		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	76,753,424	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,958,282	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,159,545	0		55.00
56.00	05600	RADIOISOTOPE	0	4,874,265	0		56.00
57.00	05700	CT SCAN	0	27,911,730	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,224,050	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	16,494,534	0		59.00
60.00	06000	LABORATORY	0	53,105,790	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	8,526,820	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	10,667,397	0		65.00
66.00	06600	PHYSICAL THERAPY	0	2,853,984	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,368,996	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	890,329	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,737,612	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,323,017	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,798,736	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,357,923	66,508,042	0		73.00
76.00	03040	AUDIOLOGY	0	0	0		76.00
76.01	03280	EKG AND EEG	0	2,287,341	0		76.01
76.02	03950	O/P REHAB SERVICES	0	5,431,815	0		76.02
76.03	03951	SPORTS FITNESS	0	377,979	0		76.03
76.04	03952	LIFE CENTER	0	7,639,708	0		76.04
76.06	03480	ONCOLOGY	0	2,142,380	0		76.06
76.07	03954	OP REHAB SERVICES	0	0	0		76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	37,701,941	0		90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

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

Worksheet B-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)		
			15.00	16.00	17.00		
91.00	09100	EMERGENCY	0	34,089,838	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	2,052,825	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	2,172,548	13,431		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,949,913	1,227		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,357,923	503,131,019	83,636		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0		194.00
194.01	07951	DAYCARE	0	0	0		194.01
194.02	07952	MARKETING	0	0	0		194.02
194.03	07953	OUTREACH REHAB	0	0	0		194.03
194.04	07954	SWITCHBOARD	0	0	0		194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0		194.05
194.06	07956	OTHER NONREIMB	0	1,936,967	0		194.06
194.07	07957	MEALS ON WHEELS	0	0	0		194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,830,315	4,940,011	1,299,230		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.507087	0.009781	15.534339		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	544,130	238,495	58,877		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.025477	0.000472	0.703967		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
2/1/2021 10:25 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,792,202		23,792,202	0	23,792,202	30.00
31.00	03100	INTENSIVE CARE UNIT	3,497,932		3,497,932	0	3,497,932	31.00
41.00	04100	SUBPROVIDER - IRF	1,887,582		1,887,582	0	1,887,582	41.00
43.00	04300	NURSERY	703,048		703,048	0	703,048	43.00
44.00	04400	SKILLED NURSING FACILITY	2,438,287		2,438,287	0	2,438,287	44.00
45.00	04500	NURSING FACILITY	13,760,907		13,760,907	0	13,760,907	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,247,761		15,247,761	0	15,247,761	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,746,913		4,746,913	0	4,746,913	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,381,237		3,381,237	0	3,381,237	55.00
56.00	05600	RADIOISOTOPE	804,625		804,625	0	804,625	56.00
57.00	05700	CT SCAN	2,134,266		2,134,266	0	2,134,266	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,329,142		1,329,142	0	1,329,142	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,101,563		3,101,563	0	3,101,563	59.00
60.00	06000	LABORATORY	9,120,588		9,120,588	0	9,120,588	60.00
64.00	06400	INTRAVENOUS THERAPY	1,227,532		1,227,532	0	1,227,532	64.00
65.00	06500	RESPIRATORY THERAPY	2,654,962	0	2,654,962	0	2,654,962	65.00
66.00	06600	PHYSICAL THERAPY	1,047,513	0	1,047,513	0	1,047,513	66.00
67.00	06700	OCCUPATIONAL THERAPY	690,436	0	690,436	0	690,436	67.00
68.00	06800	SPEECH PATHOLOGY	208,098	0	208,098	0	208,098	68.00
69.00	06900	ELECTROCARDIOLOGY	993,479		993,479	0	993,479	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,339,035		17,339,035	0	17,339,035	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,217,118		6,217,118	0	6,217,118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,440,950		26,440,950	0	26,440,950	73.00
76.00	03040	AUDIOLOGY	0		0	0	0	76.00
76.01	03280	EKG AND EEG	669,941		669,941	0	669,941	76.01
76.02	03950	O/P REHAB SERVICES	4,914,433		4,914,433	0	4,914,433	76.02
76.03	03951	SPORTS FITNESS	1,574,830		1,574,830	0	1,574,830	76.03
76.04	03952	LIFE CENTER	4,914,287		4,914,287	0	4,914,287	76.04
76.06	03480	ONCOLOGY	2,042,805		2,042,805	0	2,042,805	76.06
76.07	03954	OP REHAB SERVICES	0		0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	20,273,742		20,273,742	0	20,273,742	90.00
91.00	09100	EMERGENCY	8,341,023		8,341,023	0	8,341,023	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,770,711		1,770,711		1,770,711	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,070,642		1,070,642	0	1,070,642	95.00
101.00	10100	HOME HEALTH AGENCY	3,741,390		3,741,390		3,741,390	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,279,414		3,279,414		3,279,414	116.00
200.00		Subtotal (see instructions)	195,358,394	0	195,358,394	0	195,358,394	200.00
201.00		Less Observation Beds	1,770,711		1,770,711		1,770,711	201.00
202.00		Total (see instructions)	193,587,683	0	193,587,683	0	193,587,683	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
2/1/2021 10:25 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,555,911		39,555,911		30.00
31.00	03100	INTENSIVE CARE UNIT	7,299,405		7,299,405		31.00
41.00	04100	SUBPROVIDER - IRF	3,746,399		3,746,399		41.00
43.00	04300	NURSERY	1,723,116		1,723,116		43.00
44.00	04400	SKILLED NURSING FACILITY	2,955,052		2,955,052		44.00
45.00	04500	NURSING FACILITY	8,704,685		8,704,685		45.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,359,433	47,393,991	76,753,424	0.198659	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,198,147	13,760,135	17,958,282	0.264330	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	277,212	13,882,333	14,159,545	0.238796	55.00
56.00	05600	RADIOISOTOPE	490,815	4,383,450	4,874,265	0.165076	56.00
57.00	05700	CT SCAN	6,808,603	21,103,127	27,911,730	0.076465	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,202,581	13,021,469	15,224,050	0.087305	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,646,103	8,848,431	16,494,534	0.188036	59.00
60.00	06000	LABORATORY	16,786,737	36,319,053	53,105,790	0.171744	60.00
64.00	06400	INTRAVENOUS THERAPY	2,161,851	6,364,969	8,526,820	0.143961	64.00
65.00	06500	RESPIRATORY THERAPY	7,026,102	3,641,295	10,667,397	0.248886	65.00
66.00	06600	PHYSICAL THERAPY	2,704,489	149,495	2,853,984	0.367035	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,264,193	104,803	2,368,996	0.291447	67.00
68.00	06800	SPEECH PATHOLOGY	857,181	33,148	890,329	0.233732	68.00
69.00	06900	ELECTROCARDIOLOGY	2,387,139	4,350,473	6,737,612	0.147453	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,350,934	1,972,083	5,323,017	3.257370	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,023,565	2,775,171	8,798,736	0.706592	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,653,506	56,854,536	66,508,042	0.397560	73.00
76.00	03040	AUDIOLOGY	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG	196,638	2,090,703	2,287,341	0.292891	76.01
76.02	03950	O/P REHAB SERVICES	204	5,431,611	5,431,815	0.904750	76.02
76.03	03951	SPORTS FITNESS	0	377,979	377,979	4.166448	76.03
76.04	03952	LIFE CENTER	168,342	7,471,366	7,639,708	0.643256	76.04
76.06	03480	ONCOLOGY	209,678	1,932,702	2,142,380	0.953521	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0.000000	76.07
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,803,421	34,898,520	37,701,941	0.537737	90.00
91.00	09100	EMERGENCY	8,915,008	25,174,830	34,089,838	0.244678	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	597,486	2,546,124	3,143,610	0.563273	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,480	2,050,345	2,052,825	0.521546	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,172,548	2,172,548		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,949,913	2,949,913		116.00
200.00		Subtotal (see instructions)	181,076,416	322,054,603	503,131,019		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	181,076,416	322,054,603	503,131,019		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.198659			50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.264330			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.238796			55.00
56.00	05600	RADIOISOTOPE	0.165076			56.00
57.00	05700	CT SCAN	0.076465			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.087305			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.188036			59.00
60.00	06000	LABORATORY	0.171744			60.00
64.00	06400	INTRAVENOUS THERAPY	0.143961			64.00
65.00	06500	RESPIRATORY THERAPY	0.248886			65.00
66.00	06600	PHYSICAL THERAPY	0.367035			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291447			67.00
68.00	06800	SPEECH PATHOLOGY	0.233732			68.00
69.00	06900	ELECTROCARDIOLOGY	0.147453			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.257370			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.706592			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.397560			73.00
76.00	03040	AUDIOLOGY	0.000000			76.00
76.01	03280	EKG AND EEG	0.292891			76.01
76.02	03950	O/P REHAB SERVICES	0.904750			76.02
76.03	03951	SPORTS FITNESS	4.166448			76.03
76.04	03952	LIFE CENTER	0.643256			76.04
76.06	03480	ONCOLOGY	0.953521			76.06
76.07	03954	OP REHAB SERVICES	0.000000			76.07
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.537737			90.00
91.00	09100	EMERGENCY	0.244678			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.563273			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.521546			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
2/1/2021 10:25 am

			Title XIX	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	23,792,202	23,792,202	0	23,792,202 30.00
31.00	03100	INTENSIVE CARE UNIT	3,497,932	3,497,932	0	3,497,932 31.00
41.00	04100	SUBPROVIDER - IRF	1,887,582	1,887,582	0	1,887,582 41.00
43.00	04300	NURSERY	703,048	703,048	0	703,048 43.00
44.00	04400	SKILLED NURSING FACILITY	2,438,287	2,438,287	0	2,438,287 44.00
45.00	04500	NURSING FACILITY	13,760,907	13,760,907	0	13,760,907 45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,247,761	15,247,761	0	15,247,761 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,746,913	4,746,913	0	4,746,913 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,381,237	3,381,237	0	3,381,237 55.00
56.00	05600	RADIOISOTOPE	804,625	804,625	0	804,625 56.00
57.00	05700	CT SCAN	2,134,266	2,134,266	0	2,134,266 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,329,142	1,329,142	0	1,329,142 58.00
59.00	05900	CARDIAC CATHETERIZATION	3,101,563	3,101,563	0	3,101,563 59.00
60.00	06000	LABORATORY	9,120,588	9,120,588	0	9,120,588 60.00
64.00	06400	INTRAVENOUS THERAPY	1,227,532	1,227,532	0	1,227,532 64.00
65.00	06500	RESPIRATORY THERAPY	2,654,962	2,654,962	0	2,654,962 65.00
66.00	06600	PHYSICAL THERAPY	1,047,513	1,047,513	0	1,047,513 66.00
67.00	06700	OCCUPATIONAL THERAPY	690,436	690,436	0	690,436 67.00
68.00	06800	SPEECH PATHOLOGY	208,098	208,098	0	208,098 68.00
69.00	06900	ELECTROCARDIOLOGY	993,479	993,479	0	993,479 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,339,035	17,339,035	0	17,339,035 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,217,118	6,217,118	0	6,217,118 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,440,950	26,440,950	0	26,440,950 73.00
76.00	03040	AUDIOLOGY	0	0	0	0 76.00
76.01	03280	EKG AND EEG	669,941	669,941	0	669,941 76.01
76.02	03950	O/P REHAB SERVICES	4,914,433	4,914,433	0	4,914,433 76.02
76.03	03951	SPORTS FITNESS	1,574,830	1,574,830	0	1,574,830 76.03
76.04	03952	LIFE CENTER	4,914,287	4,914,287	0	4,914,287 76.04
76.06	03480	ONCOLOGY	2,042,805	2,042,805	0	2,042,805 76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0 76.07
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	20,273,742	20,273,742	0	20,273,742 90.00
91.00	09100	EMERGENCY	8,341,023	8,341,023	0	8,341,023 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,770,711	1,770,711	0	1,770,711 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,070,642	1,070,642	0	1,070,642 95.00
101.00	10100	HOME HEALTH AGENCY	3,741,390	3,741,390	0	3,741,390 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE	3,279,414	3,279,414		3,279,414 116.00
200.00		Subtotal (see instructions)	195,358,394	195,358,394	0	195,358,394 200.00
201.00		Less Observation Beds	1,770,711	1,770,711		1,770,711 201.00
202.00		Total (see instructions)	193,587,683	193,587,683	0	193,587,683 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
2/1/2021 10:25 am

			Title XIX			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,555,911		39,555,911			30.00
31.00	03100	INTENSIVE CARE UNIT	7,299,405		7,299,405			31.00
41.00	04100	SUBPROVIDER - IRF	3,746,399		3,746,399			41.00
43.00	04300	NURSERY	1,723,116		1,723,116			43.00
44.00	04400	SKILLED NURSING FACILITY	2,955,052		2,955,052			44.00
45.00	04500	NURSING FACILITY	8,704,685		8,704,685			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,359,433	47,393,991	76,753,424	0.198659	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,198,147	13,760,135	17,958,282	0.264330	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	277,212	13,882,333	14,159,545	0.238796	0.000000	55.00
56.00	05600	RADIOISOTOPE	490,815	4,383,450	4,874,265	0.165076	0.000000	56.00
57.00	05700	CT SCAN	6,808,603	21,103,127	27,911,730	0.076465	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,202,581	13,021,469	15,224,050	0.087305	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,646,103	8,848,431	16,494,534	0.188036	0.000000	59.00
60.00	06000	LABORATORY	16,786,737	36,319,053	53,105,790	0.171744	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,161,851	6,364,969	8,526,820	0.143961	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	7,026,102	3,641,295	10,667,397	0.248886	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,704,489	149,495	2,853,984	0.367035	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,264,193	104,803	2,368,996	0.291447	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	857,181	33,148	890,329	0.233732	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,387,139	4,350,473	6,737,612	0.147453	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,350,934	1,972,083	5,323,017	3.257370	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,023,565	2,775,171	8,798,736	0.706592	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,653,506	56,854,536	66,508,042	0.397560	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.01	03280	EKG AND EEG	196,638	2,090,703	2,287,341	0.292891	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	204	5,431,611	5,431,815	0.904750	0.000000	76.02
76.03	03951	SPORTS FITNESS	0	377,979	377,979	4.166448	0.000000	76.03
76.04	03952	LIFE CENTER	168,342	7,471,366	7,639,708	0.643256	0.000000	76.04
76.06	03480	ONCOLOGY	209,678	1,932,702	2,142,380	0.953521	0.000000	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0.000000	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,803,421	34,898,520	37,701,941	0.537737	0.000000	90.00
91.00	09100	EMERGENCY	8,915,008	25,174,830	34,089,838	0.244678	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	597,486	2,546,124	3,143,610	0.563273	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,480	2,050,345	2,052,825	0.521546	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,172,548	2,172,548			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,949,913	2,949,913			116.00
200.00		Subtotal (see instructions)	181,076,416	322,054,603	503,131,019			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	181,076,416	322,054,603	503,131,019			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.198659		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.264330		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.238796		55.00
56.00	05600	RADIOISOTOPE	0.165076		56.00
57.00	05700	CT SCAN	0.076465		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.087305		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.188036		59.00
60.00	06000	LABORATORY	0.171744		60.00
64.00	06400	INTRAVENOUS THERAPY	0.143961		64.00
65.00	06500	RESPIRATORY THERAPY	0.248886		65.00
66.00	06600	PHYSICAL THERAPY	0.367035		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291447		67.00
68.00	06800	SPEECH PATHOLOGY	0.233732		68.00
69.00	06900	ELECTROCARDIOLOGY	0.147453		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.257370		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.706592		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.397560		73.00
76.00	03040	AUDIOLOGY	0.000000		76.00
76.01	03280	EKG AND EEG	0.292891		76.01
76.02	03950	O/P REHAB SERVICES	0.904750		76.02
76.03	03951	SPORTS FITNESS	4.166448		76.03
76.04	03952	LIFE CENTER	0.643256		76.04
76.06	03480	ONCOLOGY	0.953521		76.06
76.07	03954	OP REHAB SERVICES	0.000000		76.07
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.537737		90.00
91.00	09100	EMERGENCY	0.244678		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.563273		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.521546		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			Title XIX			Hospital		PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,247,761	2,035,088	13,212,673	0	0	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,746,913	629,397	4,117,516	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	3,381,237	612,452	2,768,785	0	0	55.00	
56.00	05600	RADIOISOTOPE	804,625	296,783	507,842	0	0	56.00	
57.00	05700	CT SCAN	2,134,266	299,172	1,835,094	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,329,142	306,073	1,023,069	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,101,563	739,749	2,361,814	0	0	59.00	
60.00	06000	LABORATORY	9,120,588	503,468	8,617,120	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	1,227,532	127,895	1,099,637	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	2,654,962	141,595	2,513,367	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	1,047,513	145,305	902,208	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	690,436	14,077	676,359	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	208,098	11,830	196,268	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	993,479	47,952	945,527	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,339,035	533,589	16,805,446	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,217,118	193,801	6,023,317	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	26,440,950	820,807	25,620,143	0	0	73.00	
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00	
76.01	03280	EKG AND EEG	669,941	82,560	587,381	0	0	76.01	
76.02	03950	O/P REHAB SERVICES	4,914,433	116,402	4,798,031	0	0	76.02	
76.03	03951	SPORTS FITNESS	1,574,830	36,145	1,538,685	0	0	76.03	
76.04	03952	LIFE CENTER	4,914,287	1,089,085	3,825,202	0	0	76.04	
76.06	03480	ONCOLOGY	2,042,805	463,362	1,579,443	0	0	76.06	
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	20,273,742	3,429,279	16,844,463	0	0	90.00	
91.00	09100	EMERGENCY	8,341,023	577,365	7,763,658	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,770,711	182,105	1,588,606	0	0	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,070,642	117,573	953,069	0	0	95.00	
101.00	10100	HOME HEALTH AGENCY	3,741,390	195,249	3,546,141	0	0	101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	3,279,414	262,325	3,017,089	0	0	116.00	
200.00		Subtotal (sum of lines 50 thru 199)	149,278,436	14,010,483	135,267,953	0	0	200.00	
201.00		Less Observation Beds	1,770,711	182,105	1,588,606	0	0	201.00	
202.00		Total (line 200 minus line 201)	147,507,725	13,828,378	133,679,347	0	0	202.00	

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

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,247,761	76,753,424	0.198659	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,746,913	17,958,282	0.264330	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,381,237	14,159,545	0.238796	55.00
56.00	05600	RADIOISOTOPE	804,625	4,874,265	0.165076	56.00
57.00	05700	CT SCAN	2,134,266	27,911,730	0.076465	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,329,142	15,224,050	0.087305	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,101,563	16,494,534	0.188036	59.00
60.00	06000	LABORATORY	9,120,588	53,105,790	0.171744	60.00
64.00	06400	INTRAVENOUS THERAPY	1,227,532	8,526,820	0.143961	64.00
65.00	06500	RESPIRATORY THERAPY	2,654,962	10,667,397	0.248886	65.00
66.00	06600	PHYSICAL THERAPY	1,047,513	2,853,984	0.367035	66.00
67.00	06700	OCCUPATIONAL THERAPY	690,436	2,368,996	0.291447	67.00
68.00	06800	SPEECH PATHOLOGY	208,098	890,329	0.233732	68.00
69.00	06900	ELECTROCARDIOLOGY	993,479	6,737,612	0.147453	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,339,035	5,323,017	3.257370	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,217,118	8,798,736	0.706592	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,440,950	66,508,042	0.397560	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	76.00
76.01	03280	EKG AND EEG	669,941	2,287,341	0.292891	76.01
76.02	03950	O/P REHAB SERVICES	4,914,433	5,431,815	0.904750	76.02
76.03	03951	SPORTS FITNESS	1,574,830	377,979	4.166448	76.03
76.04	03952	LIFE CENTER	4,914,287	7,639,708	0.643256	76.04
76.06	03480	ONCOLOGY	2,042,805	2,142,380	0.953521	76.06
76.07	03954	OP REHAB SERVICES	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	20,273,742	37,701,941	0.537737	90.00
91.00	09100	EMERGENCY	8,341,023	34,089,838	0.244678	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,770,711	3,143,610	0.563273	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,070,642	2,052,825	0.521546	95.00
101.00	10100	HOME HEALTH AGENCY	3,741,390	2,172,548	1.722121	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	3,279,414	2,949,913	1.111699	116.00
200.00		Subtotal (sum of lines 50 thru 199)	149,278,436	439,146,451		200.00
201.00		Less Observation Beds	1,770,711	0		201.00
202.00		Total (line 200 minus line 201)	147,507,725	439,146,451		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	PPS 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	2,446,873	0	2,446,873	21,579	113.39	30.00	
31.00	INTENSIVE CARE UNIT	316,370		316,370	1,991	158.90	31.00	
41.00	SUBPROVIDER - IRF	136,651	0	136,651	2,551	53.57	41.00	
43.00	NURSERY	69,696		69,696	1,288	54.11	43.00	
44.00	SKILLED NURSING FACILITY	191,782		191,782	4,874	39.35	44.00	
45.00	NURSING FACILITY	1,324,746		1,324,746	38,301	34.59	45.00	
200.00	Total (lines 30 through 199)	4,486,118		4,486,118	70,584		200.00	
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
			6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,612	1,203,295					30.00
31.00	INTENSIVE CARE UNIT	1,102	175,108					31.00
41.00	SUBPROVIDER - IRF	1,533	82,123					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	4,327	170,267					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	17,574	1,630,793					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,035,088	76,753,424	0.026515	13,579,097	360,050	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	629,397	17,958,282	0.035048	2,399,994	84,115	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	612,452	14,159,545	0.043254	164,559	7,118	55.00
56.00	05600 RADIOISOTOPE	296,783	4,874,265	0.060888	323,811	19,716	56.00
57.00	05700 CT SCAN	299,172	27,911,730	0.010719	4,042,569	43,332	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	306,073	15,224,050	0.020105	1,332,094	26,782	58.00
59.00	05900 CARDIAC CATHETERIZATION	739,749	16,494,534	0.044848	4,630,154	207,653	59.00
60.00	06000 LABORATORY	503,468	53,105,790	0.009480	9,491,841	89,983	60.00
64.00	06400 INTRAVENOUS THERAPY	127,895	8,526,820	0.014999	1,034,610	15,518	64.00
65.00	06500 RESPIRATORY THERAPY	141,595	10,667,397	0.013274	4,234,051	56,203	65.00
66.00	06600 PHYSICAL THERAPY	145,305	2,853,984	0.050913	840,454	42,790	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,077	2,368,996	0.005942	644,736	3,831	67.00
68.00	06800 SPEECH PATHOLOGY	11,830	890,329	0.013287	232,911	3,095	68.00
69.00	06900 ELECTROCARDIOLOGY	47,952	6,737,612	0.007117	1,294,284	9,211	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	533,589	5,323,017	0.100242	1,700,881	170,500	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	193,801	8,798,736	0.022026	2,863,776	63,078	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	820,807	66,508,042	0.012341	5,013,765	61,875	73.00
76.00	03040 AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280 EKG AND EEG	82,560	2,287,341	0.036094	142,714	5,151	76.01
76.02	03950 O/P REHAB SERVICES	116,402	5,431,815	0.021430	0	0	76.02
76.03	03951 SPORTS FITNESS	36,145	377,979	0.095627	0	0	76.03
76.04	03952 LIFE CENTER	1,089,085	7,639,708	0.142556	43,896	6,258	76.04
76.06	03480 ONCOLOGY	463,362	2,142,380	0.216284	12,741	2,756	76.06
76.07	03954 OP REHAB SERVICES	0	0	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,429,279	37,701,941	0.090958	20,284	1,845	90.00
91.00	09100 EMERGENCY	577,365	34,089,838	0.016937	4,389,550	74,346	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	182,105	3,143,610	0.057929	303,304	17,570	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	13,435,336	431,971,165		58,736,076	1,372,776	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:16-0057		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 2/1/2021 10:25 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	21,579	0.00	10,612	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	1,991	0.00	1,102	31.00		
41.00	04100	SUBPROVIDER - IRF	0		2,551	0.00	1,533	41.00		
43.00	04300	NURSERY		0	1,288	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY		0	4,874	0.00	4,327	44.00		
45.00	04500	NURSING FACILITY		0	38,301	0.00	0	45.00		
200.00		Total (lines 30 through 199)		0	70,584		17,574	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
44.00	04400	SKILLED NURSING FACILITY	0						44.00	
45.00	04500	NURSING FACILITY	0						45.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
2/1/2021 10:25 am

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 2/1/2021 10:25 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	76,753,424	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	17,958,282	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	14,159,545	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	4,874,265	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	27,911,730	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	15,224,050	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	16,494,534	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	53,105,790	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	8,526,820	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	10,667,397	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	2,853,984	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,368,996	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	890,329	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	6,737,612	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	5,323,017	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	8,798,736	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	66,508,042	0.000000	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG		0	0	0	2,287,341	0.000000	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	5,431,815	0.000000	76.02
76.03	03951	SPORTS FITNESS		0	0	0	377,979	0.000000	76.03
76.04	03952	LIFE CENTER		0	0	0	7,639,708	0.000000	76.04
76.06	03480	ONCOLOGY		0	0	0	2,142,380	0.000000	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	37,701,941	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	34,089,838	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	3,143,610	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0			95.00
200.00		Total (lines 50 through 199)		0	0	0	431,971,165		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0057

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

Worksheet D
Part IV
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	13,579,097	0	14,162,254	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,399,994	0	4,268,704	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	164,559	0	6,987,567	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	323,811	0	2,277,761	0	56.00
57.00	05700	CT SCAN	0.000000	4,042,569	0	7,835,867	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,332,094	0	4,026,643	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	4,630,154	0	4,331,444	0	59.00
60.00	06000	LABORATORY	0.000000	9,491,841	0	7,037,295	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	1,034,610	0	2,372,404	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,234,051	0	1,414,102	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	840,454	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	644,736	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	232,911	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,294,284	0	2,443,748	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,700,881	0	1,125,018	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,863,776	0	1,518,343	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	5,013,765	0	29,059,760	0	73.00
76.00	03040	AUDIOLOGY	0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0.000000	142,714	0	714,050	0	76.01
76.02	03950	O/P REHAB SERVICES	0.000000	0	0	30,830	0	76.02
76.03	03951	SPORTS FITNESS	0.000000	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0.000000	43,896	0	2,995,871	0	76.04
76.06	03480	ONCOLOGY	0.000000	12,741	0	1,008,724	0	76.06
76.07	03954	OP REHAB SERVICES	0.000000	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	20,284	0	4,903,752	0	90.00
91.00	09100	EMERGENCY	0.000000	4,389,550	0	5,722,875	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	303,304	0	1,007,069	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		58,736,076	0	105,244,081	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 16-0057		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 2/1/2021 10:25 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.198659	14,162,254	0	0	2,813,459	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.264330	4,268,704	0	0	1,128,347	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.238796	6,987,567	17	0	1,668,603	55.00
56.00	05600	RADIOISOTOPE		0.165076	2,277,761	0	0	376,004	56.00
57.00	05700	CT SCAN		0.076465	7,835,867	0	0	599,170	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.087305	4,026,643	0	0	351,546	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.188036	4,331,444	0	0	814,467	59.00
60.00	06000	LABORATORY		0.171744	7,037,295	3,667	0	1,208,613	60.00
64.00	06400	INTRAVENOUS THERAPY		0.143961	2,372,404	21	0	341,534	64.00
65.00	06500	RESPIRATORY THERAPY		0.248886	1,414,102	0	0	351,950	65.00
66.00	06600	PHYSICAL THERAPY		0.367035	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.291447	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.233732	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.147453	2,443,748	0	0	360,338	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		3.257370	1,125,018	31	0	3,664,600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.706592	1,518,343	0	0	1,072,849	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.397560	29,059,760	1,089	358,743	11,552,998	73.00
76.00	03040	AUDIOLOGY		0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0.292891	714,050	0	0	209,139	76.01
76.02	03950	O/P REHAB SERVICES		0.904750	30,830	0	0	27,893	76.02
76.03	03951	SPORTS FITNESS		4.166448	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0.643256	2,995,871	43	0	1,927,112	76.04
76.06	03480	ONCOLOGY		0.953521	1,008,724	36	0	961,840	76.06
76.07	03954	OP REHAB SERVICES		0.000000	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.537737	4,903,752	2,032	8,049	2,636,929	90.00
91.00	09100	EMERGENCY		0.244678	5,722,875	0	0	1,400,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.563273	1,007,069	0	0	567,255	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.521546		0			95.00
200.00		Subtotal (see instructions)			105,244,081	6,936	366,792	34,034,908	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			105,244,081	6,936	366,792	34,034,908	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
2/1/2021 10:25 am

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	630	0		60.00
64.00	06400	INTRAVENOUS THERAPY	3	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	101	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	433	142,622		73.00
76.00	03040	AUDIOLOGY	0	0		76.00
76.01	03280	EKG AND EEG	0	0		76.01
76.02	03950	O/P REHAB SERVICES	0	0		76.02
76.03	03951	SPORTS FITNESS	0	0		76.03
76.04	03952	LIFE CENTER	28	0		76.04
76.06	03480	ONCOLOGY	34	0		76.06
76.07	03954	OP REHAB SERVICES	0	0		76.07
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1,093	4,328		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)	2,326	146,950		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	2,326	146,950		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:16-0057	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 2/1/2021 10:25 am		
				Component CCN:16-T057				
				Title XVIII	Subprovider - IRF	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,035,088	76,753,424	0.026515	7,586	201	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	629,397	17,958,282	0.035048	32,240	1,130	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	612,452	14,159,545	0.043254	31,102	1,345	55.00
56.00	05600	RADIOISOTOPE	296,783	4,874,265	0.060888	1,611	98	56.00
57.00	05700	CT SCAN	299,172	27,911,730	0.010719	41,289	443	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	306,073	15,224,050	0.020105	40,407	812	58.00
59.00	05900	CARDIAC CATHETERIZATION	739,749	16,494,534	0.044848	12,975	582	59.00
60.00	06000	LABORATORY	503,468	53,105,790	0.009480	168,767	1,600	60.00
64.00	06400	INTRAVENOUS THERAPY	127,895	8,526,820	0.014999	2,618	39	64.00
65.00	06500	RESPIRATORY THERAPY	141,595	10,667,397	0.013274	53,647	712	65.00
66.00	06600	PHYSICAL THERAPY	145,305	2,853,984	0.050913	520,152	26,482	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,077	2,368,996	0.005942	488,365	2,902	67.00
68.00	06800	SPEECH PATHOLOGY	11,830	890,329	0.013287	202,278	2,688	68.00
69.00	06900	ELECTROCARDIOLOGY	47,952	6,737,612	0.007117	4,330	31	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	533,589	5,323,017	0.100242	34,934	3,502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	193,801	8,798,736	0.022026	1,230	27	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	820,807	66,508,042	0.012341	76,924	949	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	82,560	2,287,341	0.036094	5,504	199	76.01
76.02	03950	O/P REHAB SERVICES	116,402	5,431,815	0.021430	0	0	76.02
76.03	03951	SPORTS FITNESS	36,145	377,979	0.095627	0	0	76.03
76.04	03952	LIFE CENTER	1,089,085	7,639,708	0.142556	147	21	76.04
76.06	03480	ONCOLOGY	463,362	2,142,380	0.216284	77	17	76.06
76.07	03954	OP REHAB SERVICES	0	0	0.000000	0	0	76.07
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,429,279	37,701,941	0.090958	374	34	90.00
91.00	09100	EMERGENCY	577,365	34,089,838	0.016937	10,892	184	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,143,610	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	13,253,231	431,971,165		1,737,449	43,998	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:16-0057 Component CCN:16-T057		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 2/1/2021 10:25 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:16-0057 Component CCN:16-T057		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 2/1/2021 10:25 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	76,753,424	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	17,958,282	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	14,159,545	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	4,874,265	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	27,911,730	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	15,224,050	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	16,494,534	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	53,105,790	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	8,526,820	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	10,667,397	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	2,853,984	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,368,996	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	890,329	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	6,737,612	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	5,323,017	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	8,798,736	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	66,508,042	0.000000	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG		0	0	0	2,287,341	0.000000	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	5,431,815	0.000000	76.02
76.03	03951	SPORTS FITNESS		0	0	0	377,979	0.000000	76.03
76.04	03952	LIFE CENTER		0	0	0	7,639,708	0.000000	76.04
76.06	03480	ONCOLOGY		0	0	0	2,142,380	0.000000	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	37,701,941	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	34,089,838	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	3,143,610	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	431,971,165		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 2/1/2021 10:25 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	7,586	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	32,240	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	31,102	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	1,611	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	41,289	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	40,407	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	12,975	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	168,767	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	2,618	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	53,647	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	520,152	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	488,365	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	202,278	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	4,330	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	34,934	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	1,230	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	76,924	0	0	0	73.00
76.00	03040	AUDIOLOGY		0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0.000000	5,504	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0.000000	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0.000000	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0.000000	147	0	0	0	76.04
76.06	03480	ONCOLOGY		0.000000	77	0	0	0	76.06
76.07	03954	OP REHAB SERVICES		0.000000	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	374	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	10,892	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,737,449	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:16-0057 Component CCN:16-5110		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 2/1/2021 10:25 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-5110		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 2/1/2021 10:25 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	76,753,424	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	17,958,282	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	14,159,545	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	4,874,265	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	27,911,730	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	15,224,050	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	16,494,534	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	53,105,790	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	8,526,820	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	10,667,397	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	2,853,984	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,368,996	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	890,329	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	6,737,612	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	5,323,017	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	8,798,736	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	66,508,042	0.000000	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG		0	0	0	2,287,341	0.000000	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	5,431,815	0.000000	76.02
76.03	03951	SPORTS FITNESS		0	0	0	377,979	0.000000	76.03
76.04	03952	LIFE CENTER		0	0	0	7,639,708	0.000000	76.04
76.06	03480	ONCOLOGY		0	0	0	2,142,380	0.000000	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	37,701,941	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	34,089,838	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	3,143,610	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	431,971,165		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-5110		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 2/1/2021 10:25 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		45,108	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		15,122	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		247	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		10	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		4,459	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		105,183	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		1,968	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		15,595	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		577,115	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		498,066	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		115,038	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		1,448	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		1,978	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		125,054	0	0	0	73.00
76.00	03040	AUDIOLOGY	0.000000		0	0	0	0	76.00
76.01	03280	EKG AND EEG	0.000000		0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0.000000		0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0.000000		0	0	0	0	76.03
76.04	03952	LIFE CENTER	0.000000		628	0	0	0	76.04
76.06	03480	ONCOLOGY	0.000000		713	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0.000000		0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		2,640	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000		0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,510,372	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
2/1/2021 10:25 am

			Title XIX		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,446,873	0	2,446,873	21,579	113.39	30.00
31.00	INTENSIVE CARE UNIT	316,370		316,370	1,991	158.90	31.00
41.00	SUBPROVIDER - IRF	136,651	0	136,651	2,551	53.57	41.00
43.00	NURSERY	69,696		69,696	1,288	54.11	43.00
44.00	SKILLED NURSING FACILITY	191,782		191,782	4,874	39.35	44.00
45.00	NURSING FACILITY	1,324,746		1,324,746	38,301	34.59	45.00
200.00	Total (lines 30 through 199)	4,486,118		4,486,118	70,584		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	674	76,425				30.00
31.00	INTENSIVE CARE UNIT	55	8,740				31.00
41.00	SUBPROVIDER - IRF	34	1,821				41.00
43.00	NURSERY	751	40,637				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	26,729	924,556				45.00
200.00	Total (lines 30 through 199)	28,243	1,052,179				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,035,088	76,753,424	0.026515	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	629,397	17,958,282	0.035048	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	612,452	14,159,545	0.043254	0	0	55.00
56.00	05600 RADIOISOTOPE	296,783	4,874,265	0.060888	0	0	56.00
57.00	05700 CT SCAN	299,172	27,911,730	0.010719	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	306,073	15,224,050	0.020105	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	739,749	16,494,534	0.044848	0	0	59.00
60.00	06000 LABORATORY	503,468	53,105,790	0.009480	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	127,895	8,526,820	0.014999	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	141,595	10,667,397	0.013274	0	0	65.00
66.00	06600 PHYSICAL THERAPY	145,305	2,853,984	0.050913	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,077	2,368,996	0.005942	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	11,830	890,329	0.013287	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	47,952	6,737,612	0.007117	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	533,589	5,323,017	0.100242	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	193,801	8,798,736	0.022026	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	820,807	66,508,042	0.012341	0	0	73.00
76.00	03040 AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280 EKG AND EEG	82,560	2,287,341	0.036094	0	0	76.01
76.02	03950 O/P REHAB SERVICES	116,402	5,431,815	0.021430	0	0	76.02
76.03	03951 SPORTS FITNESS	36,145	377,979	0.095627	0	0	76.03
76.04	03952 LIFE CENTER	1,089,085	7,639,708	0.142556	0	0	76.04
76.06	03480 ONCOLOGY	463,362	2,142,380	0.216284	0	0	76.06
76.07	03954 OP REHAB SERVICES	0	0	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,429,279	37,701,941	0.090958	0	0	90.00
91.00	09100 EMERGENCY	577,365	34,089,838	0.016937	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	182,105	3,143,610	0.057929	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	13,435,336	431,971,165		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:16-0057		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 2/1/2021 10:25 am	
					Title XIX		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	21,579	0.00	674	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	1,991	0.00	55	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	2,551	0.00	34	41.00		
43.00	04300	NURSERY	0	0	1,288	0.00	751	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	4,874	0.00	0	44.00		
45.00	04500	NURSING FACILITY	0	0	38,301	0.00	26,729	45.00		
200.00		Total (lines 30 through 199)	0	0	70,584		28,243	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
44.00	04400	SKILLED NURSING FACILITY	0						44.00	
45.00	04500	NURSING FACILITY	0						45.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
2/1/2021 10:25 am

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0057		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 2/1/2021 10:25 am	
			Title XIX		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	76,753,424	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,958,282	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	14,159,545	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,874,265	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	27,911,730	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,224,050	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,494,534	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	53,105,790	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	8,526,820	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,667,397	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,853,984	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,368,996	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	890,329	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,737,612	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,323,017	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,798,736	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	66,508,042	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG	0	0	0	2,287,341	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	5,431,815	0.000000	76.02
76.03	03951	SPORTS FITNESS	0	0	0	377,979	0.000000	76.03
76.04	03952	LIFE CENTER	0	0	0	7,639,708	0.000000	76.04
76.06	03480	ONCOLOGY	0	0	0	2,142,380	0.000000	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	37,701,941	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	34,089,838	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,143,610	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	431,971,165		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0057

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

Worksheet D
Part IV
Date/Time Prepared:
2/1/2021 10:25 am

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:16-0057 Component CCN:16-T057	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 2/1/2021 10:25 am
				Title XIX	Subprovider - IRF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	2,035,088	76,753,424	0.026515	0	0 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	629,397	17,958,282	0.035048	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	612,452	14,159,545	0.043254	0	0 55.00
56.00	05600 RADIOISOTOPE	296,783	4,874,265	0.060888	0	0 56.00
57.00	05700 CT SCAN	299,172	27,911,730	0.010719	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	306,073	15,224,050	0.020105	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	739,749	16,494,534	0.044848	0	0 59.00
60.00	06000 LABORATORY	503,468	53,105,790	0.009480	0	0 60.00
64.00	06400 INTRAVENOUS THERAPY	127,895	8,526,820	0.014999	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	141,595	10,667,397	0.013274	0	0 65.00
66.00	06600 PHYSICAL THERAPY	145,305	2,853,984	0.050913	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	14,077	2,368,996	0.005942	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	11,830	890,329	0.013287	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	47,952	6,737,612	0.007117	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	533,589	5,323,017	0.100242	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	193,801	8,798,736	0.022026	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	820,807	66,508,042	0.012341	0	0 73.00
76.00	03040 AUDIOLOGY	0	0	0.000000	0	0 76.00
76.01	03280 EKG AND EEG	82,560	2,287,341	0.036094	0	0 76.01
76.02	03950 O/P REHAB SERVICES	116,402	5,431,815	0.021430	0	0 76.02
76.03	03951 SPORTS FITNESS	36,145	377,979	0.095627	0	0 76.03
76.04	03952 LIFE CENTER	1,089,085	7,639,708	0.142556	0	0 76.04
76.06	03480 ONCOLOGY	463,362	2,142,380	0.216284	0	0 76.06
76.07	03954 OP REHAB SERVICES	0	0	0.000000	0	0 76.07
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,429,279	37,701,941	0.090958	0	0 90.00
91.00	09100 EMERGENCY	577,365	34,089,838	0.016937	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,143,610	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)	13,253,231	431,971,165		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:16-0057 Component CCN:16-T057		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 2/1/2021 10:25 am	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:16-0057 Component CCN:16-T057		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 2/1/2021 10:25 am	
			Title XIX		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	76,753,424	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,958,282	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	14,159,545	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,874,265	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	27,911,730	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,224,050	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,494,534	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	53,105,790	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	8,526,820	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,667,397	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,853,984	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,368,996	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	890,329	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,737,612	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,323,017	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,798,736	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	66,508,042	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG	0	0	0	2,287,341	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	5,431,815	0.000000	76.02
76.03	03951	SPORTS FITNESS	0	0	0	377,979	0.000000	76.03
76.04	03952	LIFE CENTER	0	0	0	7,639,708	0.000000	76.04
76.06	03480	ONCOLOGY	0	0	0	2,142,380	0.000000	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	37,701,941	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	34,089,838	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,143,610	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	431,971,165		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:16-0057 Component CCN:16-T057		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 2/1/2021 10:25 am	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
76.00	03040	AUDIOLOGY		0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0.000000	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0.000000	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0.000000	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0.000000	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0.000000	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES		0.000000	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:16-0057 Component CCN:16-5110		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 2/1/2021 10:25 am	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:16-0057 Component CCN:16-5110		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 2/1/2021 10:25 am	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	76,753,424	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	17,958,282	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	14,159,545	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	4,874,265	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	27,911,730	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	15,224,050	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	16,494,534	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	53,105,790	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	8,526,820	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	10,667,397	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	2,853,984	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,368,996	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	890,329	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	6,737,612	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	5,323,017	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	8,798,736	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	66,508,042	0.000000	73.00
76.00	03040	AUDIOLOGY		0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG		0	0	0	2,287,341	0.000000	76.01
76.02	03950	O/P REHAB SERVICES		0	0	0	5,431,815	0.000000	76.02
76.03	03951	SPORTS FITNESS		0	0	0	377,979	0.000000	76.03
76.04	03952	LIFE CENTER		0	0	0	7,639,708	0.000000	76.04
76.06	03480	ONCOLOGY		0	0	0	2,142,380	0.000000	76.06
76.07	03954	OP REHAB SERVICES		0	0	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	37,701,941	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	34,089,838	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	3,143,610	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	431,971,165		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:16-0057 Component CCN:16-5110		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 2/1/2021 10:25 am	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
76.00	03040	AUDIOLOGY		0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0.000000	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0.000000	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0.000000	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0.000000	0	0	0	0	76.04
76.06	03480	ONCOLOGY		0.000000	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES		0.000000	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 2/1/2021 10:25 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,579	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,579	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)		19,973	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)		10,612	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		23,792,202	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		23,792,202	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		23,792,202	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,102.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,700,367	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,700,367	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

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

Worksheet D-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,497,932	1,991	1,756.87	1,102	1,936,071	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)					19,190,524	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,826,962	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)					1,378,403	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,372,776	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,751,179	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,075,783	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,606	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,102.56	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,770,711	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

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

Worksheet D-1

Date/Time Prepared:
2/1/2021 10:25 am

		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	2,446,873	23,792,202	0.102843	1,770,711	182,105	90.00
91.00 Nursing School cost	0	23,792,202	0.000000	1,770,711	0	91.00
92.00 Allied health cost	0	23,792,202	0.000000	1,770,711	0	92.00
93.00 All other Medical Education	0	23,792,202	0.000000	1,770,711	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 2/1/2021 10:25 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,551	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,551	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)		2,551	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,533	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,887,582	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,887,582	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,887,582	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)		739.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,134,328	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,134,328	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:16-0057	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1	
				Component CCN:16-T057		Date/Time Prepared: 2/1/2021 10:25 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						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)					600,615	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,734,943	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)					82,123	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					43,998	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					126,121	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,608,822	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:16-0057 Component CCN:16-T057		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 2/1/2021 10:25 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
				1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost			136,651	1,887,582	0.072395	0	0	90.00
91.00	Nursing School cost			0	1,887,582	0.000000	0	0	91.00
92.00	Allied health cost			0	1,887,582	0.000000	0	0	92.00
93.00	All other Medical Education			0	1,887,582	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:16-0057 Component CCN:16-5110	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 2/1/2021 10:25 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,874	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,874	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,874	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)		4,327	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,438,287	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,438,287	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,438,287	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:16-0057 Component CCN:16-5110	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 2/1/2021 10:25 am
			Title XVIII	Skilled Nursing Facility	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)
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT					
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)					
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					
52.00 Total Program excludable cost (sum of lines 50 and 51)					
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					
55.00 Target amount per discharge					
56.00 Target amount (line 54 x line 55)					
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					
58.00 Bonus payment (see instructions)					
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					
62.00 Relief payment (see instructions)					
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					
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)					
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					
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)					
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					2,438,287
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					500.26
72.00 Program routine service cost (line 9 x line 71)					2,164,625
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					2,164,625
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00
77.00 Program capital-related costs (line 9 x line 76)					0
78.00 Inpatient routine service cost (line 74 minus line 77)					0
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0
81.00 Inpatient routine service cost per diem limitation					0.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0
83.00 Reasonable inpatient routine service costs (see instructions)					2,164,625
84.00 Program inpatient ancillary services (see instructions)					478,831
85.00 Utilization review - physician compensation (see instructions)					0
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					2,643,456
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:16-0057 Component CCN:16-5110		Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 2/1/2021 10:25 am	
			Title XVIII		Skilled Nursing Facility	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 2/1/2021 10:25 am	
		Title XIX	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			21,579	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			21,579	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)			19,973	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)			674	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			1,288	15.00
16.00	Nursery days (title V or XIX only)			751	16.00
SWING BED ADJUSTMENT					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			23,792,202	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0	25.00
26.00	Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			23,792,202	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			23,792,202	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,102.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			743,125	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)			743,125	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

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

Worksheet D-1

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		Title XIX			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	703,048	1,288	545.84	751	409,926	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,497,932	1,991	1,756.87	55	96,628	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,249,679	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)					125,802	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					125,802	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,123,877	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,606	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,102.56	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,770,711	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:16-0057		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 2/1/2021 10:25 am	
				Title XIX		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	2,446,873	23,792,202	0.102843	1,770,711	182,105	90.00		
91.00	Nursing School cost	0	23,792,202	0.000000	1,770,711	0	91.00		
92.00	Allied health cost	0	23,792,202	0.000000	1,770,711	0	92.00		
93.00	All other Medical Education	0	23,792,202	0.000000	1,770,711	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:16-0057 Component CCN:16-T057	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 2/1/2021 10:25 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,551	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,551	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)		2,551	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)		34	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,288	15.00
16.00	Nursery days (title V or XIX only)		751	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,887,582	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,887,582	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,887,582	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)		739.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		25,158	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)		25,158	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:16-0057 Component CCN:16-T057	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 2/1/2021 10:25 am	
				Title XIX		Subprovider - IRF	PPS
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,158	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)					1,821	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,821	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,337	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 2/1/2021 10:25 am	
		Title XIX		Subprovider - IRF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	136,651	1,887,582	0.072395	0	0	90.00
91.00 Nursing School cost	0	1,887,582	0.000000	0	0	91.00
92.00 Allied health cost	0	1,887,582	0.000000	0	0	92.00
93.00 All other Medical Education	0	1,887,582	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:16-0057 Component CCN:16-5110	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 2/1/2021 10:25 am
		Title XIX	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,874	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,874	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,874	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,288	15.00
16.00	Nursery days (title V or XIX only)		751	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,438,287	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,438,287	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,438,287	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:16-0057 Component CCN:16-5110	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 2/1/2021 10:25 am
				Title XIX	Skilled Nursing Facility	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)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					2,438,287	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					500.26	71.00
72.00 Program routine service cost (line 9 x line 71)					0	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					191,782	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					39.35	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00 Program inpatient ancillary services (see instructions)					0	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:16-0057 Component CCN:16-5110		Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 2/1/2021 10:25 am	
			Title XIX		Skilled Nursing Facility	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0057	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 2/1/2021 10:25 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		21,210,098		30.00
31.00	03100	INTENSIVE CARE UNIT		3,904,386		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.198659	13,579,097	2,697,610	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.264330	2,399,994	634,390	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.238796	164,559	39,296	55.00
56.00	05600	RADIOISOTOPE	0.165076	323,811	53,453	56.00
57.00	05700	CT SCAN	0.076465	4,042,569	309,115	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.087305	1,332,094	116,298	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.188036	4,630,154	870,636	59.00
60.00	06000	LABORATORY	0.171744	9,491,841	1,630,167	60.00
64.00	06400	INTRAVENOUS THERAPY	0.143961	1,034,610	148,943	64.00
65.00	06500	RESPIRATORY THERAPY	0.248886	4,234,051	1,053,796	65.00
66.00	06600	PHYSICAL THERAPY	0.367035	840,454	308,476	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291447	644,736	187,906	67.00
68.00	06800	SPEECH PATHOLOGY	0.233732	232,911	54,439	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147453	1,294,284	190,846	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.257370	1,700,881	5,540,399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.706592	2,863,776	2,023,521	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.397560	5,013,765	1,993,272	73.00
76.00	03040	AUDIOLOGY	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	0.292891	142,714	41,800	76.01
76.02	03950	O/P REHAB SERVICES	0.904750	0	0	76.02
76.03	03951	SPORTS FITNESS	4.166448	0	0	76.03
76.04	03952	LIFE CENTER	0.643256	43,896	28,236	76.04
76.06	03480	ONCOLOGY	0.953521	12,741	12,149	76.06
76.07	03954	OP REHAB SERVICES	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.537737	20,284	10,907	90.00
91.00	09100	EMERGENCY	0.244678	4,389,550	1,074,026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.563273	303,304	170,843	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)		58,736,076	19,190,524	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)		58,736,076		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 2/1/2021 10:25 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		2,289,242		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.198659	7,586	1,507	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.264330	32,240	8,522	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.238796	31,102	7,427	55.00
56.00	05600 RADIOISOTOPE	0.165076	1,611	266	56.00
57.00	05700 CT SCAN	0.076465	41,289	3,157	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.087305	40,407	3,528	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.188036	12,975	2,440	59.00
60.00	06000 LABORATORY	0.171744	168,767	28,985	60.00
64.00	06400 INTRAVENOUS THERAPY	0.143961	2,618	377	64.00
65.00	06500 RESPIRATORY THERAPY	0.248886	53,647	13,352	65.00
66.00	06600 PHYSICAL THERAPY	0.367035	520,152	190,914	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.291447	488,365	142,333	67.00
68.00	06800 SPEECH PATHOLOGY	0.233732	202,278	47,279	68.00
69.00	06900 ELECTROCARDIOLOGY	0.147453	4,330	638	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3.257370	34,934	113,793	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.706592	1,230	869	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.397560	76,924	30,582	73.00
76.00	03040 AUDIOLOGY	0.000000	0	0	76.00
76.01	03280 EKG AND EEG	0.292891	5,504	1,612	76.01
76.02	03950 O/P REHAB SERVICES	0.904750	0	0	76.02
76.03	03951 SPORTS FITNESS	4.166448	0	0	76.03
76.04	03952 LIFE CENTER	0.643256	147	95	76.04
76.06	03480 ONCOLOGY	0.953521	77	73	76.06
76.07	03954 OP REHAB SERVICES	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.537737	374	201	90.00
91.00	09100 EMERGENCY	0.244678	10,892	2,665	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.563273	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,737,449	600,615	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,737,449		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN:16-0057 Component CCN:16-5110	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 2/1/2021 10:25 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.198659	45,108	8,961	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.264330	15,122	3,997	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.238796	247	59	55.00
56.00	05600 RADIOISOTOPE	0.165076	0	0	56.00
57.00	05700 CT SCAN	0.076465	10	1	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.087305	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.188036	4,459	838	59.00
60.00	06000 LABORATORY	0.171744	105,183	18,065	60.00
64.00	06400 INTRAVENOUS THERAPY	0.143961	1,968	283	64.00
65.00	06500 RESPIRATORY THERAPY	0.248886	15,595	3,881	65.00
66.00	06600 PHYSICAL THERAPY	0.367035	577,115	211,821	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.291447	498,066	145,160	67.00
68.00	06800 SPEECH PATHOLOGY	0.233732	115,038	26,888	68.00
69.00	06900 ELECTROCARDIOLOGY	0.147453	1,448	214	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3.257370	1,978	6,443	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.706592	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.397560	125,054	49,716	73.00
76.00	03040 AUDIOLOGY	0.000000	0	0	76.00
76.01	03280 EKG AND EEG	0.292891	0	0	76.01
76.02	03950 O/P REHAB SERVICES	0.904750	0	0	76.02
76.03	03951 SPORTS FITNESS	4.166448	0	0	76.03
76.04	03952 LIFE CENTER	0.643256	628	404	76.04
76.06	03480 ONCOLOGY	0.953521	713	680	76.06
76.07	03954 OP REHAB SERVICES	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.537737	2,640	1,420	90.00
91.00	09100 EMERGENCY	0.244678	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.563273	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,510,372	478,831	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,510,372		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 2/1/2021 10:25 am
		Title XVIII	Hospital	PPS
			1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		6,705,626	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		17,469,935	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)		64,903	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		179,106	2.04
3.00	Managed Care Simulated Payments		4,969,807	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		131.24	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.97	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.52	31.00
32.00	Sum of lines 30 and 31		25.49	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.24	33.00
34.00	Disproportionate share adjustment (see instructions)		618,894	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 2/1/2021 10:25 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)		0.000229209	0.000078158	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,896,216	652,666	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		477,951	488,608	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		966,559		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		26,005,023		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			26,005,023	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,979,336	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)			27,984,359	59.00
60.00	Primary payer payments			27,256	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			27,957,103	61.00
62.00	Deductibles billed to program beneficiaries			2,668,732	62.00
63.00	Coinsurance billed to program beneficiaries			21,560	63.00
64.00	Allowable bad debts (see instructions)			0	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			0	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			25,266,811	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)			123,373	70.93
70.94	HRR adjustment amount (see instructions)			-199,546	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 2/1/2021 10:25 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			279,082	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			24,911,556	71.00
71.01	Sequestration adjustment (see instructions)			416,023	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			24,464,976	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)			30,557	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			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/1/2021 10:25 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,705,626	6,705,626		6,705,626	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	17,469,935		17,469,935	17,469,935	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	64,903	64,903		64,903	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	179,106		179,106	179,106	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	4,969,807	1,236,007	3,733,800	4,969,807	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	0.1024	0.1024	0.1024		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	618,894	171,664	447,230	618,894	11.00
11.01	Uncompensated care payments	36.00	966,559	477,951	488,608	966,559	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	26,005,023	7,420,144	18,584,879	26,005,023	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	26,005,023	7,420,144	18,584,879	26,005,023	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,979,336	556,766	1,422,570	1,979,336	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			7,976,910	20,007,449	27,984,359	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/1/2021 10:25 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,926,110	542,749	1,383,361	1,926,110	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	53,226	14,017	39,209	53,226	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,979,336	556,766	1,422,570	1,979,336	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	123,373	28,324	95,049	123,373	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	-199,546	-73,762	-125,784	-199,546	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		79,315	199,767	279,082	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:16-0057	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 2/1/2021 10:25 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		149,276	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,034,908	2.00
3.00	OPPS payments		32,818,212	3.00
4.00	Outlier payment (see instructions)		46,012	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.878	5.00
6.00	Line 2 times line 5		29,882,649	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		149,276	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		373,728	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)		373,728	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		373,728	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		224,452	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)		149,276	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)		32,864,224	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,747	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,554,361	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)		26,457,392	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)		26,457,392	30.00
31.00	Primary payer payments		7,852	31.00
32.00	Subtotal (line 30 minus line 31)		26,449,540	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		26,449,540	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-151	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)		26,449,691	40.00
40.01	Sequestration adjustment (see instructions)		441,710	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		25,954,999	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)		52,982	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		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
2/1/2021 10:25 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		24,464,976		25,954,999	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)		24,464,976		25,954,999	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		30,557		52,982	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		24,495,533		26,007,981	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:16-0057 Component CCN:16-T057		Period: From 07/01/2019 To 06/30/2020		Worksheet E-1 Part I Date/Time Prepared: 2/1/2021 10:25 am	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		2,491,321		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,491,321		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		42,642		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		2,533,963		0	7.00	
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 16-0057 Component CCN: 16-5110		Period: From 07/01/2019 To 06/30/2020		Worksheet E-1 Part I Date/Time Prepared: 2/1/2021 10:25 am	
		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					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		1,801,650			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,801,650			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		1,759			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		1,803,409			0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 2/1/2021 10:25 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,492,818 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0391 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			96,721 3.00
4.00	Outlier Payments			0 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			6.969945 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,589,539 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,589,539 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,589,539 19.00
20.00	Deductibles			11,176 20.00
21.00	Subtotal (line 19 minus line 20)			2,578,363 21.00
22.00	Coinsurance			1,364 22.00
23.00	Subtotal (line 21 minus line 22)			2,576,999 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,576,999 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,576,999 32.00
32.01	Sequestration adjustment (see instructions)			43,036 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,491,321 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			42,642 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:16-0057 Component CCN:16-5110	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VI Date/Time Prepared: 2/1/2021 10:25 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		2,157,470	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,157,470	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		323,433	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,834,037	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		1,834,037	15.00
15.01	Sequestration adjustment (see instructions)		30,628	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
15.75	Sequestration for non-claims based amounts (see instructions)		0	15.75
16.00	Interim payments		1,801,650	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)		1,759	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 16-0057

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

Worksheet G

Date/Time Prepared:
2/1/2021 10:25 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	49,118,959	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	712,190	0	0	0	3.00
4.00 Accounts receivable	17,488,860	0	0	0	4.00
5.00 Other receivable	11,911,557	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	4,218,909	0	0	0	7.00
8.00 Prepaid expenses	2,020,500	0	0	0	8.00
9.00 Other current assets	2,730,377	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	88,201,352	0	0	0	11.00
FIXED ASSETS					
12.00 Land	120,516,474	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	0	0	0	0	23.00
24.00 Accumulated depreciation	0	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	120,516,474	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	1,331,300	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	159,693,938	0	0	0	33.00
34.00 Other assets	1,514,277	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	162,539,515	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	371,257,341	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	6,857,374	0	0	0	37.00
38.00 Salaries, wages, and fees payable	0	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	7,165,175	0	0	0	40.00
41.00 Deferred income	34,042,164	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	23,426,653	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	71,491,366	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	39,082,767	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	1,097,274	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	40,180,041	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	111,671,407	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	259,585,934	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	259,585,934	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	371,257,341	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0057

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

Worksheet G-1

Date/Time Prepared:
2/1/2021 10:25 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		252,558,061		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		13,858,730				2.00
3.00	Total (sum of line 1 and line 2)		266,416,791		0		3.00
4.00	CHANGE IN BENEFICIAL INTEREST	775,231		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)		775,231		0		10.00
11.00	Subtotal (line 3 plus line 10)		267,192,022		0		11.00
12.00	EQUITY TRANSFERS	6,810,000		0		0	12.00
13.00	NET ASSETS RELEASED FROM RESTRICTION	608,083		0		0	13.00
14.00	OTHER	188,005		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		7,606,088		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		259,585,934		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CHANGE IN BENEFICIAL INTEREST		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	EQUITY TRANSFERS		0				12.00
13.00	NET ASSETS RELEASED FROM RESTRICTION		0				13.00
14.00	OTHER		0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	41,279,027		41,279,027	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,746,399		3,746,399	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	2,955,052		2,955,052	7.00
8.00	NURSING FACILITY	8,704,685		8,704,685	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	56,685,163		56,685,163	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,299,405		7,299,405	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,299,405		7,299,405	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	63,984,568		63,984,568	17.00
18.00	Ancillary services	104,773,453	252,262,323	357,035,776	18.00
19.00	Outpatient services	12,315,915	62,619,474	74,935,389	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,172,548	2,172,548	22.00
23.00	AMBULANCE SERVICES	2,480	2,050,345	2,052,825	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,949,913	2,949,913	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	181,076,416	322,054,603	503,131,019	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		227,770,395		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		227,770,395		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0057

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

Worksheet G-3

Date/Time Prepared:
2/1/2021 10:25 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	503,131,019	1.00
2.00	Less contractual allowances and discounts on patients' accounts	306,362,868	2.00
3.00	Net patient revenues (line 1 minus line 2)	196,768,151	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	227,770,395	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-31,002,244	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	44,860,974	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	44,860,974	25.00
26.00	Total (line 5 plus line 25)	13,858,730	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,858,730	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0057

Period: From 07/01/2019

Worksheet H

HHA CCN: 16-7136

To 06/30/2020

Date/Time Prepared: 2/1/2021 10:25 am

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	0	4.00
5.00 Administrative and General	502,013	159,800	38,912	2,897	57,908	761,530	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	951,485	302,875	0	0	0	1,254,360	6.00
7.00 Physical Therapy	305,918	97,379	16,575	0	1,458	421,330	7.00
8.00 Occupational Therapy	116,410	37,055	0	0	0	153,465	8.00
9.00 Speech Pathology	26,040	8,289	0	0	0	34,329	9.00
10.00 Medical Social Services	53,245	16,949	0	0	0	70,194	10.00
11.00 Home Health Aide	137,065	43,630	0	0	0	180,695	11.00
12.00 Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00 Drugs	0	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	0	16.00
17.00 Private Duty Nursing	6,360	2,025	964	0	0	9,349	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	0	23.00
23.50 Telemedicine	0	0	0	0	0	0	23.50
24.00 Total (sum of lines 1-23)	2,098,536	668,002	56,451	2,897	59,366	2,885,252	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	-333,311	428,219	-1,289	426,930			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	-27,396	1,226,964	0	1,226,964			6.00
7.00 Physical Therapy	-8,808	412,522	0	412,522			7.00
8.00 Occupational Therapy	-3,352	150,113	0	150,113			8.00
9.00 Speech Pathology	-750	33,579	0	33,579			9.00
10.00 Medical Social Services	-1,533	68,661	0	68,661			10.00
11.00 Home Health Aide	-3,947	176,748	0	176,748			11.00
12.00 Supplies (see instructions)	0	0	0	0			12.00
13.00 Drugs	0	0	0	0			13.00
14.00 DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0			15.00
16.00 Respiratory Therapy	0	0	0	0			16.00
17.00 Private Duty Nursing	-183	9,166	0	9,166			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)	-379,280	2,505,972	-1,289	2,504,683			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 16-0057

Period:

Worksheet H-1

HHA CCN: 16-7136

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
2/1/2021 10:25 amHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportatio n	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	426,930	0	0	0	0	426,930	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,226,964	0	0	0	0	1,226,964	6.00
7.00	Physical Therapy	412,522	0	0	0	0	412,522	7.00
8.00	Occupational Therapy	150,113	0	0	0	0	150,113	8.00
9.00	Speech Pathology	33,579	0	0	0	0	33,579	9.00
10.00	Medical Social Services	68,661	0	0	0	0	68,661	10.00
11.00	Home Health Aide	176,748	0	0	0	0	176,748	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	9,166	0	0	0	0	9,166	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,504,683	0	0	0	0	2,504,683	24.00
		Administrativ e & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	426,930						5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	252,112	1,479,076					6.00
7.00	Physical Therapy	84,764	497,286					7.00
8.00	Occupational Therapy	30,845	180,958					8.00
9.00	Speech Pathology	6,900	40,479					9.00
10.00	Medical Social Services	14,108	82,769					10.00
11.00	Home Health Aide	36,318	213,066					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	1,883	11,049					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		2,504,683					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-1

HHA CCN: 16-7136

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:

2/1/2021 10:25 am

Home Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportatio n (MILEAGE)	Reconciliatio n	Administrativ e & 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	-426,930	2,077,753	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	1,226,964	6.00	
7.00	Physical Therapy	0	0	0	0	0	412,522	7.00	
8.00	Occupational Therapy	0	0	0	0	0	150,113	8.00	
9.00	Speech Pathology	0	0	0	0	0	33,579	9.00	
10.00	Medical Social Services	0	0	0	0	0	68,661	10.00	
11.00	Home Health Aide	0	0	0	0	0	176,748	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0		0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	9,166	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	0	-426,930	2,077,753	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		426,930	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.205477	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
2/1/2021 10:25 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1) 0	CAPITAL RELATED COSTS				BLDG & FIXT - LAUNDRY 1.03	BLDG & FIXT - MERCY 1.04	
			BLDG & FIXT	BLDG & FIXT - KLEIN 1.01	BLDG & FIXT - CANCER 1.02				
1.00	Administrative and General	0	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,479,076	0	0	0	0	0	0	2.00
3.00	Physical Therapy	497,286	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	180,958	0	0	0	0	0	0	4.00
5.00	Speech Pathology	40,479	0	0	0	0	0	0	5.00
6.00	Medical Social Services	82,769	0	0	0	0	0	0	6.00
7.00	Home Health Aide	213,066	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	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	11,049	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)	2,504,683	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
		CAPITAL RELATED COSTS							
Cost Center Description		BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
		1.05	1.06	1.07	1.08	2.00	4.00		
1.00	Administrative and General	0	114,046	0	0	5,370	22,953	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	43,428	2.00	
3.00	Physical Therapy	0	0	0	0	0	13,954	3.00	
4.00	Occupational Therapy	0	0	0	0	0	5,299	4.00	
5.00	Speech Pathology	0	0	0	0	0	1,192	5.00	
6.00	Medical Social Services	0	0	0	0	0	2,414	6.00	
7.00	Home Health Aide	0	0	0	0	0	6,240	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	282	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	114,046	0	0	5,370	95,762	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:

2/1/2021 10:25 am

Home Health
Agency I

PPS

Cost Center Description		ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	
		5.01	5A.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	9,128	151,497	16,093	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,522,504	161,729	0	10,170	20,852	2.00
3.00	Physical Therapy	0	511,240	54,307	0	0	0	3.00
4.00	Occupational Therapy	0	186,257	19,785	0	0	0	4.00
5.00	Speech Pathology	0	41,671	4,427	0	0	0	5.00
6.00	Medical Social Services	0	85,183	9,049	0	0	0	6.00
7.00	Home Health Aide	0	219,306	23,296	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	177	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	11,331	1,204	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	9,128	2,728,989	289,890	177	10,170	20,852	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

Cost Center Description		Subtotal	OTHER A&G	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	
		5A.05	5.06	7.00	7.01	7.02	7.03	
1.00	Administrative and General	167,590	14,773	107,750	0	0	0	1.00
2.00	Skilled Nursing Care	1,715,255	151,196	0	0	0	0	2.00
3.00	Physical Therapy	565,547	49,852	0	0	0	0	3.00
4.00	Occupational Therapy	206,042	18,162	0	0	0	0	4.00
5.00	Speech Pathology	46,098	4,063	0	0	0	0	5.00
6.00	Medical Social Services	94,232	8,306	0	0	0	0	6.00
7.00	Home Health Aide	242,602	21,385	0	0	0	0	7.00
8.00	Supplies (see instructions)	177	16	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	12,535	1,105	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,050,078	268,858	107,750	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
2/1/2021 10:25 amHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		7.04	7.05	7.06	7.07	8.00	9.00	
1.00	Administrative and General	0	0	0	0	0	78,831	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	78,831	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICE & SUPPLY	
		9.01	10.00	10.01	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	5,530	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	451	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	5,530	0	451	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
2/1/2021 10:25 amHome Health
Agency I

PPS

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		15.00	16.00	17.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	208,642	583,116	0	583,116	1.00
2.00	Skilled Nursing Care	0	21,250	0	1,887,701	0	1,887,701	2.00
3.00	Physical Therapy	0	0	0	615,399	0	615,399	3.00
4.00	Occupational Therapy	0	0	0	224,204	0	224,204	4.00
5.00	Speech Pathology	0	0	0	50,161	0	50,161	5.00
6.00	Medical Social Services	0	0	0	102,538	0	102,538	6.00
7.00	Home Health Aide	0	0	0	263,987	0	263,987	7.00
8.00	Supplies (see instructions)	0	0	0	644	0	644	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	13,640	0	13,640	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	21,250	208,642	3,741,390	0	3,741,390	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	348,529	2,236,230					2.00
3.00	Physical Therapy	113,622	729,021					3.00
4.00	Occupational Therapy	41,395	265,599					4.00
5.00	Speech Pathology	9,261	59,422					5.00
6.00	Medical Social Services	18,932	121,470					6.00
7.00	Home Health Aide	48,740	312,727					7.00
8.00	Supplies (see instructions)	119	763					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	2,518	16,158					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	583,116	3,741,390					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.	0.184631						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
2/1/2021 10:25 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		Agency 1				
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	BLDG & FIXT - EASTMAN (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	1.05	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIV E AND GENERAL (PHONES)	
		BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.06	1.07	1.08	2.00	4.00	5.01	
1.00	Administrative and General	8,570	0	0	5,164	732	68	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,385	0	2.00
3.00	Physical Therapy	0	0	0	0	445	0	3.00
4.00	Occupational Therapy	0	0	0	0	169	0	4.00
5.00	Speech Pathology	0	0	0	0	38	0	5.00
6.00	Medical Social Services	0	0	0	0	77	0	6.00
7.00	Home Health Aide	0	0	0	0	199	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	9	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	8,570	0	0	5,164	3,054	68	20.00
21.00	Total cost to be allocated	114,046	0	0	5,370	95,762	9,128	21.00
22.00	Unit cost multiplier	13.307585	0.000000	0.000000	1.039892	31.356254	134.235294	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:

2/1/2021 10:25 am

Home Health
Agency I

PPS

Cost Center Description		Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	ADMITTING (GROSS CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
		5A.02	5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	0	151,497	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,522,504	0	2,172,548	2,172,548	0	2.00
3.00	Physical Therapy	0	511,240	0	0	0	0	3.00
4.00	Occupational Therapy	0	186,257	0	0	0	0	4.00
5.00	Speech Pathology	0	41,671	0	0	0	0	5.00
6.00	Medical Social Services	0	85,183	0	0	0	0	6.00
7.00	Home Health Aide	0	219,306	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	4,509	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	11,331	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)		2,728,989	4,509	2,172,548	2,172,548		20.00
21.00	Total cost to be allocated		289,890	177	10,170	20,852		21.00
22.00	Unit cost multiplier		0.106226	0.039255	0.004681	0.009598		22.00
Cost Center Description		OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	
		5.06	7.00	7.01	7.02	7.03	7.04	
1.00	Administrative and General	167,590	8,570	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,715,255	0	0	0	0	0	2.00
3.00	Physical Therapy	565,547	0	0	0	0	0	3.00
4.00	Occupational Therapy	206,042	0	0	0	0	0	4.00
5.00	Speech Pathology	46,098	0	0	0	0	0	5.00
6.00	Medical Social Services	94,232	0	0	0	0	0	6.00
7.00	Home Health Aide	242,602	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	177	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	12,535	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)	3,050,078	8,570	0	0	0	0	20.00
21.00	Total cost to be allocated	268,858	107,750	0	0	0	0	21.00
22.00	Unit cost multiplier	0.088148	12.572929	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
2/1/2021 10:25 amHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT REHAB (SQUARE FEET)	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
		7.05	7.06	7.07	8.00	9.00	9.01	
1.00	Administrative and General	0	8,570	0	0	4,440	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	8,570	0	0	4,440	0	20.00
21.00	Total cost to be allocated	0	0	0	0	78,831	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	17.754730	0.000000	22.00
Cost Center Description		DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	PHARMACY (COSTED REQUIS.)	
		10.00	10.01	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	300	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	4,509	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	300	0	4,509	0	20.00
21.00	Total cost to be allocated	0	0	5,530	0	451	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	18.433333	0.000000	0.100022	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
2/1/2021 10:25 amHome Health
Agency I

PPS

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)		
		16.00	17.00		
1.00	Administrative and General	0	13,431		1.00
2.00	Skilled Nursing Care	2,172,548	0		2.00
3.00	Physical Therapy	0	0		3.00
4.00	Occupational Therapy	0	0		4.00
5.00	Speech Pathology	0	0		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	0	0		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19)	2,172,548	13,431		20.00
21.00	Total cost to be allocated	21,250	208,642		21.00
22.00	Unit cost multiplier	0.009781	15.534361		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet H-3

HHA CCN: 16-7136

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
2/1/2021 10:25 am

				Title XVIII		Home Health Agency I	2/17/2021 10:25 am		PPS
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	2,236,230		2,236,230	4,981	448.95	1.00	
2.00	Physical Therapy	3.00	729,021	0	729,021	3,066	237.78	2.00	
3.00	Occupational Therapy	4.00	265,599	0	265,599	1,523	174.39	3.00	
4.00	Speech Pathology	5.00	59,422	0	59,422	242	245.55	4.00	
5.00	Medical Social Services	6.00	121,470		121,470	45	2,699.33	5.00	
6.00	Home Health Aide	7.00	312,727		312,727	3,574	87.50	6.00	
7.00	Total (sum of lines 1-6)		3,724,469	0	3,724,469	13,431		7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Program Visits					
				Part A	Part B				
			Not Subject to Deductibles & Coinsurance		Subject to Deductibles				
		0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care		99916	0	2,269			8.00	
9.00	Physical Therapy		99916	0	1,988			9.00	
10.00	Occupational Therapy		99916	0	1,109			10.00	
11.00	Speech Pathology		99916	0	129			11.00	
12.00	Medical Social Services		99916	0	33			12.00	
13.00	Home Health Aide		99916	0	795			13.00	
14.00	Total (sum of lines 8-13)			0	6,323			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	763	11,837	12,600	5,380	2.342007	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	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	2,269		0	1,018,668		1.00	
2.00	Physical Therapy	0	1,988		0	472,707		2.00	
3.00	Occupational Therapy	0	1,109		0	193,399		3.00	
4.00	Speech Pathology	0	129		0	31,676		4.00	
5.00	Medical Social Services	0	33		0	89,078		5.00	
6.00	Home Health Aide	0	795		0	69,563		6.00	
7.00	Total (sum of lines 1-6)	0	6,323		0	1,875,091		7.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet H-3

HHA CCN: 16-7136

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
2/1/2021 10:25 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Agency 1		Agency 2		Agency 3		Agency 4	
		6.00	7.00	8.00	9.00	10.00	11.00		
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	
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	5,380	0	0	12,600	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	1,018,668							1.00
2.00	Physical Therapy	472,707							2.00
3.00	Occupational Therapy	193,399							3.00
4.00	Speech Pathology	31,676							4.00
5.00	Medical Social Services	89,078							5.00
6.00	Home Health Aide	69,563							6.00
7.00	Total (sum of lines 1-6)	1,875,091							7.00
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
9.00	Physical Therapy								9.00
10.00	Occupational Therapy								10.00
11.00	Speech Pathology								11.00
12.00	Medical Social Services								12.00
13.00	Home Health Aide								13.00
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet H-3

HHA CCN: 16-7136

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
2/1/2021 10:25 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.367035	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.291447	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.233732	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	3.257370	3,634	11,837	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.397560	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057 HHA CCN: 16-7136	Period: From 07/01/2019 To 06/30/2020	Worksheet H-4 Part I-II Date/Time Prepared: 2/1/2021 10:25 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
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
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			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
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,026,448
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	128,275
13.00	Total PPS Reimbursement - LUPA Episodes		0	15,902
14.00	Total PPS Reimbursement - PEP Episodes		0	6,302
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,176,927
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,176,927
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		0	1,176,927
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,176,927
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	1,176,927
31.01	Sequestration adjustment (see instructions)		0	19,322
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	1,157,606
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 16-0057

Period:

Worksheet H-5

HHA CCN: 16-7136

From 07/01/2019
To 06/30/2020Date/Time Prepared:
2/1/2021 10:25 amHome Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,157,606	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,157,606	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		0		1,157,605	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0

Hospice CCN: 16-1567

From 07/01/2019
To 06/30/2020Date/Time Prepared:
2/1/2021 10:25 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	386,812	103,071	489,883	303,713	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	7,419	1,977	9,396	-290	13.00
14.00	PHARMACY*	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	35,420	35,420	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	753,104	171,201	924,305	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	893	203	1,096	0	30.00
31.00	OCCUPATIONAL THERAPY**	178	40	218	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	137,231	31,196	168,427	0	33.00
34.00	SPIRITUAL COUNSELING**	30,496	6,932	37,428	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	137,076	31,161	168,237	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	6	6	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	208,115	208,115	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	1,453,209	589,322	2,042,531	303,423	2,345,954

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0

Hospice CCN: 16-1567

From 07/01/2019
To 06/30/2020Date/Time Prepared:
2/1/2021 10:25 am

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	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	-23,217	770,379	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	9,106	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	35,420	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	924,305	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	1,096	30.00
31.00	OCCUPATIONAL THERAPY**	0	218	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	168,427	33.00
34.00	SPIRITUAL COUNSELING**	0	37,428	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	168,237	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	6	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	208,115	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-23,217	2,322,737	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE		Provider CCN: 16-0057	Period: From 07/01/2019 To 06/30/2020	Worksheet 0-2
		Hospice CCN: 16-1567		Date/Time Prepared: 2/1/2021 10:25 am

		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						25.00
26.00	PHYSICIAN SERVICES	0	31,801	31,801	0	31,801	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	676,161	153,710	829,871	0	829,871	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	801	182	983	0	983	30.00
31.00	OCCUPATIONAL THERAPY	160	36	196	0	196	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	123,210	28,009	151,219	0	151,219	33.00
34.00	SPIRITUAL COUNSELING	27,380	6,224	33,604	0	33,604	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	123,071	27,978	151,049	0	151,049	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	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	186,852	186,852	0	186,852	46.00
100.00	TOTAL *	950,783	434,792	1,385,575	0	1,385,575	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	31,801	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	829,871	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	983	30.00
31.00	OCCUPATIONAL THERAPY	0	196	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	151,219	33.00
34.00	SPIRITUAL COUNSELING	0	33,604	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	151,049	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	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	186,852	46.00
100.00	TOTAL *	0	1,385,575	100.00

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

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

Provider CCN: 16-0057

Period:

Worksheet 0-3

Hospice CCN: 16-1567

From 07/01/2019
To 06/30/2020Date/Time Prepared:
2/1/2021 10:25 am

					Hospice I		2/1/2021 10:10 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL		
		1.00	2.00	3.00	4.00	5.00		
DIRECT PATIENT CARE SERVICE COST CENTERS								
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00	
26.00	PHYSICIAN SERVICES	0	619	619	0	619	26.00	
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00	
28.00	REGISTERED NURSE	13,153	2,990	16,143	0	16,143	28.00	
29.00	LPN/LVN	0	0	0	0	0	29.00	
30.00	PHYSICAL THERAPY	16	4	20	0	20	30.00	
31.00	OCCUPATIONAL THERAPY	3	1	4	0	4	31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00	
33.00	MEDICAL SOCIAL SERVICES	2,397	545	2,942	0	2,942	33.00	
34.00	SPIRITUAL COUNSELING	533	121	654	0	654	34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	2,394	544	2,938	0	2,938	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00	
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00	
40.00	IMAGING SERVICES	0	0	0	0	0	40.00	
41.00	LABS & DIAGNOSTICS	0	6	6	0	6	41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	3,635	3,635	0	3,635	46.00	
100.00	TOTAL *	18,496	8,465	26,961	0	26,961	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	619	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	16,143	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	20	30.00
31.00	OCCUPATIONAL THERAPY	0	4	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	2,942	33.00
34.00	SPIRITUAL COUNSELING	0	654	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	2,938	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	6	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	3,635	46.00
100.00	TOTAL *	0	26,961	100.00

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

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

Provider CCN: 16-0057

Period:

Worksheet 0-4

Hospice CCN: 16-1567

From 07/01/2019
To 06/30/2020Date/Time Prepared:
2/1/2021 10:25 am

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	3,000	3,000	0	3,000	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	63,790	14,501	78,291	0	78,291	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	76	17	93	0	93	30.00
31.00	OCCUPATIONAL THERAPY	15	3	18	0	18	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	11,624	2,642	14,266	0	14,266	33.00
34.00	SPIRITUAL COUNSELING	2,583	587	3,170	0	3,170	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	11,611	2,639	14,250	0	14,250	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	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	17,628	17,628	0	17,628	46.00
100.00	TOTAL *	89,699	41,017	130,716	0	130,716	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	3,000	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	78,291	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	93	30.00
31.00	OCCUPATIONAL THERAPY	0	18	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	14,266	33.00
34.00	SPIRITUAL COUNSELING	0	3,170	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	14,250	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	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	17,628	46.00
100.00	TOTAL *	0	130,716	100.00

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

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION		Provider CCN: 16-0057 Hospice CCN: 16-1567	Period: From 07/01/2019 To 06/30/2020	Worksheet 0-5 Date/Time Prepared: 2/1/2021 10:25 am	
Descriptions		HOSPICE DIRECT EXPENSES (see instructions)	Hospice I 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	108,989	108,989	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	28,108	28,108	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	90,149	90,149	3.00
4.00	ADMINISTRATIVE & GENERAL	770,379	566,545	1,336,924	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	102,972	102,972	5.00
6.00	LAUNDRY & LINEN SERVICE	0	5,766	5,766	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	3,464	3,464	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	2,770	2,770	10.00
11.00	MEDICAL RECORDS	0	28,853	28,853	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	9,106	0	9,106	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	19,061	19,061	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,385,575	0	1,385,575	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	26,961	0	26,961	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	130,716	0	130,716	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	2,322,737	956,677	3,279,414	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
2/1/2021 10:25 am

Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	108,989	108,989				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	28,108		28,108			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	90,149	0	0	90,149		3.00
4.00	ADMINISTRATIVE & GENERAL	1,336,924	0	0	23,996	1,360,920	4.00
5.00	PLANT OPERATION & MAINTENANCE	102,972	0	0	0	102,972	5.00
6.00	LAUNDRY & LINEN SERVICE	5,766	0	0	0	5,766	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	3,464	0	0	0	3,464	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,770	0	0	0	2,770	10.00
11.00	MEDICAL RECORDS	28,853	0	0	0	28,853	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	9,106	0	0	460	9,566	13.00
14.00	PHARMACY	0	0	0	0	0	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		19,061	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,385,575			58,982	1,444,557	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	26,961	0	0	1,147	28,108	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	130,716	108,989	28,108	5,564	273,377	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	3,279,414	108,989	28,108	90,149	3,279,414	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
2/1/2021 10:25 am

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	1,360,920						4.00
5.00	PLANT OPERATION & MAINTENANCE	73,045	176,017					5.00
6.00	LAUNDRY & LINEN SERVICE	4,090	0	9,856				6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	2,457	0			0	5,921	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	1,965	0			0		10.00
11.00	MEDICAL RECORDS	20,467	0			0		11.00
12.00	STAFF TRANSPORTATION	0	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	6,786	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	13,521	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,024,725						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	19,939	0	1,685	0	1,012		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	193,925	176,017	8,171	0	4,909		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	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	99.00
100.00	TOTAL	1,360,920	176,017	9,856	0	5,921		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
2/1/2021 10:25 am

Descriptions		Hospice I					
		NURSING ADMINISTRATIO N	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATIO N	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	4,735				10.00
11.00	MEDICAL RECORDS	0		49,320			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	16,352	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	4,251	44,281	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	83	861	0	2,795	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	401	4,178	0	13,557	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	4,735	49,320	0	16,352	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
2/1/2021 10:25 am

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	0					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				32,582		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0		2,517,814	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	5,570	60,053	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	27,012	701,547	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	0	32,582	3,279,414	100.00

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

Provider CCN: 16-0057

Hospice CCN: 16-1567

Period:
From 07/01/2019
To 06/30/2020Worksheet 0-6
Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATIO N	ADMINISTRATIV E & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	8,190					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		27,029				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,453,207			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	386,812	-1,360,920	1,918,494	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	102,972	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	5,766	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	3,464	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	2,770	10.00
11.00	MEDICAL RECORDS	0	0	0	0	28,853	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	7,419	0	9,566	13.00
14.00	PHARMACY	0	0	0	0	0	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	19,061	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			950,784	0	1,444,557	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	18,494	0	28,108	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,190	27,029	89,698	0	273,377	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						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)	108,989	28,108	90,149		1,360,920	100.00
101.00	UNIT COST MULTIPLIER	13.307570	1.039920	0.062035		0.709369	101.00

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

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Descriptions		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	8,190					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,287				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	1,287		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	220	0	220	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,190	1,067	0	1,067	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)	176,017	9,856	0	5,921	0	100.00
101.00	UNIT COST MULTIPLIER	21.491697	7.658120	0.000000	4.600622	0.000000	101.00

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

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	Hospice I 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	12,597					10.00
11.00	MEDICAL RECORDS		12,597				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	1,287		13.00
14.00	PHARMACY			0	0	100	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	11,310	11,310	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	220	220	0	220	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,067	1,067	0	1,067	100	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						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)	4,735	49,320	0	16,352	0	100.00
101.00	UNIT COST MULTIPLIER	0.375883	3.915218	0.000000	12.705517	0.000000	101.00

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

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
2/1/2021 10:25 am

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			1,287		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	220		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	1,067		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	32,582		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	25.316239		101.00

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

Provider CCN: 16-0057

Period:

Worksheet 0-7

Hospice CCN: 16-1567

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

Date/Time Prepared:
2/1/2021 10:25 am

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.367035	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.291447	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.233732	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.397560	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.171744	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	3.257370	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.238796	0	0	0	9.00
10.00	AUDIOLOGY	76.00	0.000000	0	0	0	10.00
10.01	EKG AND EEG	76.01	0.292891	0	0	0	10.01
10.02	O/P REHAB SERVICES	76.02	0.904750	0	0	0	10.02
10.03	SPORTS FITNESS	76.03	4.166448	0	0	0	10.03
10.04	LIFE CENTER	76.04	0.643256	0	0	0	10.04
10.06	ONCOLOGY	76.06	0.953521	0	0	0	10.06
10.07	OP REHAB SERVICES	76.07	0.000000	0	0	0	10.07
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	AUDIOLOGY	0	0	0	0	0	10.00
10.01	EKG AND EEG	0	0	0	0	0	10.01
10.02	O/P REHAB SERVICES	0	0	0	0	0	10.02
10.03	SPORTS FITNESS	0	0	0	0	0	10.03
10.04	LIFE CENTER	0	0	0	0	0	10.04
10.06	ONCOLOGY	0	0	0	0	0	10.06
10.07	OP REHAB SERVICES	0	0	0	0	0	10.07
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 16-0057

Period:

Worksheet 0-8

Hospice CCN: 16-1567

From 07/01/2019
To 06/30/2020Date/Time Prepared:
2/1/2021 10:25 am

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			2,517,814	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			11,310	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			222.62	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	10,755	0		9.00
10.00	Program cost (line 8 times line 9)	2,394,278	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			60,053	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			220	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			272.97	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	163	0		14.00
15.00	Program cost (line 13 times line 14)	44,494	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)			701,547	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,067	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			657.49	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	366	0		19.00
20.00	Program cost (line 18 times line 19)	240,641	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,279,414	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			12,597	22.00
23.00	Average cost per diem (line 21 divided by line 22)			260.33	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0057	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 2/1/2021 10:25 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,926,110	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		53,226	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)		60.32	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,979,336	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