

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 16-0069	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 1/29/2021 9:35 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 1/29/2021	Time: 9:35 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 MERCYONE DUBUQUE MEDICAL CENTER (16-0069) 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) KIM DUWE
Officer or Administrator of Provider(s)

VP FINANCE EASTERN IA REGION
Title

01/29/2021 09:34:54 AM
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	28,782	54,201	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-38,931	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	-10,149	54,201	0	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0069	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 9:35 am	
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1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 250 MERCY DRIVE		PO Box:								1.00
2.00	City: DUBUQUE		State: IA		Zip Code: 52001		County: DUBUQUE				2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
							V	XVIII	XIX		
							1.00	2.00	3.00		4.00
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	MERCYONE DUBUQUE MEDICAL CENTER	160069	20220	1	07/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF	MERCYONE DUBUQUE MEDICAL CENTER	16T069	20220	5	07/01/1984	N	P	O	4.00	
5.00	Subprovider - IRF									5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF	MERCYONE DUBUQUE MEDICAL CENTER	165116	20220		11/29/1983	N	P	O	7.00	
8.00	Swing Beds - NF									8.00	
9.00	Hospital-Based SNF									9.00	
10.00	Hospital-Based NF	MERCYONE HOMECARE DUBUQUE	167145	20220		07/01/1987	N	P	N	10.00	
11.00	Hospital-Based OLTC									11.00	
12.00	Hospital-Based HHA									12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice									14.00	
15.00	Hospital-Based Health Clinic - RHC									15.00	
16.00	Hospital-Based Health Clinic - FQHC									16.00	
17.00	Hospital-Based (CMHC) I									17.00	
17.10	Hospital-Based (CORF) I									17.10	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
						From:		To:			
						1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2019		06/30/2020		20.00	
21.00	Type of Control (see instructions)					1				21.00	
					1.00		2.00		3.00		

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

Worksheet S-2
Part I
Date/Time Prepared:
1/29/2021 9:35 am

MCRIF32 - 16.6.170.2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0069		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 9:35 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.					0.00	0.00
61.20	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
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
			Teaching Hospitals that Claim Residents in Nonprovider Settings				
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00
						0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
1/29/2021 9:35 am

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00		
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				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

MCRIF32 - 16.6.170.2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0069	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 9:35 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	5,683	40,864	55,052118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	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	HB1432	140.00

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1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: TRINITY HEALTH		Contractor's Name: WPS GHA		Contractor's Number: 08001				141.00
142.00	Street: 20555 VICTOR PARKWAY		PO Box:						142.00
143.00	City: LIVONIA		State: MI		Zip Code: 48152				143.00
									1.00
144.00	Are provider based physicians' costs included in Worksheet A?								Y
									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.								N
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.								
									1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		155.00
156.00	Subprovider - IPF			N	N	N	N		156.00
157.00	Subprovider - IRF			N	N	N	N		157.00
158.00	SUBPROVIDER								158.00
159.00	SNF			N	N	N	N		159.00
160.00	HOME HEALTH AGENCY			N	N	N	N		160.00
161.00	CMHC				N	N	N		161.00
161.10	CORF				N	N	N		161.10
									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
				Name	County	State	Zip Code	CBSA	FTE/Campus
				0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
									1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y
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)								
168.01	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)								
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
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
						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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0069		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part II Date/Time Prepared: 1/29/2021 9:35 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		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	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.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	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	
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	12/01/2020	Y	12/01/2020
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
1/29/2021 9:35 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.	NORMA	SZAJNER		41.00
42.00	Enter the employer/company name of the cost report preparer	TRINITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(734) 343-0263	SZAJNERN@TRINITY-HEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
1/29/2021 9:35 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.	REGIONAL DIRECTOR IOWA REIMBURSEMENT			41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/29/2021 9:35 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	142	51,972	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		142	51,972	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,928	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		150	54,900	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	9	3,294		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	20	7,320		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		179				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		7	2,562			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/29/2021 9:35 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)	16,102	535	27,022			1.00
2.00	HMO and other (see instructions)	1,062	4,223				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	19	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	16,102	535	27,022			7.00
8.00	INTENSIVE CARE UNIT	962	28	1,615			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		85	1,939			13.00
14.00	Total (see instructions)	17,064	648	30,576	0.00	888.75	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	1,263	0	1,690	0.00	5.50	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	2,470	0	2,844	0.00	22.19	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	6,665	991	10,227	0.00	35.12	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			32			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	951.56	27.00
28.00	Observation Bed Days		282	1,103			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			364			30.00
31.00	Employee discount days - IRF			10			31.00
32.00	Labor & delivery days (see instructions)	0	62	215			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			24			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/29/2021 9:35 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	3,902	167	7,507	1.00
2.00 HMO and other (see instructions)			248	1,190		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,902	167	7,507	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	88	0	113	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days				0		33.00
33.01 LTCH site neutral days and discharges				0		33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
1/29/2021 9:35 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	54,125,810	-129,829	53,995,981	2,052,775.00	26.30
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		91,533	0	91,533	2,115.00	43.28
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	1,149,256	12,650	1,161,906	47,470.00	24.48
10.00	Excluded area salaries (see instructions)		9,513,843	454,570	9,968,413	393,760.00	25.32
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,969,327	0	3,969,327	108,264.00	36.66
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		939,489	0	939,489	5,560.00	168.97
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		5,628,710	0	5,628,710	129,284.00	43.54
14.02	Related organization salaries		608,439	0	608,439	5,946.00	102.33
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		17,639,318	0	17,639,318		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,621,549	0	4,621,549		
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		32,285	0	32,285		
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)		1,564,113	0	1,564,113		
25.51	Related organization wage-related (core)		99,525	0	99,525		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
1/29/2021 9:35 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,482,495	-151,029	2,331,466	83,592.00	27.89
27.00	Administrative & General	5.00	2,845,807	-52,575	2,793,232	125,276.00	22.30
28.00	Administrative & General under contract (see inst.)		731,121	0	731,121	6,794.00	107.61
29.00	Maintenance & Repairs	6.00	118,530	0	118,530	4,538.00	26.12
30.00	Operation of Plant	7.00	1,002,361	-32,116	970,245	34,839.00	27.85
31.00	Laundry & Linen Service	8.00	437,888	-13,918	423,970	28,348.00	14.96
32.00	Housekeeping	9.00	1,035,797	-1,322	1,034,475	69,213.00	14.95
33.00	Housekeeping under contract (see instructions)		20,301	0	20,301	1,842.00	11.02
34.00	Dietary	10.00	1,619,563	-22,027	1,597,536	97,404.00	16.40
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,449,993	-271,231	2,178,762	64,821.00	33.61
39.00	Central Services and Supply	14.00	381,164	0	381,164	22,163.00	17.20
40.00	Pharmacy	15.00	2,255,690	-200,652	2,055,038	49,798.00	41.27
41.00	Medical Records & Medical Records Library	16.00	1,133,218	-37,834	1,095,384	41,957.00	26.11
42.00	Social Service	17.00	0	257,241	257,241	10,564.00	24.35
43.00	Other General Service	18.00	273,479	0	273,479	16,077.00	17.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
1/29/2021 9:35 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	54,785,699	-129,829	54,655,870	2,059,296.00	26.54	1.00
2.00	Excluded area salaries (see instructions)	10,663,099	467,220	11,130,319	441,230.00	25.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	44,122,600	-597,049	43,525,551	1,618,066.00	26.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,145,965	0	11,145,965	249,054.00	44.75	4.00
5.00	Subtotal wage-related costs (see inst.)	19,302,956	0	19,302,956	0.00	44.35	5.00
6.00	Total (sum of lines 3 thru 5)	74,571,521	-597,049	73,974,472	1,867,120.00	39.62	6.00
7.00	Total overhead cost (see instructions)	16,787,407	-525,463	16,261,944	657,226.00	24.74	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
1/29/2021 9:35 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,610,999	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	2,597,046	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	97	6.00
7.00	Employee Managed Care Program Administration Fees	385,209	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)	8,762,863	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,642,673	9.00
10.00	Dental, Hearing and Vision Plan	367,022	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	63,127	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)	486,664	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	698,479	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,771,691	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	88,974	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	690,369	22.00
23.00	Tuition Reimbursement	127,939	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,293,152	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: 16-0069

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 1/29/2021 9:35 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,969,327	22,293,152	1.00
2.00	Hospital	3,969,327	20,874,289	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	146,805	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	478,562	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	793,496	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		MERCYONE DUBUQUE MEDICAL CENTER			In Lieu of Form CMS-2552-10		
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 16-0069 Component CCN: 16-7145		Period: From 07/01/2019 To 06/30/2020	
				Worksheet S-4		Date/Time Prepared: 1/29/2021 9:35 am	
				Home Health Agency I		PPS	
				1.00			
0.00 County				DUBUQUE		0.00	
				Title V	Title XVIII	Title XIX	Other
				1.00	2.00	3.00	4.00
				Total		5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	416	382	359	1,157	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	472.00	19.00	201.00	688.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			9.18	0.00	9.18	5.00
6.00	Direct Nursing Service			8.37	0.00	8.37	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.45	0.00	2.45	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.84	0.00	0.84	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.95	0.00	0.95	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	DME/RT			13.34	0.00	13.34	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			4			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	20220					20.00
20.01		99914					20.01
20.02		99916					20.02
20.03		99952					20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,359	240	47	41	3,687	21.00
22.00	Skilled Nursing Visit Charges	471,844	33,869	6,627	5,781	518,121	22.00
23.00	Physical Therapy Visits	1,714	62	5	19	1,800	23.00
24.00	Physical Therapy Visit Charges	291,380	10,540	850	3,230	306,000	24.00
25.00	Occupational Therapy Visits	678	56	3	10	747	25.00
26.00	Occupational Therapy Visit Charges	114,750	9,520	510	1,700	126,480	26.00
27.00	Speech Pathology Visits	0	0	0	0	0	27.00
28.00	Speech Pathology Visit Charges	0	0	0	0	0	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	390	120	0	5	515	31.00
32.00	Home Health Aide Visit Charges	27,690	8,520	0	355	36,565	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	6,141	478	55	75	6,749	33.00
34.00	Other Charges	9,258	6,085	113	84	15,540	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	914,922	68,534	8,100	11,150	1,002,706	35.00
36.00	Total Number of Episodes (standard/non outlier)	492		23	6	521	36.00
37.00	Total Number of Outlier Episodes		18		0	18	37.00
38.00	Total Non-Routine Medical Supply Charges	1,458	3,750	652	0	5,860	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 16-0069

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

Worksheet S-10

Date/Time Prepared:
1/29/2021 9:35 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)	0.278832	1.00
Medicaid (see instructions for each line)			
2.00	Net revenue from Medicaid	8,295,108	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	33,931,632	6.00
7.00	Medicaid cost (line 1 times line 6)	9,461,225	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)	1,166,117	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)			
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
Other state or local government indigent care program (see instructions for each line)			
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)			
17.00	Private grants, donations, or endowment income restricted to funding charity care	40,241	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	6,841	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	1,166,117	19.00
		Uninsured patients	Insured patients
		1.00	2.00
		3.00	Total (col. 1 + col. 2)
Uncompensated Care (see instructions for each line)			
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	2,869,377	622,232
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	800,074	622,232
22.00	Payments received from patients for amounts previously written off as charity care	0	0
23.00	Cost of charity care (line 21 minus line 22)	800,074	622,232
		1.00	2.00
		3.00	Total (col. 1 + col. 2)
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)	3,004,275	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	227,783	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	350,436	27.01
28.00	Non-Medicare bad debt expense (see instructions)	2,653,839	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	862,628	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,284,934	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	3,451,051	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0069

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

Worksheet A

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	2,503,093	2,503,093	1.00
1.01	00101	CAP REL COSTS-47 BLDG		0	0	1,199,547	1,199,547	1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA		0	0	266,602	266,602	1.02
1.03	00103	CAP REL COSTS-ASBURY		0	0	9,743	9,743	1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG		0	0	3,439	3,439	1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER		0	0	283,258	283,258	1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES		0	0	2,005	2,005	1.06
1.07	00107	CAP REL COSTS-PARKING DECK		0	0	22,260	22,260	1.07
1.08	00108	CAP REL COSTS-97 BLDG		0	0	830,080	830,080	1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC		0	0	2,368	2,368	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC		0	0	8,944	8,944	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY		0	0	49,057	49,057	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME		0	0	42,177	42,177	1.12
1.13	00113	CAP REL COSTS-CANCER CENTER		0	0	93,165	93,165	1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,840,883	5,840,883	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,528,337	1,360,124	2,888,461	8,991,475	11,879,936	4.00
4.01	00401	CHILD CARE	954,158	404,261	1,358,419	-260,663	1,097,756	4.01
5.01	01160	COMMUNICATIONS	293,098	445,981	739,079	-63,168	675,911	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	266,963	510,337	777,300	-100,946	676,354	5.02
5.03	00580	PFS/COLLECTION	673,191	2,942,170	3,615,361	-164,343	3,451,018	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	1,612,555	15,829,106	17,441,661	-2,552,651	14,889,010	5.06
6.00	00600	MAINTENANCE & REPAIRS	118,530	119,781	238,311	-30,346	207,965	6.00
7.00	00700	OPERATION OF PLANT	1,002,361	4,933,432	5,935,793	-2,439,658	3,496,135	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	437,888	420,607	858,495	-199,911	658,584	8.00
9.00	00900	HOUSEKEEPING	1,035,797	741,949	1,777,746	-295,378	1,482,368	9.00
10.00	01000	DIETARY	1,619,563	1,530,748	3,150,311	-448,529	2,701,782	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,449,993	806,432	3,256,425	-755,805	2,500,620	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	381,164	365,175	746,339	79,755	826,094	14.00
15.00	01500	PHARMACY	2,255,690	6,395,274	8,650,964	-6,596,681	2,054,283	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,133,218	627,292	1,760,510	-249,863	1,510,647	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	300,661	300,661	17.00
18.00	01850	CENTRAL STERILIZATION	273,479	454,232	727,711	-251,506	476,205	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	632,000	632,000	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,371,582	5,864,290	17,235,872	-3,698,818	13,537,054	30.00
31.00	03100	INTENSIVE CARE UNIT	1,461,643	578,868	2,040,511	-319,736	1,720,775	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	356,429	172,455	528,884	23,584	552,468	41.00
43.00	04300	NURSERY	444,982	171,302	616,284	358,402	974,686	43.00
44.00	04400	SKILLED NURSING FACILITY	1,149,256	357,774	1,507,030	-206,115	1,300,915	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,893,280	12,243,896	15,137,176	-8,834,069	6,303,107	50.00
51.00	05100	RECOVERY ROOM	1,612,895	605,939	2,218,834	-330,423	1,888,411	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	972,354	972,354	52.00
53.00	05300	ANESTHESIOLOGY	93,943	964,268	1,058,211	-807,400	250,811	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,430,806	1,812,953	3,243,759	-950,339	2,293,420	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	495,578	207,041	702,619	-133,943	568,676	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	265,850	86,940	352,790	-35,935	316,855	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	8,282,740	8,282,740	-27,118	8,255,622	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	495,793	495,793	-1,197	494,596	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	998,068	482,938	1,481,006	-131,191	1,349,815	65.00
66.00	06600	PHYSICAL THERAPY	2,386,208	703,773	3,089,981	-411,873	2,678,108	66.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0069

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

Worksheet A

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
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	926,619	4,709,074	5,635,693	-4,332,084	1,303,609	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	199,591	115,057	314,648	-57,725	256,923	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,087,320	5,087,320	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,841,005	7,841,005	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,096,536	6,096,536	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	196,166	123,657	319,823	-102,823	217,000	76.00
76.01	03951	SHOCK THERAPY	29,873	15,515	45,388	-10,008	35,380	76.01
76.97	07697	CARDIAC REHABILITATION	313,069	88,308	401,377	-144,710	256,667	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	282,790	414,774	697,564	-58,308	639,256	90.00
91.00	09100	EMERGENCY	2,023,783	1,888,229	3,912,012	-407,039	3,504,973	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	295,031	295,031	-1,519	293,512	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,926,539	2,186,594	4,113,133	-318,694	3,794,439	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	5,620,665	5,620,665	-5,620,665	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,894,935	86,374,775	133,269,710	188,533	133,458,243	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	1,428,544	663,323	2,091,867	-292,998	1,798,869	190.01
190.02	19002	SHARED SERVICES	361,667	102,530	464,197	-53,979	410,218	190.02
190.03	19003	MATERNAL HEALTH	138,962	119,607	258,569	-35,520	223,049	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	224,224	173,415	397,639	-33,473	364,166	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	733,441	196,379	929,820	-153,484	776,336	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	6,132	6,132	13,848	19,980	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	129,542	46,194	175,736	-17,625	158,111	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	121,836	121,836	-490	121,346	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	19,066	43,839	62,905	-3,912	58,993	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	556,187	556,187	194.09
194.10	07960	CCH ELKADER	0	1,074	1,074	336,829	337,903	194.10
194.11	07961	RETAIL PHARMACY	3,676,638	21,615,280	25,291,918	-722,737	24,569,181	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	291,511	724,610	1,016,121	-100,692	915,429	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	227,280	41,687	268,967	127,978	396,945	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	191,535	191,535	194.15

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0069

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

Worksheet A

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118 through 199)	54,125,810	110,230,681	164,356,491	0	164,356,491	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0069

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

Worksheet A

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	26,522	2,529,615	1.00
1.01	00101	CAP REL COSTS-47 BLDG	-219,617	979,930	1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA	-63,132	203,470	1.02
1.03	00103	CAP REL COSTS-ASBURY	-7,385	2,358	1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG	-2,607	832	1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER	-14,137	269,121	1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES	-1,520	485	1.06
1.07	00107	CAP REL COSTS-PARKING DECK	-1,459	20,801	1.07
1.08	00108	CAP REL COSTS-97 BLDG	-107,072	723,008	1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	-1,722	646	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	-4,053	4,891	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	-27,792	21,265	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	-18,329	23,848	1.12
1.13	00113	CAP REL COSTS-CANCER CENTER	-43,584	49,581	1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,840,883	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,610,769	13,490,705	4.00
4.01	00401	CHILD CARE	-1,097,756	0	4.01
5.01	01160	COMMUNICATIONS	0	675,911	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-14,372	661,982	5.02
5.03	00580	PFS/COLLECTION	-158,628	3,292,390	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-2,986,456	11,902,554	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	207,965	6.00
7.00	00700	OPERATION OF PLANT	-172,456	3,323,679	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-12,506	646,078	8.00
9.00	00900	HOUSEKEEPING	-3,830	1,478,538	9.00
10.00	01000	DIETARY	-996,235	1,705,547	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-23,685	2,476,935	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	826,094	14.00
15.00	01500	PHARMACY	-135,199	1,919,084	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-49,643	1,461,004	16.00
17.00	01700	SOCIAL SERVICE	0	300,661	17.00
18.00	01850	CENTRAL STERILIZATION	0	476,205	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-632,000	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,069,878	11,467,176	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,720,775	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-73,934	478,534	41.00
43.00	04300	NURSERY	0	974,686	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,300,915	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-26,413	6,276,694	50.00
51.00	05100	RECOVERY ROOM	-1,353	1,887,058	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	972,354	52.00
53.00	05300	ANESTHESIOLOGY	0	250,811	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-31,834	2,261,586	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	568,676	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	316,855	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-651,024	7,604,598	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	494,596	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-3,817	1,345,998	65.00
66.00	06600	PHYSICAL THERAPY	0	2,678,108	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0069

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

Worksheet A

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
69.00	06900	ELECTROCARDIOLOGY	-62	1,303,547	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	256,923	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,087,320	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,841,005	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,096,536	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	-93,491	123,509	76.00
76.01	03951	SHOCK THERAPY	0	35,380	76.01
76.97	07697	CARDIAC REHABILITATION	-15,883	240,784	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-206,784	432,472	90.00
91.00	09100	EMERGENCY	-967,375	2,537,598	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	293,512	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	-2,199	3,792,240	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,301,931	124,156,312	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	1,798,869	190.01
190.02	19002	SHARED SERVICES	0	410,218	190.02
190.03	19003	MATERNAL HEALTH	0	223,049	190.03
190.04	19004	CAFETERIA VISITORS	0	0	190.04
190.05	19005	TV SERVICE	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	364,166	190.06
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	DAYCARE	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	193.06
194.00	07950	GUEST MEALS	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	776,336	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	19,980	194.03
194.04	07954	AUXILARY	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	158,111	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	121,346	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	194.07
194.08	07958	LIFELINE	0	58,993	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	556,187	194.09
194.10	07960	CCH ELKADER	0	337,903	194.10
194.11	07961	RETAIL PHARMACY	0	24,569,181	194.11
194.12	07962	IDLE SPACE	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	915,429	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	396,945	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	191,535	194.15
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,301,931	155,054,560	200.00

RECLASSIFICATIONS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
1/29/2021 9:35 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - Equipment Depreciation					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,840,883		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
	TOTALS		0	5,840,883		
	B - Medical Supplies Reclass					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,087,320		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00

RECLASSIFICATIONS

Provider CCN: 16-0069

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

Worksheet A-6

Date/Time Prepared:
1/29/2021 9:35 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
	TOTALS		0	5,087,320		
C - Drugs Charged to Patients Reclass						
1.00	PURCHASING RECEIVING AND STORES	5.02		1,905		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00		6,096,536		2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00
21.00						21.00
22.00						22.00
23.00						23.00
24.00						24.00
			0	6,098,441		
D - Direct Assigned Emp Bene						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		9,138,799		1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00
21.00						21.00
22.00						22.00
23.00						23.00
24.00						24.00
25.00						25.00

RECLASSIFICATIONS

Provider CCN: 16-0069

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

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
26.00					26.00
27.00					27.00
28.00					28.00
29.00					29.00
30.00					30.00
31.00					31.00
32.00					32.00
33.00					33.00
34.00					34.00
35.00					35.00
36.00					36.00
37.00					37.00
38.00					38.00
39.00					39.00
40.00					40.00
41.00					41.00
42.00					42.00
43.00					43.00
44.00					44.00
45.00					45.00
46.00					46.00
			0	9,138,799	
E - Implantable Supplies					
1.00	HOUSEKEEPING	9.00	0	46	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	79	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,841,005	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
	TOTALS		0	7,841,130	
F - DEPRECIATION TO IND BUILDINGS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,929,803	1.00
2.00	CAP REL COSTS-47 BLDG	1.01	0	909,814	2.00
3.00	CAP REL COSTS-PROF ARTS PLAZA	1.02	0	183,314	3.00
4.00	CAP REL COSTS-ENERGY CENTER	1.05	0	264,607	4.00
5.00	CAP REL COSTS-PARKING DECK	1.07	0	20,335	5.00
6.00	CAP REL COSTS-97 BLDG	1.08	0	688,824	6.00
7.00	CAP REL COSTS-BELLEVUE CLINIC	1.09	0	96	7.00
8.00	CAP REL COSTS-CASCADE CLINIC	1.10	0	3,597	8.00
9.00	CAP REL COSTS-OAKCREST NURSING HOME	1.12	0	17,996	9.00
10.00	CAP REL COSTS-CANCER CENTER	1.13	0	35,666	10.00
	TOTALS		0	4,054,052	
G - Retail Pharmacy Depreciation					
1.00	CAP REL COSTS-RETAIL PHARMACY	1.11	0	12,392	1.00
	TOTALS		0	12,392	
H - CRNA Fees					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	632,000	1.00
			0	632,000	
I - PAP Property Tax					
1.00	RENTAL PROPERTIES DBQ	194.03	0	13,848	1.00
			0	13,848	
K - Birth Center Costs					
1.00	NURSERY	43.00	374,667		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	830,280		2.00
			1,204,947	0	
L - Birth Center Costs					
1.00	NURSERY	43.00		64,111	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00		142,074	2.00
			0	206,185	
N - GENERAL INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	186,800	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	229	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	68	3.00

RECLASSIFICATIONS

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	314,357	4.00
	TOTALS		0	501,454	
Q - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	292,735	1.00
2.00	CAP REL COSTS-47 BLDG	1.01	0	219,617	2.00
3.00	CAP REL COSTS-PROF ARTS PLAZA	1.02	0	63,132	3.00
4.00	CAP REL COSTS-ASBURY	1.03	0	7,385	4.00
5.00	CAP REL COSTS-MED ARTS BLDG	1.04	0	2,607	5.00
6.00	CAP REL COSTS-ENERGY CENTER	1.05	0	14,137	6.00
7.00	CAP REL COSTS-RENTAL PROPERTIES	1.06	0	1,520	7.00
8.00	CAP REL COSTS-PARKING DECK	1.07	0	1,459	8.00
9.00	CAP REL COSTS-97 BLDG	1.08	0	107,072	9.00
10.00	CAP REL COSTS-BELLEVUE CLINIC	1.09	0	1,722	10.00
11.00	CAP REL COSTS-CASCADE CLINIC	1.10	0	4,053	11.00
12.00	CAP REL COSTS-RETAIL PHARMACY	1.11	0	27,792	12.00
13.00	CAP REL COSTS-OAKCREST NURSING HOME	1.12	0	18,329	13.00
14.00	CAP REL COSTS-CANCER CENTER	1.13	0	43,584	14.00
	TOTALS		0	805,144	
P - Land Improvement Depr Exp					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	93,458	1.00
2.00	CAP REL COSTS-47 BLDG	1.01	0	70,116	2.00
3.00	CAP REL COSTS-PROF ARTS PLAZA	1.02	0	20,156	3.00
4.00	CAP REL COSTS-ASBURY	1.03	0	2,358	4.00
5.00	CAP REL COSTS-MED ARTS BLDG	1.04	0	832	5.00
6.00	CAP REL COSTS-ENERGY CENTER	1.05	0	4,514	6.00
7.00	CAP REL COSTS-RENTAL PROPERTIES	1.06	0	485	7.00
8.00	CAP REL COSTS-PARKING DECK	1.07	0	466	8.00
9.00	CAP REL COSTS-97 BLDG	1.08	0	34,184	9.00
10.00	CAP REL COSTS-BELLEVUE CLINIC	1.09	0	550	10.00
11.00	CAP REL COSTS-CASCADE CLINIC	1.10	0	1,294	11.00
12.00	CAP REL COSTS-RETAIL PHARMACY	1.11	0	8,873	12.00
13.00	CAP REL COSTS-OAKCREST NURSING HOME	1.12	0	5,852	13.00
14.00	CAP REL COSTS-CANCER CENTER	1.13	0	13,915	14.00
	TOTALS		0	257,053	
Q - Cardiac Rehab					
1.00	ADULTS & PEDIATRICS	30.00	89,506	0	1.00
			89,506	0	
R - Cardiac Rehab					
1.00	ADULTS & PEDIATRICS	30.00	0	13,254	1.00
			0	13,254	
S - Social Services					
1.00	SOCIAL SERVICE	17.00	257,241	0	1.00
			257,241	0	
T - Social Service					
1.00	SOCIAL SERVICE	17.00	0	43,420	1.00
			0	43,420	
U - Medical Director					
1.00	SUBPROVIDER - IRF	41.00	0	84,324	1.00
2.00	SKILLED NURSING FACILITY	44.00	0	600	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	81,056	3.00
4.00	RESPIRATORY THERAPY	65.00	0	10,530	4.00
5.00	EMERGENCY	91.00	0	32,184	5.00
6.00	OAKCREST NURSING HOME	190.01	0	263	6.00
	TOTALS		0	208,957	
W - EMPLOYEE HLTH & WELL SAL TO OTH					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	129,829	1.00
	TOTALS		0	129,829	
X - THCE Other Exp Reclass					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	286	1.00
2.00	COMMUNICATIONS	5.01	0	438	2.00
3.00	PURCHASING RECEIVING AND STORES	5.02	0	1,280	3.00
4.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	45,905	4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	3,932	5.00
6.00	HOUSEKEEPING	9.00	0	927	6.00
7.00	DIETARY	10.00	0	337	7.00
8.00	NURSING ADMINISTRATION	13.00	0	2,409	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	201,646	9.00

RECLASSIFICATIONS

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00	PHARMACY	15.00	0	3,285	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	6,722	11.00
12.00	CENTRAL STERILIZATION	18.00	0	113,687	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	283,486	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	63,898	14.00
15.00	SUBPROVIDER - IRF	41.00	0	6,284	15.00
16.00	NURSERY	43.00	0	42,407	16.00
17.00	SKILLED NURSING FACILITY	44.00	0	39,035	17.00
18.00	OPERATING ROOM	50.00	0	337,168	18.00
19.00	RECOVERY ROOM	51.00	0	71,799	19.00
20.00	ANESTHESIOLOGY	53.00	0	42,536	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	241,139	21.00
22.00	CT SCAN	57.00	0	36,696	22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	24,883	23.00
24.00	RESPIRATORY THERAPY	65.00	0	60,980	24.00
25.00	PHYSICAL THERAPY	66.00	0	28,408	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	126,673	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,698	27.00
28.00	BEHAVIORAL HEALTH COUNSELING	76.00	0	1,432	28.00
29.00	CARDIAC REHABILITATION	76.97	0	16,035	29.00
30.00	CLINIC	90.00	0	9,451	30.00
31.00	EMERGENCY	91.00	0	103,674	31.00
32.00	PURCHASED DIALYSIS SERVICES	98.00	0	387	32.00
33.00	HOME HEALTH AGENCY	101.00	0	14,977	33.00
34.00	OAKCREST NURSING HOME	190.01	0	57,789	34.00
35.00	SHARED SERVICES	190.02	0	5,243	35.00
36.00	MATERNAL HEALTH	190.03	0	3,538	36.00
37.00	COMMUNITY EDUCATION	194.05	0	1,786	37.00
	TOTALS		0	2,021,256	
Z - Visual Monitoring Salary					
1.00	INTENSIVE CARE UNIT	31.00	328	0	1.00
2.00	SKILLED NURSING FACILITY	44.00	12,650	0	2.00
	TOTALS		12,978	0	
AA - CAH Salary					
1.00	MERCYONE DYERSVILLE MEDICAL CENTER	194.09	230,337	0	1.00
2.00	CCH ELKADER	194.10	31,529	0	2.00
3.00	GUTTENBERG MUNICIPAL HOSPITAL	194.14	37,628	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
	TOTALS		299,494	0	
AB - CAH Other					
1.00	MERCYONE DYERSVILLE MEDICAL CENTER	194.09	0	325,850	1.00
2.00	CCH ELKADER	194.10	0	305,300	2.00
3.00	GUTTENBERG MUNICIPAL HOSPITAL	194.14	0	90,350	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
	TOTALS		0	721,500	
AD - MercyOne Allocation Other					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06		31,246	1.00
			0	31,246	

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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
AE - Dub Pharmacy Alloc Salary					
1.00 OTHER MANAGED HOSPITALS	194.15	160,191			1.00
		160,191	0		
AF - Dub Pharmacy Alloc Other					
1.00 OTHER MANAGED HOSPITALS	194.15		31,344		1.00
		0	31,344		
500.00 Grand Total: Increases		2,024,357	43,689,507		500.00

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		Decreases					1/20/2021 5:00 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - Equipment Depreciation							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,550	9		1.00	
2.00	CHILD CARE	4.01	0	8,623	0		2.00	
3.00	COMMUNICATIONS	5.01	0	4,740	0		3.00	
4.00	PURCHASING RECEIVING AND STORES	5.02	0	1,294	0		4.00	
5.00	PFS/COLLECTION	5.03	0	9,824	0		5.00	
6.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	2,167,814	0		6.00	
7.00	MAINTENANCE & REPAIRS	6.00	0	13,827	0		7.00	
8.00	OPERATION OF PLANT	7.00	0	8,120	0		8.00	
9.00	LAUNDRY & LINEN SERVICE	8.00	0	54,310	0		9.00	
10.00	HOUSEKEEPING	9.00	0	12,221	0		10.00	
11.00	DIETARY	10.00	0	28,990	0		11.00	
12.00	NURSING ADMINISTRATION	13.00	0	47,507	0		12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	31,551	0		13.00	
14.00	PHARMACY	15.00	0	249,062	0		14.00	
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,293	0		15.00	
16.00	CENTRAL STERILIZATION	18.00	0	121,874	0		16.00	
17.00	ADULTS & PEDIATRICS	30.00	0	344,904	0		17.00	
18.00	INTENSIVE CARE UNIT	31.00	0	54,890	0		18.00	
19.00	SUBPROVIDER - IRF	41.00	0	8,678	0		19.00	
20.00	NURSERY	43.00	0	35,381	0		20.00	
21.00	SKILLED NURSING FACILITY	44.00	0	17,861	0		21.00	
22.00	OPERATING ROOM	50.00	0	1,100,541	0		22.00	
23.00	RECOVERY ROOM	51.00	0	6,779	0		23.00	
24.00	ANESTHESIOLOGY	53.00	0	148,140	0		24.00	
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	620,525	0		25.00	
26.00	CT SCAN	57.00	0	55,466	0		26.00	
27.00	LABORATORY	60.00	0	16,349	0		27.00	
28.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,197	0		28.00	
29.00	RESPIRATORY THERAPY	65.00	0	34,693	0		29.00	
30.00	PHYSICAL THERAPY	66.00	0	30,024	0		30.00	
31.00	ELECTROCARDIOLOGY	69.00	0	380,539	0		31.00	
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	30,187	0		32.00	
33.00	BEHAVIORAL HEALTH COUNSELING	76.00	0	2,330	0		33.00	
34.00	SHOCK THERAPY	76.01	0	1,573	0		34.00	
35.00	CARDIAC REHABILITATION	76.97	0	2,325	0		35.00	
36.00	CLINIC	90.00	0	32,846	0		36.00	
37.00	EMERGENCY	91.00	0	54,504	0		37.00	
38.00	HOME HEALTH AGENCY	101.00	0	8,594	0		38.00	
39.00	INTEREST EXPENSE	113.00	0	2,915	0		39.00	
40.00	OAKCREST NURSING HOME	190.01	0	12,431	0		40.00	
41.00	SHARED SERVICES	190.02	0	170	0		41.00	
42.00	MATERNAL HEALTH	190.03	0	10,893	0		42.00	
43.00	FUND DEVELOPMENT	190.06	0	1,318	0		43.00	
44.00	RURAL OUTREACH PROGRAM	194.06	0	490	0		44.00	
45.00	RETAIL PHARMACY	194.11	0	48,303	0		45.00	
46.00	COMMUNITY RELATIONS	194.13	0	437	0		46.00	
	TOTALS		0	5,840,883				
	B - Medical Supplies Reclass							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,801	0		1.00	
2.00	CHILD CARE	4.01	0	5,482	0		2.00	
3.00	COMMUNICATIONS	5.01	0	214	0		3.00	
4.00	PURCHASING RECEIVING AND STORES	5.02	0	29,121	0		4.00	
5.00	PFS/COLLECTION	5.03	0	6,917	0		5.00	
6.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	57,398	0		6.00	
7.00	MAINTENANCE & REPAIRS	6.00	0	6	0		7.00	
8.00	OPERATION OF PLANT	7.00	0	1,799	0		8.00	
9.00	LAUNDRY & LINEN SERVICE	8.00	0	12,216	0		9.00	
10.00	HOUSEKEEPING	9.00	0	30,620	0		10.00	
11.00	DIETARY	10.00	0	1,514	0		11.00	
12.00	NURSING ADMINISTRATION	13.00	0	911	0		12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,797	0		13.00	
14.00	PHARMACY	15.00	0	37,129	0		14.00	
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	80	0		15.00	
16.00	CENTRAL STERILIZATION	18.00	0	182,688	0		16.00	
17.00	ADULTS & PEDIATRICS	30.00	0	378,261	0		17.00	
18.00	INTENSIVE CARE UNIT	31.00	0	96,494	0		18.00	
19.00	SUBPROVIDER - IRF	41.00	0	4,584	0		19.00	
20.00	NURSERY	43.00	0	16,741	0		20.00	

RECLASSIFICATIONS

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
21.00	SKILLED NURSING FACILITY	44.00	0	26,450	0		21.00
22.00	OPERATING ROOM	50.00	0	2,745,406	0		22.00
23.00	RECOVERY ROOM	51.00	0	118,336	0		23.00
24.00	ANESTHESIOLOGY	53.00	0	52,912	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	110,719	0		25.00
26.00	CT SCAN	57.00	0	156	0		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	4	0		27.00
28.00	LABORATORY	60.00	0	10,769	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	8,258	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	20,413	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	934,797	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,924	0		32.00
33.00	BEHAVIORAL HEALTH COUNSELING	76.00	0	10	0		33.00
34.00	SHOCK THERAPY	76.01	0	3,241	0		34.00
35.00	CARDIAC REHABILITATION	76.97	0	6,131	0		35.00
36.00	CLINIC	90.00	0	2,941	0		36.00
37.00	EMERGENCY	91.00	0	144,158	0		37.00
38.00	PURCHASED DIALYSIS SERVICES	98.00	0	1,906	0		38.00
39.00	OAKCREST NURSING HOME	190.01	0	20,737	0		39.00
40.00	SHARED SERVICES	190.02	0	311	0		40.00
41.00	MATERNAL HEALTH	190.03	0	811	0		41.00
42.00	KENNEDY LIVING CENTER	194.01	0	58	0		42.00
43.00	COMMUNITY EDUCATION	194.05	0	81	0		43.00
44.00	COMMUNITY RELATIONS	194.13	0	18	0		44.00
	TOTALS		0	5,087,320			
C - Drugs Charged to Patients Reclass							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		40,796			1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06		140,097			2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		283			3.00
4.00	PHARMACY	15.00		5,501,830			4.00
5.00	ADULTS & PEDIATRICS	30.00		833			5.00
6.00	INTENSIVE CARE UNIT	31.00		32			6.00
7.00	SKILLED NURSING FACILITY	44.00		74			7.00
8.00	OPERATING ROOM	50.00		731			8.00
9.00	RECOVERY ROOM	51.00		43			9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00		204,156			10.00
11.00	CT SCAN	57.00		36,692			11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		22,026			12.00
13.00	RESPIRATORY THERAPY	65.00		84			13.00
14.00	PHYSICAL THERAPY	66.00		291			14.00
15.00	ELECTROCARDIOLOGY	69.00		54,255			15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00		993			16.00
17.00	BEHAVIORAL HEALTH COUNSELING	76.00		66,862			17.00
18.00	SHOCK THERAPY	76.01		5			18.00
19.00	CARDIAC REHABILITATION	76.97		2			19.00
20.00	CLINIC	90.00		43			20.00
21.00	EMERGENCY	91.00		1,939			21.00
22.00	OAKCREST NURSING HOME	190.01		20,460			22.00
23.00	MATERNAL HEALTH	190.03		5,305			23.00
24.00	FUND DEVELOPMENT	190.06		609			24.00
			0	6,098,441			
D - Direct Assigned Emp Bene							
1.00	CHILD CARE	4.01		246,535			1.00
2.00	COMMUNICATIONS	5.01		58,652			2.00
3.00	PURCHASING RECEIVING AND STORES	5.02		48,780			3.00
4.00	PFS/COLLECTION	5.03		144,169			4.00
5.00	OTHER ADMINISTRATIVE & GENERAL	5.06		289,780			5.00
6.00	MAINTENANCE & REPAIRS	6.00		20,445			6.00
7.00	OPERATION OF PLANT	7.00		165,573			7.00
8.00	LAUNDRY & LINEN SERVICE	8.00		106,098			8.00
9.00	HOUSEKEEPING	9.00		252,188			9.00
10.00	DIETARY	10.00		371,925			10.00
11.00	NURSING ADMINISTRATION	13.00		388,879			11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00		84,622			12.00
13.00	PHARMACY	15.00		297,361			13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00		196,161			14.00
15.00	CENTRAL STERILIZATION	18.00		60,631			15.00
16.00	ADULTS & PEDIATRICS	30.00		1,931,159			16.00
17.00	INTENSIVE CARE UNIT	31.00		232,625			17.00

RECLASSIFICATIONS

Provider CCN: 16-0069

Period:
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To 06/30/2020

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
18.00	SUBPROVIDER - IRF	41.00		53,762			18.00
19.00	NURSERY	43.00		70,661			19.00
20.00	SKILLED NURSING FACILITY	44.00		209,313			20.00
21.00	OPERATING ROOM	50.00		480,070			21.00
22.00	RECOVERY ROOM	51.00		276,965			22.00
23.00	ANESTHESIOLOGY	53.00		16,884			23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00		236,531			24.00
25.00	CT SCAN	57.00		78,325			25.00
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		38,788			26.00
27.00	RESPIRATORY THERAPY	65.00		159,666			27.00
28.00	PHYSICAL THERAPY	66.00		366,087			28.00
29.00	ELECTROCARDIOLOGY	69.00		148,050			29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00		34,319			30.00
31.00	BEHAVIORAL HEALTH COUNSELING	76.00		35,053			31.00
32.00	SHOCK THERAPY	76.01		5,189			32.00
33.00	CARDIAC REHABILITATION	76.97		49,527			33.00
34.00	CLINIC	90.00		31,929			34.00
35.00	EMERGENCY	91.00		341,112			35.00
36.00	HOME HEALTH AGENCY	101.00		325,077			36.00
37.00	INTEREST EXPENSE	113.00		47			37.00
38.00	OAKCREST NURSING HOME	190.01		297,422			38.00
39.00	SHARED SERVICES	190.02		51,360			39.00
40.00	MATERNAL HEALTH	190.03		22,049			40.00
41.00	FUND DEVELOPMENT	190.06		31,546			41.00
42.00	KENNEDY LIVING CENTER	194.01		153,426			42.00
43.00	COMMUNITY EDUCATION	194.05		19,330			43.00
44.00	LIFELINE	194.08		3,912			44.00
45.00	RETAIL PHARMACY	194.11		662,042			45.00
46.00	COMMUNITY RELATIONS	194.13		44,774			46.00
			0	9,138,799			
E - Implantable Supplies							
1.00	CHILD CARE	4.01	0	23	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.02	0	24,936	0		2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	955	0		3.00
4.00	OPERATION OF PLANT	7.00	0	3,304	0		4.00
5.00	DIETARY	10.00	0	125	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,638	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	5,797	0		7.00
8.00	SKILLED NURSING FACILITY	44.00	0	4,702	0		8.00
9.00	OPERATING ROOM	50.00	0	4,844,489	0		9.00
10.00	RECOVERY ROOM	51.00	0	25	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,310	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	52	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	2,941,116	0		13.00
14.00	EMERGENCY	91.00	0	658	0		14.00
	TOTALS		0	7,841,130			
F - DEPRECIATION TO IND BUILDINGS							
1.00	INTEREST EXPENSE	113.00	0	4,054,052	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
	TOTALS		0	4,054,052			
G - Retail Pharmacy Depreciation							
1.00	RETAIL PHARMACY	194.11	0	12,392	9		1.00
	TOTALS		0	12,392			
H - CRNA Fees							
1.00	ANESTHESIOLOGY	53.00		632,000			1.00
			0	632,000			
I - PAP Property Tax							
1.00	OPERATION OF PLANT	7.00		13,848			1.00
			0	13,848			
K - Birth Center Costs							
1.00	ADULTS & PEDIATRICS	30.00	1,204,947				1.00
2.00			1,204,947	0			2.00

RECLASSIFICATIONS

Provider CCN: 16-0069

Period:
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To 06/30/2020

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	Decreases						1/29/2021 9:35 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	L - Birth Center Costs						
1.00	ADULTS & PEDIATRICS	30.00		206,185			1.00
2.00			0	206,185			2.00
	N - GENERAL INSURANCE						
1.00	INTEREST EXPENSE	113.00	0	501,454	12		1.00
2.00		0.00	0	0	13		2.00
3.00		0.00	0	0	14		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		0	501,454			
	O - Interest Expense						
1.00	INTEREST EXPENSE	113.00	0	805,144	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	11		4.00
5.00		0.00	0	0	11		5.00
6.00		0.00	0	0	11		6.00
7.00		0.00	0	0	11		7.00
8.00		0.00	0	0	11		8.00
9.00		0.00	0	0	11		9.00
10.00		0.00	0	0	11		10.00
11.00		0.00	0	0	11		11.00
12.00		0.00	0	0	11		12.00
13.00		0.00	0	0	11		13.00
14.00		0.00	0	0	11		14.00
	TOTALS		0	805,144			
	P - Land Improvement Depr Exp						
1.00	INTEREST EXPENSE	113.00	0	257,053	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
12.00		0.00	0	0	9		12.00
13.00		0.00	0	0	9		13.00
14.00		0.00	0	0	9		14.00
	TOTALS		0	257,053			
	Q - Cardiac Rehab						
1.00	CARDIAC REHABILITATION	76.97	89,506				1.00
			89,506	0			
	R - Cardiac Rehab						
1.00	CARDIAC REHABILITATION	76.97		13,254			1.00
			0	13,254			
	S - Social Services						
1.00	NURSING ADMINISTRATION	13.00	257,241				1.00
			257,241	0			
	T - Social Service						
1.00	NURSING ADMINISTRATION	13.00		43,420			1.00
			0	43,420			
	U - Medical Director						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	208,957	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		0	208,957			
	W - EMPLOYEE HLTH & WELL SAL TO OTH						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	129,829	0	0		1.00
	TOTALS		129,829	0			
	X - THCE Other Exp Reclass						
1.00	OPERATION OF PLANT	7.00	0	2,021,256	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

RECLASSIFICATIONS

Provider CCN: 16-0069

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

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Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
	TOTALS		0	2,021,256			
	Z - Visual Monitoring Salary						
1.00	ADULTS & PEDIATRICS	30.00	12,978	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		12,978	0			
	AA - CAH Salary						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	21,200	0	0		1.00
2.00	PFS/COLLECTION	5.03	2,676	0	0		2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.06	49,899	0	0		3.00
4.00	OPERATION OF PLANT	7.00	32,116	0	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	13,918	0	0		5.00
6.00	HOUSEKEEPING	9.00	1,322	0	0		6.00
7.00	DIETARY	10.00	22,027	0	0		7.00
8.00	NURSING ADMINISTRATION	13.00	13,990	0	0		8.00
9.00	PHARMACY	15.00	40,461	0	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	37,834	0	0		10.00
11.00	RECOVERY ROOM	51.00	52	0	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	44,605	0	0		12.00
13.00	PHYSICAL THERAPY	66.00	13,914	0	0		13.00
14.00	EMERGENCY	91.00	365	0	0		14.00
15.00	COMMUNITY RELATIONS	194.13	5,115	0	0		15.00
	TOTALS		299,494	0			
	AB - CAH Other						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	73,263	0		1.00
2.00	PFS/COLLECTION	5.03	0	757	0		2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	29,259	0		3.00
4.00	OPERATION OF PLANT	7.00	0	193,642	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	13,369	0		5.00
6.00	DIETARY	10.00	0	24,285	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	6,266	0		7.00
8.00	PHARMACY	15.00	0	282,588	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	17,217	0		9.00
10.00	RECOVERY ROOM	51.00	0	22	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	44,688	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	9,500	0		12.00
13.00	EMERGENCY	91.00	0	161	0		13.00
14.00	SHARED SERVICES	190.02	0	7,381	0		14.00
15.00	COMMUNITY RELATIONS	194.13	0	19,102	0		15.00
	TOTALS		0	721,500			

RECLASSIFICATIONS

Provider CCN: 16-0069

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						1/25/2021 5:00 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	AD - MercyOne Allocation Other						
	COMMUNITY RELATIONS	194.13		31,246			1.00
			0	31,246			
1.00	AE - Dub Pharmacy Alloc Salary						
	PHARMACY	15.00	160,191				1.00
			160,191	0			
1.00	AF - Dub Pharmacy Alloc Other						
	PHARMACY	15.00		31,344			1.00
			0	31,344			
500.00	Grand Total: Decreases		2,154,186	43,559,678			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
1/29/2021 9:35 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	2,825,189	0	0	0	0	1.00
2.00	Land Improvements	5,877,965	689,574	0	689,574	0	2.00
3.00	Buildings and Fixtures	71,720,147	10,594,099	0	10,594,099	5,083,836	3.00
4.00	Building Improvements	573,066	2,544	0	2,544	0	4.00
5.00	Fixed Equipment	57,008,713	9,016,266	0	9,016,266	0	5.00
6.00	Movable Equipment	53,872,855	8,755,246	0	8,755,246	134,794	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	191,877,935	29,057,729	0	29,057,729	5,218,630	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	191,877,935	29,057,729	0	29,057,729	5,218,630	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,825,189	0				1.00
2.00	Land Improvements	6,567,539	0				2.00
3.00	Buildings and Fixtures	77,230,410	0				3.00
4.00	Building Improvements	575,610	0				4.00
5.00	Fixed Equipment	66,024,979	0				5.00
6.00	Movable Equipment	62,493,307	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	215,717,034	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	215,717,034	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
1/29/2021 9:35 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-47 BLDG	0	0	0	0	0	1.01
1.02	CAP REL COSTS-PROF ARTS PLAZA	0	0	0	0	0	1.02
1.03	CAP REL COSTS-ASBURY	0	0	0	0	0	1.03
1.04	CAP REL COSTS-MED ARTS BLDG	0	0	0	0	0	1.04
1.05	CAP REL COSTS-ENERGY CENTER	0	0	0	0	0	1.05
1.06	CAP REL COSTS-RENTAL PROPERTIES	0	0	0	0	0	1.06
1.07	CAP REL COSTS-PARKING DECK	0	0	0	0	0	1.07
1.08	CAP REL COSTS-97 BLDG	0	0	0	0	0	1.08
1.09	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	0	1.09
1.10	CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0	1.10
1.11	CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0	1.11
1.12	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	0	0	1.12
1.13	CAP REL COSTS-CANCER CENTER	0	0	0	0	0	1.13
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-47 BLDG	0	0				1.01
1.02	CAP REL COSTS-PROF ARTS PLAZA	0	0				1.02
1.03	CAP REL COSTS-ASBURY	0	0				1.03
1.04	CAP REL COSTS-MED ARTS BLDG	0	0				1.04
1.05	CAP REL COSTS-ENERGY CENTER	0	0				1.05
1.06	CAP REL COSTS-RENTAL PROPERTIES	0	0				1.06
1.07	CAP REL COSTS-PARKING DECK	0	0				1.07
1.08	CAP REL COSTS-97 BLDG	0	0				1.08
1.09	CAP REL COSTS-BELLEVUE CLINIC	0	0				1.09
1.10	CAP REL COSTS-CASCADE CLINIC	0	0				1.10
1.11	CAP REL COSTS-RETAIL PHARMACY	0	0				1.11
1.12	CAP REL COSTS-OAKCREST NURSING HOME	0	0				1.12
1.13	CAP REL COSTS-CANCER CENTER	0	0				1.13
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
1/29/2021 9:35 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	153,223,726	0	153,223,726	0.710300	0	1.00
1.01	CAP REL COSTS-47 BLDG	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS-PROF ARTS PLAZA	0	0	0	0.000000	0	1.02
1.03	CAP REL COSTS-ASBURY	0	0	0	0.000000	0	1.03
1.04	CAP REL COSTS-MED ARTS BLDG	0	0	0	0.000000	0	1.04
1.05	CAP REL COSTS-ENERGY CENTER	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS-RENTAL PROPERTIES	0	0	0	0.000000	0	1.06
1.07	CAP REL COSTS-PARKING DECK	0	0	0	0.000000	0	1.07
1.08	CAP REL COSTS-97 BLDG	0	0	0	0.000000	0	1.08
1.09	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0.000000	0	1.09
1.10	CAP REL COSTS-CASCADE CLINIC	0	0	0	0.000000	0	1.10
1.11	CAP REL COSTS-RETAIL PHARMACY	0	0	0	0.000000	0	1.11
1.12	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	0.000000	0	1.12
1.13	CAP REL COSTS-CANCER CENTER	0	0	0	0.000000	0	1.13
2.00	CAP REL COSTS-MVBLE EQUIP	62,493,308	0	62,493,308	0.289700	0	2.00
3.00	Total (sum of lines 1-2)	215,717,034	0	215,717,034	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,147,584	0	1.00
1.01	CAP REL COSTS-47 BLDG	0	0	0	760,313	0	1.01
1.02	CAP REL COSTS-PROF ARTS PLAZA	0	0	0	140,338	0	1.02
1.03	CAP REL COSTS-ASBURY	0	0	0	-5,027	0	1.03
1.04	CAP REL COSTS-MED ARTS BLDG	0	0	0	-1,775	0	1.04
1.05	CAP REL COSTS-ENERGY CENTER	0	0	0	254,984	0	1.05
1.06	CAP REL COSTS-RENTAL PROPERTIES	0	0	0	-1,035	0	1.06
1.07	CAP REL COSTS-PARKING DECK	0	0	0	19,342	0	1.07
1.08	CAP REL COSTS-97 BLDG	0	0	0	615,936	0	1.08
1.09	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	-1,076	0	1.09
1.10	CAP REL COSTS-CASCADE CLINIC	0	0	0	838	0	1.10
1.11	CAP REL COSTS-RETAIL PHARMACY	0	0	0	-6,527	0	1.11
1.12	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	5,519	0	1.12
1.13	CAP REL COSTS-CANCER CENTER	0	0	0	5,997	0	1.13
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,840,883	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,776,294	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	292,735	88,999	229	68	2,529,615	1.00
1.01	CAP REL COSTS-47 BLDG	219,617	0	0	0	979,930	1.01
1.02	CAP REL COSTS-PROF ARTS PLAZA	63,132	0	0	0	203,470	1.02
1.03	CAP REL COSTS-ASBURY	7,385	0	0	0	2,358	1.03
1.04	CAP REL COSTS-MED ARTS BLDG	2,607	0	0	0	832	1.04
1.05	CAP REL COSTS-ENERGY CENTER	14,137	0	0	0	269,121	1.05
1.06	CAP REL COSTS-RENTAL PROPERTIES	1,520	0	0	0	485	1.06
1.07	CAP REL COSTS-PARKING DECK	1,459	0	0	0	20,801	1.07
1.08	CAP REL COSTS-97 BLDG	107,072	0	0	0	723,008	1.08
1.09	CAP REL COSTS-BELLEVUE CLINIC	1,722	0	0	0	646	1.09
1.10	CAP REL COSTS-CASCADE CLINIC	4,053	0	0	0	4,891	1.10
1.11	CAP REL COSTS-RETAIL PHARMACY	27,792	0	0	0	21,265	1.11
1.12	CAP REL COSTS-OAKCREST NURSING HOME	18,329	0	0	0	23,848	1.12
1.13	CAP REL COSTS-CANCER CENTER	43,584	0	0	0	49,581	1.13
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,840,883	2.00
3.00	Total (sum of lines 1-2)	805,144	88,999	229	68	10,670,734	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0069

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

Worksheet A-8

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-47 BLDG (chapter 2)			0CAP REL COSTS-47 BLDG	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-PROF ARTS PLAZA (chapter 2)			0CAP REL COSTS-PROF ARTS PLAZA	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-ASBURY (chapter 2)			0CAP REL COSTS-ASBURY	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-MED ARTS BLDG (chapter 2)			0CAP REL COSTS-MED ARTS BLDG	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-ENERGY CENTER (chapter 2)			0CAP REL COSTS-ENERGY CENTER	1.05	0	1.05
1.06	Investment income - CAP REL COSTS-RENTAL PROPERTIES (chapter 2)			0CAP REL COSTS-RENTAL PROPERTIES	1.06	0	1.06
1.07	Investment income - CAP REL COSTS-PARKING DECK (chapter 2)			0CAP REL COSTS-PARKING DECK	1.07	0	1.07
1.08	Investment income - CAP REL COSTS-97 BLDG (chapter 2)			0CAP REL COSTS-97 BLDG	1.08	0	1.08
1.09	Investment income - CAP REL COSTS-BELLEVUE CLINIC (chapter 2)			0CAP REL COSTS-BELLEVUE CLINIC	1.09	0	1.09
1.10	Investment income - CAP REL COSTS-CASCADE CLINIC (chapter 2)			0CAP REL COSTS-CASCADE CLINIC	1.10	0	1.10
1.11	Investment income - CAP REL COSTS-RETAIL PHARMACY (chapter 2)			0CAP REL COSTS-RETAIL PHARMACY	1.11	0	1.11
1.12	Investment income - CAP REL COSTS-OAKCREST NURSING HOME (chapter 2)			0CAP REL COSTS-OAKCREST NURSING HOME	1.12	0	1.12
1.13	Investment income - CAP REL COSTS-CANCER CENTER (chapter 2)			0CAP REL COSTS-CANCER CENTER	1.13	0	1.13
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,170,846			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	1,312,640			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-945,480	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	-46,744	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines	B	-9,385	DIETARY	10.00	0	20.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0069

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

Worksheet A-8

Date/Time Prepared:
1/29/2021 9:35 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	
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-47 BLDG		0	CAP REL COSTS-47 BLDG	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-PROF ARTS PLAZA		0	CAP REL COSTS-PROF ARTS PLAZA	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-ASBURY		0	CAP REL COSTS-ASBURY	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-MED ARTS BLDG		0	CAP REL COSTS-MED ARTS BLDG	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-ENERGY CENTER		0	CAP REL COSTS-ENERGY CENTER	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-RENTAL PROPERTIES		0	CAP REL COSTS-RENTAL PROPERTIES	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-PARKING DECK		0	CAP REL COSTS-PARKING DECK	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-97 BLDG		0	CAP REL COSTS-97 BLDG	1.08	0	26.08
26.09	Depreciation - CAP REL COSTS-BELLEVUE CLINIC		0	CAP REL COSTS-BELLEVUE CLINIC	1.09	0	26.09
26.10	Depreciation - CAP REL COSTS-CASCADE CLINIC		0	CAP REL COSTS-CASCADE CLINIC	1.10	0	26.10
26.11	Depreciation - CAP REL COSTS-RETAIL PHARMACY		0	CAP REL COSTS-RETAIL PHARMACY	1.11	0	26.11
26.12	Depreciation - CAP REL COSTS-OAKCREST NURSING HOME		0	CAP REL COSTS-OAKCREST NURSING HOME	1.12	0	26.12
26.13	Depreciation - CAP REL COSTS-CANCER CENTER		0	CAP REL COSTS-CANCER CENTER	1.13	0	26.13
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.01	Telephone Revenue	B	-18,300	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.01
33.02	Misc Other Revenue	B	-1,122,621	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	Misc Other Revenue	B	-1,097,756	CHILD CARE	4.01	0	33.03
33.04	Misc Other Revenue	B	-88	PURCHASING RECEIVING AND STORES	5.02	0	33.04
33.05	Misc Other Revenue	B	-174,359	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.05
33.06	Misc Other Revenue	B	-1,756	LAUNDRY & LINEN SERVICE	8.00	0	33.06
33.07	Misc Other Revenue	B	-31,268	DIETARY	10.00	0	33.07
33.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.08
33.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.09
33.10	Misc Other Revenue	B	-2,527	MEDICAL RECORDS & LIBRARY	16.00	0	33.10

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0069

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

Worksheet A-8

Date/Time Prepared:
1/29/2021 9:35 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
Cost Center Description	Basis/Code (2)	Amount	Cost Center		Line #	Wkst. A-7 Ref.		
			1.00	2.00			3.00	4.00
33.11 Misc Other Revenue	B	-182,064			30.00	0	33.11	
33.12 Misc Other Revenue	B	-26,023			50.00	0	33.12	
33.13 Misc Other Revenue	B	-844			54.00	0	33.13	
33.14 Misc Other Revenue	B	-62			69.00	0	33.14	
33.15 Misc Other Revenue	B	-93,491			76.00	0	33.15	
33.16 Misc Other Revenue	B	-15,883			76.97	0	33.16	
33.17 Misc Other Revenue	B	-47			101.00	0	33.17	
33.18 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.18	
33.19 IC Other Revenue	B	-182			5.02	0	33.19	
33.20 IC Other Revenue	B	-121,551			5.06	0	33.20	
33.21 IC Other Revenue	B	-10,750			8.00	0	33.21	
33.22 IC Other Revenue	B	-2,983			10.00	0	33.22	
33.23 IC Other Revenue	B	-21,723			13.00	0	33.23	
33.24 IC Other Revenue	B	-134,902			15.00	0	33.24	
33.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.25	
33.26 IC Other Revenue	B	-390			50.00	0	33.26	
33.27 Rental Space Revenue	B	-1,556			30.00	0	33.27	
33.28 Health Education Service	B	-1,962			13.00	0	33.28	
34.00 CRNA Expense Offset	A	-632,000			19.00	0	34.00	
34.01 Non Allowable Advertising	A	-2,822			5.06	0	34.01	
34.02 Non Allowable Advertising	A	-632			10.00	0	34.02	
34.03 Athletic Trainer - Med Assoc	A	-16,875			5.06	0	34.03	
34.04 Purchased Services Other	A	-108			5.03	0	34.04	
34.05 Purchased Services Other	A	-294			5.06	0	34.05	
34.06 Purchased Services Other	A	-414			7.00	0	34.06	
34.07 Nurse Practitioner	A	-31,361			4.00	0	34.07	
34.08 Nurse Practitioner	A	-266			5.06	0	34.08	
34.09 Nurse Practitioner	A	-96,778			30.00	0	34.09	
34.10 Nurse Practitioner	A	-1,353			51.00	0	34.10	
34.11 Tuition Assist - PT Employess	A	-14,647			4.00	0	34.11	
34.12 Medicaid Provider Tax Adjustment (QAAP)	A	-708,820			5.06	0	34.12	
34.13 Patient TV Expense	A	-43,732			7.00	0	34.13	
34.14 Dues - Lobbying Allocation	A	-23,784			5.06	0	34.14	
34.15 WS A-8 - Interest Exp to Extent of Interest Income	A	-292,733			1.00	9	34.15	
34.16 WS A-8 - Interest Exp to Extent of Interest Income	A	-219,617			1.01	9	34.16	
34.17 WS A-8 - Interest Exp to Extent of Interest Income	A	-63,132			1.02	9	34.17	
34.18 WS A-8 - Interest Exp to Extent of Interest Income	A	-7,385			1.03	9	34.18	
34.19 WS A-8 - Interest Exp to Extent of Interest Income	A	-2,607			1.04	9	34.19	
34.20 WS A-8 - Interest Exp to Extent of Interest Income	A	-14,137			1.05	9	34.20	
34.21 WS A-8 - Interest Exp to Extent of Interest Income	A	-1,520			1.06	9	34.21	
34.22 WS A-8 - Interest Exp to Extent of Interest Income	A	-1,459			1.07	9	34.22	
34.23 WS A-8 - Interest Exp to Extent of Interest Income	A	-107,072			1.08	9	34.23	
34.24 WS A-8 - Interest Exp to Extent of Interest Income	A	-1,722			1.09	9	34.24	
34.25 WS A-8 - Interest Exp to Extent of Interest Income	A	-4,053			1.10	9	34.25	
34.26 WS A-8 - Interest Exp to Extent of Interest Income	A	-27,792			1.11	9	34.26	
34.27 WS A-8 - Interest Exp to Extent of Interest Income	A	-18,329			1.12	9	34.27	
34.28 WS A-8 - Interest Exp to Extent of Interest Income	A	-43,584			1.13	9	34.28	

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0069

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

Worksheet A-8

Date/Time Prepared:
1/29/2021 9:35 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	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,301,931				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: 16-0069

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

Worksheet A-8-1

Date/Time Prepared:
1/29/2021 9:35 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	1.00	CAP REL COSTS-BLDG & FIXT	TRINITY PROPERTY INSURANCE	114,166	211,967	1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENER	TRINITY INTEGRATED RISK/MAL	165,208	314,062	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRINITY STOP LOSS	0	-579,335	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRINITY WORKERS COMPENSATION	698,479	569,260	3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRINITY PENSION EXPENSE	2,071,958	0	3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRINITY CENTRAL ADMIN FEE	-222,056	-235,961	3.03
3.04	101.00	HOME HEALTH AGENCY	TRINITY CENTRAL ADMIN FEE	34,376	36,528	3.04
3.05	5.02	PURCHASING RECEIVING AND STO	TRINITY CENTRAL ADMIN FEE	225,205	239,307	3.05
3.06	9.00	HOUSEKEEPING	TRINITY CENTRAL ADMIN FEE	61,176	65,006	3.06
3.07	10.00	DIETARY	TRINITY CENTRAL ADMIN FEE	103,605	110,092	3.07
3.08	5.03	PFS/COLLECTION	TRINITY CENTRAL ADMIN FEE	2,531,589	2,690,109	3.08
3.09	5.06	OTHER ADMINISTRATIVE & GENER	TRINITY CENTRAL ADMIN FEE	2,104,756	2,236,549	3.09
3.10	7.00	OPERATION OF PLANT	TRINITY CENTRAL ADMIN FEE	2,049,125	2,177,435	3.10
3.11	1.00	CAP REL COSTS-BLDG & FIXT	TRINITY CAPITAL	360,152	0	3.11
3.12	1.00	CAP REL COSTS-BLDG & FIXT	TRINITY INTERCOMPANY INTERES	386,214	386,214	3.12
3.13	1.01	CAP REL COSTS-47 BLDG	TRINITY INTERCOMPANY INTERES	289,749	289,749	3.13
3.14	1.02	CAP REL COSTS-PROF ARTS PLAZ	TRINITY INTERCOMPANY INTERES	83,293	83,293	3.14
3.15	1.03	CAP REL COSTS-ASBURY	TRINITY INTERCOMPANY INTERES	9,744	9,744	3.15
3.16	1.04	CAP REL COSTS-MED ARTS BLDG	TRINITY INTERCOMPANY INTERES	3,440	3,440	3.16
3.17	1.05	CAP REL COSTS-ENERGY CENTER	TRINITY INTERCOMPANY INTERES	18,652	18,652	3.17
3.18	1.06	CAP REL COSTS-RENTAL PROPERT	TRINITY INTERCOMPANY INTERES	2,006	2,006	3.18
3.19	1.07	CAP REL COSTS-PARKING DECK	TRINITY INTERCOMPANY INTERES	1,925	1,925	3.19
3.20	1.08	CAP REL COSTS-97 BLDG	TRINITY INTERCOMPANY INTERES	141,264	141,264	3.20
3.21	1.09	CAP REL COSTS-BELLEVUE CLINI	TRINITY INTERCOMPANY INTERES	2,271	2,271	3.21
3.22	1.10	CAP REL COSTS-CASCADE CLINIC	TRINITY INTERCOMPANY INTERES	5,347	5,347	3.22
3.23	1.11	CAP REL COSTS-RETAIL PHARMAC	TRINITY INTERCOMPANY INTERES	36,667	36,667	3.23
3.24	1.12	CAP REL COSTS-OAKCREST NURSI	TRINITY INTERCOMPANY INTERES	24,182	24,182	3.24
3.25	1.13	CAP REL COSTS-CANCER CENTER	TRINITY INTERCOMPANY INTERES	57,502	57,502	3.25
3.26	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC TELECOMMUNICATIONS	527	527	3.26
3.27	5.01	COMMUNICATIONS	IC TELECOMMUNICATIONS	42,782	42,782	3.27
3.28	8.00	LAUNDRY & LINEN SERVICE	IC TELECOMMUNICATIONS	130	130	3.28
3.29	14.00	CENTRAL SERVICES & SUPPLY	IC TELECOMMUNICATIONS	130	130	3.29
3.30	101.00	HOME HEALTH AGENCY	IC TELECOMMUNICATIONS	1,852	1,852	3.30
3.31	190.01	OAKCREST NURSING HOME	IC TELECOMMUNICATIONS	595	595	3.31
3.32	194.11	RETAIL PHARMACY	IC TELECOMMUNICATIONS	2,400	2,400	3.32
3.33	194.13	COMMUNITY RELATIONS	IC TELECOMMUNICATIONS	185	185	3.33
3.34	5.06	OTHER ADMINISTRATIVE & GENER	TRINITY TIS AMORTIZATION	1,912,980	1,912,980	3.34
3.35	5.06	OTHER ADMINISTRATIVE & GENER	TRINITY TIS OPERATING EXPENS	6,253,562	6,801,120	3.35
3.36	1.00	CAP REL COSTS-BLDG & FIXT	TRINITY TIS CAPITAL	56,904	0	3.36
3.37	5.06	OTHER ADMINISTRATIVE & GENER	MERCYONE ALLOCATION	1,018,486	1,025,151	3.37
3.38	5.06	OTHER ADMINISTRATIVE & GENER	MERCYONE MARKETING BRANDING	31,246	31,246	3.38
3.39	194.13	COMMUNITY RELATIONS	MERCYONE MARKETING BRANDING	234,026	234,026	3.39
3.40	16.00	MEDICAL RECORDS & LIBRARY	PRESS GANEY	13,423	13,423	3.40
3.41	194.09	MERCYONE DYERSVILLE MEDICAL	VARIOUS	314,512	314,512	3.41
3.42	4.00	EMPLOYEE BENEFITS DEPARTMENT	UCL LABORATORY	20,617	22,354	3.42
3.43	60.00	LABORATORY	UCL LABORATORY	7,726,051	8,377,075	3.43
3.44	194.05	COMMUNITY EDUCATION	UCL LABORATORY	9,434	9,434	3.44
3.45	16.00	MEDICAL RECORDS & LIBRARY	LIBRARY EXPENSE	24,485	24,485	3.45
3.46	194.11	RETAIL PHARMACY	CONTACT LABOR	55,846	55,846	3.46
3.47	4.00	EMPLOYEE BENEFITS DEPARTMENT	SPIRITUAL CARE	481,539	481,539	3.47
4.00	5.06	OTHER ADMINISTRATIVE & GENER	PURCHASED SERVICES	2,506	2,506	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			29,564,213	28,251,573	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.

Positive amounts increase cost and negative amounts decrease cost.

For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

Provider CCN: 16-0069

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

Worksheet A-8-1

Date/Time Prepared:
1/29/2021 9:35 am

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

6.00	B		0.00	TRINITY HEALTH	100.00	6.00
7.00	B		0.00	TRINITY TIS	100.00	7.00
8.00	G		0.00	MERCYONE	0.00	8.00
9.00	C		0.00	DYERSVILLE	100.00	9.00
10.00	G		0.00	UNITED CLIN LAB	0.00	10.00
10.01	G		0.00	MT CARMEL HLTH	0.00	10.01
10.02	G		0.00	MERCY1 CLINTON	0.00	10.02
10.03	G		0.00	MERCY1 MORTH IA	0.00	10.03
10.04	G		0.00	TRINITY SR LIV	0.00	10.04
10.05	G		0.00	ELKADER	0.00	10.05
10.06	G		0.00	GUTTENBERG	0.00	10.06
100.00	G. Other (financial or non-financial) specify:	NON-FINANCIAL				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: 16-0069

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

Worksheet A-8-1

Date/Time Prepared:
1/29/2021 9:35 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	-97,801	12		1.00
2.00	-148,854	0		2.00
3.00	579,335	0		3.00
3.01	129,219	0		3.01
3.02	2,071,958	0		3.02
3.03	13,905	0		3.03
3.04	-2,152	0		3.04
3.05	-14,102	0		3.05
3.06	-3,830	0		3.06
3.07	-6,487	0		3.07
3.08	-158,520	0		3.08
3.09	-131,793	0		3.09
3.10	-128,310	0		3.10
3.11	360,152	9		3.11
3.12	0	11		3.12
3.13	0	11		3.13
3.14	0	11		3.14
3.15	0	11		3.15
3.16	0	11		3.16
3.17	0	11		3.17
3.18	0	11		3.18
3.19	0	11		3.19
3.20	0	11		3.20
3.21	0	11		3.21
3.22	0	11		3.22
3.23	0	11		3.23
3.24	0	11		3.24
3.25	0	11		3.25
3.26	0	0		3.26
3.27	0	0		3.27
3.28	0	0		3.28
3.29	0	0		3.29
3.30	0	0		3.30
3.31	0	0		3.31
3.32	0	0		3.32
3.33	0	0		3.33
3.34	0	0		3.34
3.35	-547,558	0		3.35
3.36	56,904	9		3.36
3.37	-6,665	0		3.37
3.38	0	0		3.38
3.39	0	0		3.39
3.40	0	0		3.40
3.41	0	0		3.41
3.42	-1,737	0		3.42
3.43	-651,024	0		3.43
3.44	0	0		3.44
3.45	0	0		3.45
3.46	0	0		3.46
3.47	0	0		3.47
4.00	0	0		4.00
5.00	1,312,640			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

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

Provider CCN: 16-0069

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

Worksheet A-8-1

Date/Time Prepared:
1/29/2021 9:35 am

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HOME OFFICE	6.00
7.00	HOME OFFICE IT	7.00
8.00	HOME OFFICE	8.00
9.00	CAH HOSPITAL	9.00
10.00	LAB SERVICE	10.00
10.01	HOSPITAL	10.01
10.02	HOSPITAL	10.02
10.03	HOSPITAL	10.03
10.04	LONG TERM CARE	10.04
10.05	CAH HOSPITAL	10.05
10.06	CAH HOSPITAL	10.06
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0069

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

Worksheet A-8-2

Date/Time Prepared:
1/29/2021 9:35 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	13,282	13,282	0	179,000	0	1.00
2.00	5.00	OTHER ADMINISTRATIVE & GENERAL	1,122,380	1,054,170	68,210	179,000	440	2.00
3.00	15.00	PHARMACY	641	0	641	179,000	4	3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	888	0	888	179,000	6	4.00
5.00	30.00	ADULTS & PEDIATRICS	1,889,823	1,731,808	158,015	179,000	1,166	5.00
6.00	41.00	SUBPROVIDER - IRF	137,014	71,532	65,482	179,000	733	6.00
7.00	0.00		0	0	0	179,000	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	239,400	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	81,056	25,482	55,574	271,900	383	9.00
10.00	65.00	RESPIRATORY THERAPY	10,530	0	10,530	179,000	78	10.00
11.00	90.00	CLINIC	236,990	184,325	52,665	179,000	351	11.00
12.00	91.00	EMERGENCY	1,020,128	919,800	100,328	179,000	613	12.00
200.00			4,512,732	4,000,399	512,333		3,774	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	OTHER ADMINISTRATIVE & GENERAL	37,865	1,893	0	0	0	2.00
3.00	15.00	PHARMACY	344	17	0	0	0	3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	516	26	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	100,343	5,017	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	63,080	3,154	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	50,066	2,503	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	6,713	336	0	0	0	10.00
11.00	90.00	CLINIC	30,206	1,510	0	0	0	11.00
12.00	91.00	EMERGENCY	52,753	2,638	0	0	0	12.00
200.00			341,886	17,094	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	13,282		1.00
2.00	5.00	OTHER ADMINISTRATIVE & GENERAL	0	37,865	30,345	1,084,515		2.00
3.00	15.00	PHARMACY	0	344	297	297		3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	0	516	372	372		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	100,343	57,672	1,789,480		5.00
6.00	41.00	SUBPROVIDER - IRF	0	63,080	2,402	73,934		6.00
7.00	0.00		0	0	0	0		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	50,066	5,508	30,990		9.00
10.00	65.00	RESPIRATORY THERAPY	0	6,713	3,817	3,817		10.00
11.00	90.00	CLINIC	0	30,206	22,459	206,784		11.00
12.00	91.00	EMERGENCY	0	52,753	47,575	967,375		12.00
200.00			0	341,886	170,447	4,170,846		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,529,615	2,529,615				1.00
1.01	00101	CAP REL COSTS-47 BLDG	979,930	0	979,930			1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA	203,470	0	0	203,470		1.02
1.03	00103	CAP REL COSTS-ASBURY	2,358	0	0	0	2,358	1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG	832	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER	269,121	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES	485	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-PARKING DECK	20,801	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-97 BLDG	723,008	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	646	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	4,891	0	0	0	0	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	21,265	0	0	0	0	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	23,848	0	0	0	0	1.12
1.13	00113	CAP REL COSTS-CANCER CENTER	49,581	0	0	0	0	1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,840,883					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,490,705	30,397	5,495	0	0	4.00
4.01	00401	CHILD CARE	0	0	11,575	56,250	0	4.01
5.01	01160	COMMUNICATIONS	675,911	7,539	4,355	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	661,982	14,095	0	0	0	5.02
5.03	00580	PFS/COLLECTION	3,292,390	32,956	0	0	0	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	11,902,554	440,051	256,137	25,085	2,358	5.06
6.00	00600	MAINTENANCE & REPAIRS	207,965	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,323,679	381,389	114,643	1,190	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	646,078	7,842	64,333	0	0	8.00
9.00	00900	HOUSEKEEPING	1,478,538	36,549	3,561	1,293	0	9.00
10.00	01000	DIETARY	1,705,547	138,090	0	0	0	10.00
11.00	01100	CAFETERIA	0	10,149	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,476,935	0	22,824	4,378	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	826,094	126,630	0	0	0	14.00
15.00	01500	PHARMACY	1,919,084	22,038	6,699	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,461,004	8,271	19,394	0	0	16.00
17.00	01700	SOCIAL SERVICE	300,661	8,775	1,198	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	476,205	38,768	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,467,176	556,241	167,609	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,720,775	136,262	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	478,534	0	39,126	0	0	41.00
43.00	04300	NURSERY	974,686	0	8,424	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,300,915	0	60,361	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,276,694	221,286	10,813	0	0	50.00
51.00	05100	RECOVERY ROOM	1,887,058	2,521	1,380	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	972,354	0	32,713	0	0	52.00
53.00	05300	ANESTHESIOLOGY	250,811	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,261,586	116,871	3,125	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	568,676	17,449	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	316,855	8,094	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,604,598	25,833	35,675	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	494,596	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
			0	1.00	1.01	1.02	1.03	
65.00	06500	RESPIRATORY THERAPY	1,345,998	0	8,671	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,678,108	0	2,715	18,864	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,303,547	1,803	599	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	256,923	0	15,754	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,087,320	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,841,005	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,096,536	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	123,509	0	28,351	0	0	76.00
76.01	03951	SHOCK THERAPY	35,380	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	240,784	0	0	29,110	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	432,472	0	853	0	0	90.00
91.00	09100	EMERGENCY	2,537,598	106,634	352	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	293,512	5,207	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,792,240	9,153	20,136	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	124,156,312	2,510,893	946,871	136,170	2,358	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	1,798,869	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	410,218	0	2,012	428	0	190.02
190.03	19003	MATERNAL HEALTH	223,049	0	0	6,437	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	364,166	0	4,095	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	776,336	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	19,980	18,356	10,039	53,598	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	158,111	0	5,703	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	121,346	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	58,993	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	556,187	0	0	0	0	194.09
194.10	07960	CCH ELKADER	337,903	0	0	0	0	194.10

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
			0	1.00	1.01	1.02	1.03	
194.11	07961	RETAIL PHARMACY	24,569,181	0	0	6,837	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	915,429	366	11,210	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	396,945	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	191,535	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	155,054,560	2,529,615	979,930	203,470	2,358	202.00

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Cost Center Description			CAPITAL RELATED COSTS					
			MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG	832					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER	0	269,121				1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES	0	0	485			1.06
1.07	00107	CAP REL COSTS-PARKING DECK	0	0	0	20,801		1.07
1.08	00108	CAP REL COSTS-97 BLDG	0	0	0	0	723,008	1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	0	0	1.12
1.13	00113	CAP REL COSTS-CANCER CENTER	0	0	0	0	0	1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00401	CHILD CARE	0	0	0	0	0	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	0	0	0	6,433	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	165,028	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	269,121	0	20,801	95,514	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	3,015	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	6,079	9.00
10.00	01000	DIETARY	0	0	0	0	1,823	10.00
11.00	01100	CAFETERIA	0	0	0	0	53,801	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,389	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	12,059	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	31,890	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	128,429	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	4,029	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,517	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

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Cost Center Description			CAPITAL RELATED COSTS					
			MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	
			1.04	1.05	1.06	1.07	1.08	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	94,538	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	53,013	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	37,112	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	269,121	0	20,801	697,669	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	485	0	11,241	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	832	0	0	0	14,098	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00

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Cost Center Description			CAPITAL RELATED COSTS					
			MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	
			1.04	1.05	1.06	1.07	1.08	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	832	269,121	485	20,801	723,008	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS					
			BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	
			1.09	1.10	1.11	1.12	1.13	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	646					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	0	4,891				1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	0	0	21,265			1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	23,848		1.12
1.13	00113	CAP REL COSTS-CANCER CENTER	0	0	0	0	49,581	1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00401	CHILD CARE	0	0	0	0	9,147	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	0	0	0	0	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	2,999	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	825	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	646	4,891	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS					
			BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	
			1.09	1.10	1.11	1.12	1.13	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	36,610	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	646	4,891	0	0	49,581	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	23,848	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	21,265	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 07/01/2019
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Cost Center Description		CAPITAL RELATED COSTS					
		BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	
		1.09	1.10	1.11	1.12	1.13	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	646	4,891	21,265	23,848	49,581	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	PURCHASING RECEIVING AND STORES	
			MVBLE EQUIP					
			2.00	4.00	4.01	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,840,883					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,557	13,537,154				4.00
4.01	00401	CHILD CARE	8,628	248,426	334,026			4.01
5.01	01160	COMMUNICATIONS	4,743	76,312	0	768,860		5.01
5.02	00560	PURCHASING RECEIVING AND STORES	1,295	69,507	3,173	2,521	752,573	5.02
5.03	00580	PFS/COLLECTION	9,830	174,577	2,346	15,125	243	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,169,195	406,786	1,366	108,397	16,255	5.06
6.00	00600	MAINTENANCE & REPAIRS	13,836	30,861	0	0	418	6.00
7.00	00700	OPERATION OF PLANT	8,125	252,615	2,923	25,209	11,757	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	54,344	110,386	0	2,521	8,086	8.00
9.00	00900	HOUSEKEEPING	12,229	269,338	0	4,201	4,523	9.00
10.00	01000	DIETARY	29,008	415,937	11,106	14,285	36,380	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	47,537	567,267	39,883	10,504	529	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	31,571	99,241	8,706	2,521	2,412	14.00
15.00	01500	PHARMACY	249,220	576,761	24,038	10,504	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,296	285,196	7,290	39,073	105	16.00
17.00	01700	SOCIAL SERVICE	0	66,976	5,858	1,681	0	17.00
18.00	01850	CENTRAL STERILIZATION	121,951	71,204	12,120	1,260	1,455	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	303,876	2,641,756	69,253	194,104	9,509	30.00
31.00	03100	INTENSIVE CARE UNIT	54,925	380,642	5,638	17,646	2,662	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,684	92,801	0	18,486	763	41.00
43.00	04300	NURSERY	48,189	213,405	4,446	7,983	2,279	43.00
44.00	04400	SKILLED NURSING FACILITY	17,872	302,516	3,456	0	370	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,101,240	753,300	27,657	61,341	91,787	50.00
51.00	05100	RECOVERY ROOM	6,783	419,571	9,087	24,368	1,260	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,333	216,173	0	17,646	3,796	52.00
53.00	05300	ANESTHESIOLOGY	148,234	24,459	0	0	3,582	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	620,919	360,914	3,291	18,486	2,491	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	55,501	129,030	2,219	0	13	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	69,217	1,065	1,681	106	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	16,359	0	0	15,125	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,198	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	34,715	259,859	4,867	6,302	5,833	65.00
66.00	06600	PHYSICAL THERAPY	30,043	617,655	18,871	10,504	483	66.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	PURCHASING RECEIVING AND STORES	
			2.00	4.00	4.01	5.01	5.02	
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	380,781	241,256	5,935	9,663	3,333	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,206	51,966	1,136	2,941	750	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	208,494	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	321,348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	2,331	51,074	0	6,302	166	76.00
76.01	03951	SHOCK THERAPY	1,574	7,778	0	0	149	76.01
76.97	07697	CARDIAC REHABILITATION	1,661	58,207	0	2,521	198	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	32,867	73,628	1,253	0	286	90.00
91.00	09100	EMERGENCY	54,539	526,821	12,343	31,091	2,923	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	14	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	8,599	501,598	14,548	28,570	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,766,794	11,715,016	303,874	712,562	744,758	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,941	0	190.00
190.01	19001	OAKCREST NURSING HOME	12,439	371,939	0	0	5,809	190.01
190.02	19002	SHARED SERVICES	170	94,164	0	1,260	14	190.02
190.03	19003	MATERNAL HEALTH	10,900	36,180	0	2,521	211	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	1,319	58,379	1,960	2,941	380	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	190,960	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	420	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	33,728	3,941	6,722	32	194.05
194.06	07956	RURAL OUTREACH PROGRAM	490	0	0	0	747	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	4,964	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	48,334	957,257	16,716	39,493	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	437	74,567	7,535	0	622	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	PURCHASING RECEIVING AND STORES	
			MVBLE EQUIP					
			2.00	4.00	4.01	5.01	5.02	
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,840,883	13,537,154	334,026	768,860	752,573	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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1/29/2021 9:35 am

Cost Center Description			PFS/COLLECTION	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5A.03	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	PFS/COLLECTION	3,533,900					5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	15,496,211	15,496,211			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	253,080	28,101	281,181		6.00
7.00	00700	OPERATION OF PLANT	0	4,506,966	500,444	49,803	5,057,213	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	896,605	99,557	7,976	174,328	8.00
9.00	00900	HOUSEKEEPING	0	1,816,311	201,680	3,201	69,957	9.00
10.00	01000	DIETARY	0	2,352,176	261,181	8,218	179,618	10.00
11.00	01100	CAFETERIA	0	63,950	7,101	4,623	101,049	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,171,246	352,129	3,378	73,827	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,097,175	121,828	7,411	161,975	14.00
15.00	01500	PHARMACY	0	2,809,169	311,925	2,416	52,798	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,825,629	202,714	2,683	58,636	16.00
17.00	01700	SOCIAL SERVICE	0	385,149	42,766	649	14,191	17.00
18.00	01850	CENTRAL STERILIZATION	0	722,963	80,276	2,269	49,589	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	449,544	15,871,127	1,762,298	52,449	1,146,440	30.00
31.00	03100	INTENSIVE CARE UNIT	49,721	2,368,271	262,968	7,974	174,296	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	25,619	664,013	73,731	4,434	96,921	41.00
43.00	04300	NURSERY	21,040	1,280,452	142,179	955	20,868	43.00
44.00	04400	SKILLED NURSING FACILITY	25,827	1,711,317	190,021	6,841	149,526	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	595,721	9,171,729	1,018,410	16,564	362,042	50.00
51.00	05100	RECOVERY ROOM	99,138	2,579,595	286,433	9,923	216,886	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,499	1,293,514	143,629	3,708	81,036	52.00
53.00	05300	ANESTHESIOLOGY	166,879	597,994	66,400	302	6,596	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	135,440	3,526,640	391,591	7,458	163,007	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	260,345	1,033,233	114,728	1,021	22,319	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	79,028	476,046	52,859	474	10,353	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	345,776	8,043,366	893,119	5,555	121,417	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,511	503,305	55,886	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	91,586	1,757,831	195,186	983	21,481	65.00
66.00	06600	PHYSICAL THERAPY	99,736	3,482,516	386,692	3,267	71,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

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From 07/01/2019
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Part I
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1/29/2021 9:35 am

Cost Center Description			PFS/COLLECTION	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5A.03	5.06	6.00	7.00	
69.00	06900	ELECTROCARDIOLOGY	247,029	2,288,484	254,109	7,254	158,540	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,546	376,222	41,775	1,786	39,026	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	121,996	5,417,810	601,583	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	114,808	8,277,161	919,079	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	293,420	6,389,956	709,528	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	4,245	215,978	23,982	3,213	70,231	76.00
76.01	03951	SHOCK THERAPY	2,656	47,537	5,278	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	6,854	339,335	37,679	4,568	99,840	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,473	581,442	64,562	16,372	357,833	90.00
91.00	09100	EMERGENCY	244,070	3,569,384	396,337	10,251	224,046	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	3,393	302,126	33,547	305	6,660	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	4,411,956	489,895	5,597	122,336	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,533,900	121,974,970	11,823,186	263,881	4,679,076	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,941	327	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	2,212,904	245,716	0	0	190.01
190.02	19002	SHARED SERVICES	0	508,266	56,437	296	6,467	190.02
190.03	19003	MATERNAL HEALTH	0	279,298	31,013	1,010	22,077	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	433,240	48,106	464	10,144	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	967,296	107,407	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	114,119	12,672	11,464	250,575	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	208,237	23,122	646	14,127	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	122,583	13,611	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	63,957	7,102	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	556,187	61,758	0	0	194.09
194.10	07960	CCH ELKADER	0	337,903	37,520	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	25,674,013	2,850,723	2,128	46,509	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	1,010,166	112,167	1,292	28,238	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	396,945	44,076	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	191,535	21,268	0	0	194.15
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,533,900	155,054,560	15,496,211	281,181	5,057,213	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-47 BLDG					1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA					1.02
1.03	00103	CAP REL COSTS-ASBURY					1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES					1.06
1.07	00107	CAP REL COSTS-PARKING DECK					1.07
1.08	00108	CAP REL COSTS-97 BLDG					1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY					1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME					1.12
1.13	00113	CAP REL COSTS-CANCER CENTER					1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	CHILD CARE					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00580	PFS/COLLECTION					5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,178,466				8.00
9.00	00900	HOUSEKEEPING	44,805	2,135,954			9.00
10.00	01000	DIETARY	12,214	79,714	2,893,121		10.00
11.00	01100	CAFETERIA	0	44,845	66,623	288,191	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	32,764	0	13,856	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	71,884	0	4,747	14.00
15.00	01500	PHARMACY	370	23,432	0	11,244	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,022	0	8,945	16.00
17.00	01700	SOCIAL SERVICE	0	6,298	0	2,272	17.00
18.00	01850	CENTRAL STERILIZATION	0	22,007	0	3,460	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	316,603	508,785	2,116,842	82,319	30.00
31.00	03100	INTENSIVE CARE UNIT	24,214	77,352	88,778	10,151	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	13,589	43,013	128,320	2,448	41.00
43.00	04300	NURSERY	1,805	9,261	0	5,721	43.00
44.00	04400	SKILLED NURSING FACILITY	17,864	66,359	207,424	10,036	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	97,805	160,672	0	22,410	50.00
51.00	05100	RECOVERY ROOM	42,725	96,253	9,184	12,318	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,000	35,963	0	6,003	52.00
53.00	05300	ANESTHESIOLOGY	0	2,927	0	862	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,389	72,342	0	10,052	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	9,399	9,905	0	3,583	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,595	0	1,604	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	53,884	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	212	9,533	0	7,356	65.00
66.00	06600	PHYSICAL THERAPY	10,865	31,691	0	16,426	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	17,942	70,359	0	5,787	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
			8.00	9.00	10.00	11.00	12.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	6,182	17,320	0	1,443	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	31,168	0	1,813	0	76.00
76.01	03951	SHOCK THERAPY	0	0	7,300	270	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	44,308	0	1,462	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	158,804	0	1,378	0	90.00
91.00	09100	EMERGENCY	108,463	99,431	47,117	15,225	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	2,956	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	54,292	0	6,671	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	772,446	1,968,139	2,671,588	269,862	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	65,044	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	2,870	0	444	0	190.02
190.03	19003	MATERNAL HEALTH	829	9,798	0	977	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	221,533	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	4,502	0	1,207	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	111,204	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	340,043	6,269	0	796	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	201	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	104	20,640	0	12,796	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	12,532	0	1,908	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,178,466	2,135,954	2,893,121	288,191	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	3,647,200					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,465,020				14.00
15.00	01500	PHARMACY	0	8,373	3,219,727			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,124,629		16.00
17.00	01700	SOCIAL SERVICE	35,812	28	0	0	487,165	17.00
18.00	01850	CENTRAL STERILIZATION	54,525	1,359	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,297,376	9,192	47,846	272,116	412,355	30.00
31.00	03100	INTENSIVE CARE UNIT	159,986	3,706	10,220	29,584	9,056	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	38,573	119	0	15,229	6,356	41.00
43.00	04300	NURSERY	90,169	5,039	692	12,989	42,917	43.00
44.00	04400	SKILLED NURSING FACILITY	158,163	1,038	1,802	15,315	14,625	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	353,178	197,376	34,183	361,949	0	50.00
51.00	05100	RECOVERY ROOM	194,127	1,096	30,153	60,054	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	94,611	8,557	0	13,296	0	52.00
53.00	05300	ANESTHESIOLOGY	13,577	7,557	10,128	100,951	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	158,416	3,510	12,253	82,448	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	56,476	2	2	156,995	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	240	0	48,940	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	3	207,014	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,584	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,388	225	54,449	0	65.00
66.00	06600	PHYSICAL THERAPY	0	251	82	60,947	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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1/29/2021 9:35 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
69.00	06900	ELECTROCARDIOLOGY	91,201	4,531	11,162	148,005	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,081	22	9,914	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	469,946	0	72,090	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	724,314	0	67,842	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,027,300	173,387	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	28,581	0	0	2,542	0	76.00
76.01	03951	SHOCK THERAPY	4,248	194	327	1,589	0	76.01
76.97	07697	CARDIAC REHABILITATION	23,045	48	1	4,116	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	21,710	32	27	2,689	0	90.00
91.00	09100	EMERGENCY	239,944	4,035	32,475	143,050	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	10	814	2,005	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	246,435	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,360,153	1,464,022	3,219,717	2,124,089	485,309	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	252,620	533	9	0	1,856	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	15,404	204	0	540	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	19,023	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	261	1	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	0	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,647,200	1,465,020	3,219,727	2,124,629	487,165	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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1/29/2021 9:35 am

Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
			CENTRAL STERILIZATION			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			18.00			21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	CENTRAL STERILIZATION	936,448					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00	02300	PARAMED ED PRGM-	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,880	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	13,996	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	710,856	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	79	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,089	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	79	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	870	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,028	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	237	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
			CENTRAL STERILIZATION			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			18.00			21.00	22.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	41,038	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	949	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	21,903	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	29,731	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	850,735	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	1,581	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	84,132	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	0	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
		CENTRAL STERILIZATION			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
		18.00			21.00	22.00	
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	936,448	0	0	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

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Cost Center Description			PARAMED ED PRGM-	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-47 BLDG					1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA					1.02
1.03	00103	CAP REL COSTS-ASBURY					1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES					1.06
1.07	00107	CAP REL COSTS-PARKING DECK					1.07
1.08	00108	CAP REL COSTS-97 BLDG					1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY					1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME					1.12
1.13	00113	CAP REL COSTS-CANCER CENTER					1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	CHILD CARE					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00580	PFS/COLLECTION					5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	CENTRAL STERILIZATION					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	23,919,628	-838,315	23,081,313	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,226,556	0	3,226,556	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,086,746	0	1,086,746	41.00
43.00	04300	NURSERY	0	1,627,043	0	1,627,043	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,550,331	0	2,550,331	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	12,507,174	0	12,507,174	50.00
51.00	05100	RECOVERY ROOM	0	3,538,747	838,315	4,377,062	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,684,317	0	1,684,317	52.00
53.00	05300	ANESTHESIOLOGY	0	807,373	0	807,373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,477,195	0	4,477,195	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	1,407,742	0	1,407,742	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	595,111	0	595,111	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	9,325,228	0	9,325,228	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	563,775	0	563,775	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,060,672	0	2,060,672	65.00
66.00	06600	PHYSICAL THERAPY	0	4,064,382	0	4,064,382	66.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			PARAMED ED PRGM-	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
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	3,098,412	0	3,098,412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	495,720	0	495,720	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,561,429	0	6,561,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,988,396	0	9,988,396	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,300,171	0	10,300,171	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	377,508	0	377,508	76.00
76.01	03951	SHOCK THERAPY	0	66,743	0	66,743	76.01
76.97	07697	CARDIAC REHABILITATION	0	554,402	0	554,402	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,204,849	0	1,204,849	90.00
91.00	09100	EMERGENCY	0	4,911,661	0	4,911,661	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	348,423	0	348,423	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	5,366,913	0	5,366,913	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	116,716,647	0	116,716,647	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,268	0	3,268	190.00
190.01	19001	OAKCREST NURSING HOME	0	2,778,682	0	2,778,682	190.01
190.02	19002	SHARED SERVICES	0	574,780	0	574,780	190.02
190.03	19003	MATERNAL HEALTH	0	362,731	0	362,731	190.03
190.04	19004	CAFETERIA VISITORS	0	221,533	0	221,533	190.04
190.05	19005	TV SERVICE	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	516,686	0	516,686	190.06
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	1,074,965	0	1,074,965	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	500,034	0	500,034	194.03
194.04	07954	AUXILARY	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	677,372	0	677,372	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	136,194	0	136,194	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	194.07
194.08	07958	LIFELINE	0	71,260	0	71,260	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	617,945	0	617,945	194.09
194.10	07960	CCH ELKADER	0	375,423	0	375,423	194.10
194.11	07961	RETAIL PHARMACY	0	28,606,913	0	28,606,913	194.11
194.12	07962	IDLE SPACE	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	1,166,303	0	1,166,303	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	441,021	0	441,021	194.14

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			PARAMED ED PRGM-	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
194.15	07965	OTHER MANAGED HOSPITALS	0	212,803	0	212,803		194.15
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	155,054,560	0	155,054,560		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	30,397	5,495	0	0	4.00
4.01	00401	CHILD CARE	0	0	11,575	56,250	0	4.01
5.01	01160	COMMUNICATIONS	8,310	7,539	4,355	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	14,095	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	32,956	0	0	0	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	55,376	440,051	256,137	25,085	2,358	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,152	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,114	381,389	114,643	1,190	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,842	64,333	0	0	8.00
9.00	00900	HOUSEKEEPING	0	36,549	3,561	1,293	0	9.00
10.00	01000	DIETARY	246	138,090	0	0	0	10.00
11.00	01100	CAFETERIA	0	10,149	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	22,824	4,378	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,301	126,630	0	0	0	14.00
15.00	01500	PHARMACY	0	22,038	6,699	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,271	19,394	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	8,775	1,198	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	38,768	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74	556,241	167,609	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	136,262	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	823	0	39,126	0	0	41.00
43.00	04300	NURSERY	0	0	8,424	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	715	0	60,361	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,474	221,286	10,813	0	0	50.00
51.00	05100	RECOVERY ROOM	0	2,521	1,380	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	32,713	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	116,871	3,125	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	17,449	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,094	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	25,833	35,675	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	67,596	0	8,671	0	0	65.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS						
			Directly Assigned New Capital Related Costs	BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY		
0	1.00	1.01	1.02	1.03					
66.00	06600	PHYSICAL THERAPY	25,244	0	2,715	18,864	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	1,803	599	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	2,057	0	15,754	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	28,351	0	0	76.00	
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0	0	0	29,110	0	76.97	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	1,465	0	853	0	0	90.00	
91.00	09100	EMERGENCY	185	106,634	352	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00	09850	PURCHASED DIALYSIS SERVICES	0	5,207	0	0	0	98.00	
99.00	09900	CMHC	0	0	0	0	0	99.00	
99.10	09910	CORF	0	0	0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	2,888	9,153	20,136	0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	267,020	2,510,893	946,871	136,170	2,358	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
190.01	19001	OAKCREST NURSING HOME	95	0	0	0	0	190.01	
190.02	19002	SHARED SERVICES	0	0	2,012	428	0	190.02	
190.03	19003	MATERNAL HEALTH	0	0	0	6,437	0	190.03	
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04	
190.05	19005	TV SERVICE	0	0	0	0	0	190.05	
190.06	19006	FUND DEVELOPMENT	0	0	4,095	0	0	190.06	
191.00	19100	RESEARCH	0	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00	
193.01	19301	DAYCARE	0	0	0	0	0	193.01	
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05	
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06	
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00	
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01	
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02	
194.03	07953	RENTAL PROPERTIES DBQ	0	18,356	10,039	53,598	0	194.03	
194.04	07954	AUXILARY	0	0	0	0	0	194.04	
194.05	07955	COMMUNITY EDUCATION	0	0	5,703	0	0	194.05	
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06	
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07	
194.08	07958	LIFELINE	38,550	0	0	0	0	194.08	
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09	
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10	
194.11	07961	RETAIL PHARMACY	209,802	0	0	6,837	0	194.11	
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
			0	1.00	1.01	1.02	1.03	
194.13	07963	COMMUNITY RELATIONS	0	366	11,210	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	515,467	2,529,615	979,930	203,470	2,358	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS					
			MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00401	CHILD CARE	0	0	0	0	0	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	0	0	0	6,433	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	165,028	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	269,121	0	20,801	95,514	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	3,015	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	6,079	9.00
10.00	01000	DIETARY	0	0	0	0	1,823	10.00
11.00	01100	CAFETERIA	0	0	0	0	53,801	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,389	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	12,059	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	31,890	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	128,429	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	4,029	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,517	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

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Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS					
			MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	
			1.04	1.05	1.06	1.07	1.08	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	94,538	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	53,013	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	37,112	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	269,121	0	20,801	697,669	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	485	0	11,241	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	832	0	0	0	14,098	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS					
			MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	
			1.04	1.05	1.06	1.07	1.08	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	832	269,121	485	20,801	723,008	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS					
			BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	
			1.09	1.10	1.11	1.12	1.13	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00401	CHILD CARE	0	0	0	0	9,147	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	0	0	0	0	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	2,999	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	825	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	646	4,891	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS					
			BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	
			1.09	1.10	1.11	1.12	1.13	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	36,610	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	646	4,891	0	0	49,581	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	23,848	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	21,265	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description		CAPITAL RELATED COSTS					
		BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	
		1.09	1.10	1.11	1.12	1.13	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	646	4,891	21,265	23,848	49,581	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	
			2.00	2A	4.00	4.01	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,557	46,449	46,449			4.00
4.01	00401	CHILD CARE	8,628	85,600	852	86,452		4.01
5.01	01160	COMMUNICATIONS	4,743	24,947	262	0	25,209	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	1,295	15,390	238	821	83	5.02
5.03	00580	PFS/COLLECTION	9,830	49,219	599	607	496	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,169,195	3,116,229	1,395	353	3,554	5.06
6.00	00600	MAINTENANCE & REPAIRS	13,836	15,988	106	0	0	6.00
7.00	00700	OPERATION OF PLANT	8,125	892,897	866	757	827	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	54,344	129,534	379	0	83	8.00
9.00	00900	HOUSEKEEPING	12,229	59,711	924	0	138	9.00
10.00	01000	DIETARY	29,008	169,167	1,427	2,874	468	10.00
11.00	01100	CAFETERIA	0	63,950	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	47,537	76,128	1,946	10,322	344	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	31,571	199,502	340	2,253	83	14.00
15.00	01500	PHARMACY	249,220	278,782	1,978	6,222	344	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,296	32,961	978	1,887	1,281	16.00
17.00	01700	SOCIAL SERVICE	0	9,973	230	1,516	55	17.00
18.00	01850	CENTRAL STERILIZATION	121,951	160,719	244	3,137	41	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	303,876	1,039,859	9,079	17,925	6,364	30.00
31.00	03100	INTENSIVE CARE UNIT	54,925	191,187	1,306	1,459	579	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,684	48,633	318	0	606	41.00
43.00	04300	NURSERY	48,189	56,613	732	1,151	262	43.00
44.00	04400	SKILLED NURSING FACILITY	17,872	78,948	1,038	895	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,101,240	1,421,703	2,584	7,158	2,011	50.00
51.00	05100	RECOVERY ROOM	6,783	139,113	1,439	2,352	799	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,333	61,046	741	0	579	52.00
53.00	05300	ANESTHESIOLOGY	148,234	152,263	84	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	620,919	744,432	1,238	852	606	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	55,501	72,950	443	574	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,094	237	276	55	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	16,359	77,867	0	0	496	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,198	1,198	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	34,715	110,982	891	1,260	207	65.00
66.00	06600	PHYSICAL THERAPY	30,043	82,403	2,118	4,884	344	66.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	
			2.00	2A	4.00	4.01	5.01	
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	380,781	477,721	827	1,536	317	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,206	48,017	178	294	96	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	2,331	30,682	175	0	207	76.00
76.01	03951	SHOCK THERAPY	1,574	1,574	27	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,661	30,771	200	0	83	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	32,867	71,795	253	324	0	90.00
91.00	09100	EMERGENCY	54,539	214,723	1,807	3,195	1,019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	5,207	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	8,599	77,888	1,720	3,765	937	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,766,794	10,672,815	40,199	78,649	23,364	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	96	190.00
190.01	19001	OAKCREST NURSING HOME	12,439	36,382	1,276	0	0	190.01
190.02	19002	SHARED SERVICES	170	2,610	323	0	41	190.02
190.03	19003	MATERNAL HEALTH	10,900	17,337	124	0	83	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	1,319	5,414	200	507	96	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	655	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	93,719	0	0	14	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	5,703	116	1,020	220	194.05
194.06	07956	RURAL OUTREACH PROGRAM	490	490	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	38,550	17	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	48,334	301,168	3,283	4,326	1,295	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	437	12,013	256	1,950	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

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Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	
			MVBLE EQUIP					
			2.00	2A	4.00	4.01	5.01	
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,840,883	11,186,201	46,449	86,452	25,209	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PURCHASING RECEIVING AND STORES	PFS/COLLECTION	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.02	5.03	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	16,532					5.02
5.03	00580	PFS/COLLECTION	5	50,926				5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	357	0	3,121,888			5.06
6.00	00600	MAINTENANCE & REPAIRS	9	0	5,661	21,764		6.00
7.00	00700	OPERATION OF PLANT	258	0	100,821	3,855	1,000,281	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	178	0	20,057	617	34,481	8.00
9.00	00900	HOUSEKEEPING	99	0	40,631	248	13,837	9.00
10.00	01000	DIETARY	799	0	52,618	636	35,527	10.00
11.00	01100	CAFETERIA	0	0	1,431	358	19,987	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	12	0	70,941	261	14,603	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53	0	24,544	574	32,038	14.00
15.00	01500	PHARMACY	0	0	62,841	187	10,443	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	40,839	208	11,598	16.00
17.00	01700	SOCIAL SERVICE	0	0	8,616	50	2,807	17.00
18.00	01850	CENTRAL STERILIZATION	32	0	16,173	176	9,808	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	209	6,492	355,037	4,060	226,756	30.00
31.00	03100	INTENSIVE CARE UNIT	58	718	52,978	617	34,475	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	17	370	14,854	343	19,170	41.00
43.00	04300	NURSERY	50	304	28,644	74	4,128	43.00
44.00	04400	SKILLED NURSING FACILITY	8	373	38,282	530	29,575	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,016	8,496	205,172	1,282	71,609	50.00
51.00	05100	RECOVERY ROOM	28	1,432	57,706	768	42,899	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83	325	28,936	287	16,028	52.00
53.00	05300	ANESTHESIOLOGY	79	2,410	13,377	23	1,305	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55	1,956	78,891	577	32,242	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	3,760	23,113	79	4,415	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2	1,141	10,649	37	2,048	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	4,993	179,930	430	24,015	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	108	11,259	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	128	1,323	39,323	76	4,249	65.00
66.00	06600	PHYSICAL THERAPY	11	1,440	77,904	253	14,124	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PURCHASING RECEIVING AND STORES	PFS/COLLECTION	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.02	5.03	5.06	6.00	7.00	
69.00	06900	ELECTROCARDIOLOGY	73	3,567	51,193	561	31,358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16	239	8,416	138	7,719	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,579	1,762	121,196	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,063	1,658	185,160	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,237	142,943	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	4	61	4,831	249	13,891	76.00
76.01	03951	SHOCK THERAPY	3	38	1,063	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	4	99	7,591	354	19,748	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	6	50	13,007	1,267	70,777	90.00
91.00	09100	EMERGENCY	64	3,525	79,847	793	44,315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	49	6,759	24	1,317	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	98,695	433	24,197	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,360	50,926	2,381,929	20,425	925,489	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	66	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	128	0	49,503	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	11,370	23	1,279	190.02
190.03	19003	MATERNAL HEALTH	5	0	6,248	78	4,367	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	8	0	9,692	36	2,006	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	21,638	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	2,553	887	49,562	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	1	0	4,658	50	2,794	194.05
194.06	07956	RURAL OUTREACH PROGRAM	16	0	2,742	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	1,431	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	12,442	0	0	194.09
194.10	07960	CCH ELKADER	0	0	7,559	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	574,295	165	9,199	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	14	0	22,597	100	5,585	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	8,880	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	4,285	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	16,532	50,926	3,121,888	21,764	1,000,281	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
			8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	185,329					8.00
9.00	00900	HOUSEKEEPING	7,046	122,634				9.00
10.00	01000	DIETARY	1,921	4,577	270,014			10.00
11.00	01100	CAFETERIA	0	2,575	6,218	94,519		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,881	0	4,544	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,127	0	1,557	0	14.00
15.00	01500	PHARMACY	58	1,345	0	3,688	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,494	0	2,934	0	16.00
17.00	01700	SOCIAL SERVICE	0	362	0	745	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	1,264	0	1,135	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,790	29,210	197,564	26,998	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,808	4,441	8,286	3,329	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,137	2,470	11,976	803	0	41.00
43.00	04300	NURSERY	284	532	0	1,876	0	43.00
44.00	04400	SKILLED NURSING FACILITY	2,809	3,810	19,359	3,291	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,381	9,225	0	7,350	0	50.00
51.00	05100	RECOVERY ROOM	6,719	5,526	857	4,040	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	629	2,065	0	1,969	0	52.00
53.00	05300	ANESTHESIOLOGY	0	168	0	283	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,824	4,153	0	3,297	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,478	569	0	1,175	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	264	0	526	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,094	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	33	547	0	2,412	0	65.00
66.00	06600	PHYSICAL THERAPY	1,709	1,819	0	5,387	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	2,822	4,040	0	1,898	0	69.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
			8.00	9.00	10.00	11.00	12.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	972	994	0	473	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	1,789	0	595	0	76.00
76.01	03951	SHOCK THERAPY	0	0	681	88	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	2,544	0	480	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	9,118	0	452	0	90.00
91.00	09100	EMERGENCY	17,057	5,709	4,397	4,993	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	170	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	3,117	0	2,188	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	121,477	112,999	249,338	88,506	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	10,229	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	165	0	146	0	190.02
190.03	19003	MATERNAL HEALTH	130	563	0	321	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	20,676	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	258	0	396	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	6,385	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	53,477	360	0	261	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	66	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	16	1,185	0	4,197	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	719	0	626	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	185,329	122,634	270,014	94,519	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	180,982					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	265,071				14.00
15.00	01500	PHARMACY	0	1,515	367,403			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	94,182		16.00
17.00	01700	SOCIAL SERVICE	1,777	5	0	0	26,136	17.00
18.00	01850	CENTRAL STERILIZATION	2,706	246	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,378	1,663	5,460	12,076	22,122	30.00
31.00	03100	INTENSIVE CARE UNIT	7,939	670	1,166	1,313	486	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,914	22	0	676	341	41.00
43.00	04300	NURSERY	4,474	912	79	576	2,302	43.00
44.00	04400	SKILLED NURSING FACILITY	7,848	188	206	680	785	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,525	35,712	3,901	15,957	0	50.00
51.00	05100	RECOVERY ROOM	9,633	198	3,441	2,665	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,695	1,548	0	590	0	52.00
53.00	05300	ANESTHESIOLOGY	674	1,367	1,156	4,480	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,861	635	1,398	3,659	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	2,802	0	0	6,967	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	43	0	2,172	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	9,187	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	203	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,241	26	2,416	0	65.00
66.00	06600	PHYSICAL THERAPY	0	45	9	2,705	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
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To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
69.00	06900	ELECTROCARDIOLOGY	4,526	820	1,274	6,568	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	196	2	440	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	85,029	0	3,199	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	131,053	0	3,011	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	345,445	7,695	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	1,418	0	0	113	0	76.00
76.01	03951	SHOCK THERAPY	211	35	37	71	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,144	9	0	183	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,077	6	3	119	0	90.00
91.00	09100	EMERGENCY	11,907	730	3,706	6,348	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	2	93	89	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	12,229	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	166,738	264,890	367,402	94,158	26,036	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	12,536	97	1	0	100	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	764	37	0	24	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	944	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	47	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	0	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	180,982	265,071	367,403	94,182	26,136	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
			CENTRAL STERILIZATION			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			18.00			21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	CENTRAL STERILIZATION	195,681					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00	02300	PARAMED ED PRGM-	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,990					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	2,925					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
45.00	04500	NURSING FACILITY	0					45.00
46.00	04600	OTHER LONG TERM CARE	0					46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	148,540					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	17					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,272					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
57.00	05700	CT SCAN	17					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0					59.00
60.00	06000	LABORATORY	182					60.00
60.01	06001	BLOOD LABORATORY	0					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0					64.00
65.00	06500	RESPIRATORY THERAPY	215					65.00
66.00	06600	PHYSICAL THERAPY	50					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

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Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
			CENTRAL STERILIZATION			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			18.00			21.00	22.00	
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	8,575					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0					75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0					76.00
76.01	03951	SHOCK THERAPY	0					76.01
76.97	07697	CARDIAC REHABILITATION	0					76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0					77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90.00	09000	CLINIC	0					90.00
91.00	09100	EMERGENCY	4,577					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0					94.00
95.00	09500	AMBULANCE SERVICES	0					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0					96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0					97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0					98.00
99.00	09900	CMHC	0					99.00
99.10	09910	CORF	0					99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0					100.00
101.00	10100	HOME HEALTH AGENCY	6,213					101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0					110.00
111.00	11100	ISLET ACQUISITION	0					111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0					115.00
116.00	11600	HOSPICE	0					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	177,771	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01	19001	OAKCREST NURSING HOME	0					190.01
190.02	19002	SHARED SERVICES	0					190.02
190.03	19003	MATERNAL HEALTH	330					190.03
190.04	19004	CAFETERIA VISITORS	0					190.04
190.05	19005	TV SERVICE	0					190.05
190.06	19006	FUND DEVELOPMENT	0					190.06
191.00	19100	RESEARCH	0					191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0					192.00
193.00	19300	NONPAID WORKERS	0					193.00
193.01	19301	DAYCARE	0					193.01
193.05	19305	PHYSICIAN BILLING	0					193.05
193.06	19306	PHYSICIAN OFFICES	0					193.06
194.00	07950	GUEST MEALS	0					194.00
194.01	07951	KENNEDY LIVING CENTER	0					194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0					194.02
194.03	07953	RENTAL PROPERTIES DBQ	0					194.03
194.04	07954	AUXILARY	0					194.04
194.05	07955	COMMUNITY EDUCATION	17,580					194.05
194.06	07956	RURAL OUTREACH PROGRAM	0					194.06
194.07	07957	OTHER REV DEDUCTIONS	0					194.07
194.08	07958	LIFELINE	0					194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0					194.09
194.10	07960	CCH ELKADER	0					194.10
194.11	07961	RETAIL PHARMACY	0					194.11
194.12	07962	IDLE SPACE	0					194.12
194.13	07963	COMMUNITY RELATIONS	0					194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0					194.14
194.15	07965	OTHER MANAGED HOSPITALS	0					194.15
200.00		Cross Foot Adjustments		0	0	0	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

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

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Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
		CENTRAL STERILIZATION			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
		18.00			21.00	22.00	
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	195,681	0	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			PARAMED ED PRGM-	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-47 BLDG					1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA					1.02
1.03	00103	CAP REL COSTS-ASBURY					1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES					1.06
1.07	00107	CAP REL COSTS-PARKING DECK					1.07
1.08	00108	CAP REL COSTS-97 BLDG					1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY					1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME					1.12
1.13	00113	CAP REL COSTS-CANCER CENTER					1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	CHILD CARE					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00580	PFS/COLLECTION					5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	CENTRAL STERILIZATION					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		2,080,032	0	2,080,032	30.00
31.00	03100	INTENSIVE CARE UNIT		314,815	0	314,815	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF		104,650	0	104,650	41.00
43.00	04300	NURSERY		105,918	0	105,918	43.00
44.00	04400	SKILLED NURSING FACILITY		188,625	0	188,625	44.00
45.00	04500	NURSING FACILITY		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		1,975,622	0	1,975,622	50.00
51.00	05100	RECOVERY ROOM		279,615	0	279,615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		119,521	0	119,521	52.00
53.00	05300	ANESTHESIOLOGY		177,686	0	177,686	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		889,948	0	889,948	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	56.00
57.00	05700	CT SCAN		118,342	0	118,342	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		25,544	0	25,544	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000	LABORATORY		300,194	0	300,194	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		12,768	0	12,768	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		166,329	0	166,329	65.00
66.00	06600	PHYSICAL THERAPY		195,205	0	195,205	66.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
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Cost Center Description			PARAMED ED PRGM-	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		597,676	0	597,676	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		68,388	0	68,388	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		215,765	0	215,765	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		327,945	0	327,945	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		500,320	0	500,320	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING		54,015	0	54,015	76.00
76.01	03951	SHOCK THERAPY		3,828	0	3,828	76.01
76.97	07697	CARDIAC REHABILITATION		63,210	0	63,210	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		168,254	0	168,254	90.00
91.00	09100	EMERGENCY		408,712	0	408,712	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES		13,710	0	13,710	98.00
99.00	09900	CMHC		0	0	0	99.00
99.10	09910	CORF		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY		231,382	0	231,382	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		0	0	0	105.00
106.00	10600	HEART ACQUISITION		0	0	0	106.00
107.00	10700	LIVER ACQUISITION		0	0	0	107.00
108.00	10800	LUNG ACQUISITION		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	11600	HOSPICE		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	9,708,019	0	9,708,019	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		162	0	162	190.00
190.01	19001	OAKCREST NURSING HOME		110,252	0	110,252	190.01
190.02	19002	SHARED SERVICES		15,957	0	15,957	190.02
190.03	19003	MATERNAL HEALTH		30,411	0	30,411	190.03
190.04	19004	CAFETERIA VISITORS		20,676	0	20,676	190.04
190.05	19005	TV SERVICE		0	0	0	190.05
190.06	19006	FUND DEVELOPMENT		19,557	0	19,557	190.06
191.00	19100	RESEARCH		0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
193.01	19301	DAYCARE		0	0	0	193.01
193.05	19305	PHYSICIAN BILLING		0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES		0	0	0	193.06
194.00	07950	GUEST MEALS		0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER		22,340	0	22,340	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM		0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ		153,120	0	153,120	194.03
194.04	07954	AUXILARY		0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION		86,240	0	86,240	194.05
194.06	07956	RURAL OUTREACH PROGRAM		3,248	0	3,248	194.06
194.07	07957	OTHER REV DEDUCTIONS		0	0	0	194.07
194.08	07958	LIFELINE		40,064	0	40,064	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER		12,442	0	12,442	194.09
194.10	07960	CCH ELKADER		7,559	0	7,559	194.10
194.11	07961	RETAIL PHARMACY		899,129	0	899,129	194.11
194.12	07962	IDLE SPACE		0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS		43,860	0	43,860	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL		8,880	0	8,880	194.14

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			PARAMED ED PRGM-	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
194.15	07965	OTHER MANAGED HOSPITALS		4,285	0	4,285		194.15
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	11,186,201	0	11,186,201		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	47 BLDG (SQUARE FEET)	PROF ARTS PLAZA (SQUARE FEET)	ASBURY (SQUARE FEET)	MED ARTS BLDG (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	200,644					1.00
1.01	00101	CAP REL COSTS-47 BLDG	0	150,525				1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA	0	0	43,273			1.02
1.03	00103	CAP REL COSTS-ASBURY	0	0	0	5,062		1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG	0	0	0	0	1,787	1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-PARKING DECK	0	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-97 BLDG	0	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	0	0	1.12
1.13	00113	CAP REL COSTS-CANCER CENTER	0	0	0	0	0	1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,411	844	0	0	0	4.00
4.01	00401	CHILD CARE	0	1,778	11,963	0	0	4.01
5.01	01160	COMMUNICATIONS	598	669	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	1,118	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	2,614	0	0	0	0	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	34,904	39,345	5,335	5,062	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	30,251	17,610	253	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	622	9,882	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,899	547	275	0	0	9.00
10.00	01000	DIETARY	10,953	0	0	0	0	10.00
11.00	01100	CAFETERIA	805	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,506	931	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,044	0	0	0	0	14.00
15.00	01500	PHARMACY	1,748	1,029	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	656	2,979	0	656	0	16.00
17.00	01700	SOCIAL SERVICE	696	184	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	3,075	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,120	25,746	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,808	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	6,010	0	0	0	41.00
43.00	04300	NURSERY	0	1,294	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	9,272	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,552	1,661	0	0	0	50.00
51.00	05100	RECOVERY ROOM	200	212	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,025	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,270	480	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,384	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	642	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,049	5,480	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,332	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	417	4,012	0	0	66.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	47 BLDG (SQUARE FEET)	PROF ARTS PLAZA (SQUARE FEET)	ASBURY (SQUARE FEET)	MED ARTS BLDG (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
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	143	92	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,420	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	4,355	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	6,191	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	131	0	0	0	90.00
91.00	09100	EMERGENCY	8,458	54	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	413	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	726	3,093	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	199,159	145,447	28,960	5,062	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	309	91	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	1,369	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	629	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	1,456	1,542	11,399	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	876	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	1,454	0	1,787	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	29	1,722	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	47 BLDG (SQUARE FEET)	PROF ARTS PLAZA (SQUARE FEET)	ASBURY (SQUARE FEET)	MED ARTS BLDG (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,529,615	979,930	203,470	2,358	832	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.607479	6.510081	4.702008	0.465824	0.465585	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS					
			ENERGY CENTER (SQUARE FEET)	RENTAL PROPERTIES (SQUARE FEET)	PARKING DECK (SQUARE FEET)	97 BLDG (SQUARE FEET)	BELLEVUE CLINIC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER	9,690					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES	0	1,042				1.06
1.07	00107	CAP REL COSTS-PARKING DECK	0	0	1,000			1.07
1.08	00108	CAP REL COSTS-97 BLDG	0	0	0	73,388		1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	1,180	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	0	0	1.12
1.13	00113	CAP REL COSTS-CANCER CENTER	0	0	0	0	0	1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00401	CHILD CARE	0	0	0	0	0	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	0	0	653	0	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	16,751	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	9,690	0	1,000	9,695	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	306	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	617	0	9.00
10.00	01000	DIETARY	0	0	0	185	0	10.00
11.00	01100	CAFETERIA	0	0	0	5,461	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	141	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,224	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	3,237	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,036	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	409	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	357	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,180	66.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS					
			ENERGY CENTER (SQUARE FEET)	RENTAL PROPERTIES (SQUARE FEET)	PARKING DECK (SQUARE FEET)	97 BLDG (SQUARE FEET)	BELLEVUE CLINIC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
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	9,596	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	5,381	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	3,767	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,690	0	1,000	70,816	1,180	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	1,042	0	1,141	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	0	1,431	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS					
			ENERGY CENTER (SQUARE FEET)	RENTAL PROPERTIES (SQUARE FEET)	PARKING DECK (SQUARE FEET)	97 BLDG (SQUARE FEET)	BELLEVUE CLINIC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	269,121	485	20,801	723,008	646	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.773065	0.465451	20.801000	9.851856	0.547458	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS					
			CASCADE CLINIC (SQUARE FEET)	RETAIL PHARMACY (SQUARE FEET)	OAKCREST NURSING HOME (SQUARE FEET)	CANCER CENTER (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.10	1.11	1.12	1.13	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	2,778					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	0	19,049				1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	0	0	12,563			1.12
1.13	00113	CAP REL COSTS-CANCER CENTER	0	0	0	29,873		1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP					5,837,177	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	10,550	4.00
4.01	00401	CHILD CARE	0	0	0	5,511	8,623	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	4,740	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	1,294	5.02
5.03	00580	PFS/COLLECTION	0	0	0	0	9,824	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	1,807	2,167,817	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	13,827	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	8,120	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	54,310	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	12,221	9.00
10.00	01000	DIETARY	0	0	0	0	28,990	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	47,507	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	31,551	14.00
15.00	01500	PHARMACY	0	0	0	497	249,062	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	5,293	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	121,874	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	303,683	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	54,890	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	8,678	41.00
43.00	04300	NURSERY	0	0	0	0	48,158	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	17,861	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	1,100,541	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	6,779	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	28,315	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	148,140	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	620,525	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	55,466	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	16,349	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,197	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	34,693	65.00
66.00	06600	PHYSICAL THERAPY	2,778	0	0	0	30,024	66.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			CAPITAL RELATED COSTS					
			CASCADE CLINIC (SQUARE FEET)	RETAIL PHARMACY (SQUARE FEET)	OAKCREST NURSING HOME (SQUARE FEET)	CANCER CENTER (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.10	1.11	1.12	1.13	2.00	
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	380,539	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	30,187	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	2,330	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	1,573	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,660	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	22,058	32,846	90.00
91.00	09100	EMERGENCY	0	0	0	0	54,504	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	8,594	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,778	0	0	29,873	5,763,135	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	12,563	0	12,431	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	170	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	10,893	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	1,318	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	490	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	19,049	0	0	48,303	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	437	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CAPITAL RELATED COSTS					
			CASCADE CLINIC (SQUARE FEET)	RETAIL PHARMACY (SQUARE FEET)	OAKCREST NURSING HOME (SQUARE FEET)	CANCER CENTER (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.10	1.11	1.12	1.13	2.00	
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,891	21,265	23,848	49,581	5,840,883	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.760619	1.116332	1.898273	1.659726	1.000635	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (PAYROLL DEDUCTIONS)	COMMUNICATIONS (DUBUQUE PHONES)	PURCHASING RECEIVING AND STORES (PURCHASING REQUISITIONS)	PFS/COLLECTION (GROSS REVENUE)	
			4.00	4.01	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	51,993,499					4.00
4.01	00401	CHILD CARE	954,158	553,489				4.01
5.01	01160	COMMUNICATIONS	293,098	0	1,830			5.01
5.02	00560	PURCHASING RECEIVING AND STORES	266,963	5,257	6	18,363,066		5.02
5.03	00580	PFS/COLLECTION	670,515	3,887	36	5,927	408,253,693	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	1,562,387	2,263	258	396,629	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	118,530	0	0	10,208	0	6.00
7.00	00700	OPERATION OF PLANT	970,245	4,844	60	286,874	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	423,970	0	6	197,303	0	8.00
9.00	00900	HOUSEKEEPING	1,034,474	0	10	110,357	0	9.00
10.00	01000	DIETARY	1,597,535	18,403	34	887,691	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,178,761	66,087	25	12,896	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	381,164	14,426	6	58,856	0	14.00
15.00	01500	PHARMACY	2,215,229	39,832	25	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,095,384	12,079	93	2,567	0	16.00
17.00	01700	SOCIAL SERVICE	257,241	9,707	4	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	273,479	20,083	3	35,507	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,146,386	114,755	462	232,035	51,934,340	30.00
31.00	03100	INTENSIVE CARE UNIT	1,461,972	9,342	42	64,954	5,744,148	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	356,429	0	44	18,608	2,959,714	41.00
43.00	04300	NURSERY	819,649	7,367	19	55,604	2,430,676	43.00
44.00	04400	SKILLED NURSING FACILITY	1,161,906	5,727	0	9,024	2,983,669	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,893,280	45,829	146	2,239,642	68,815,258	50.00
51.00	05100	RECOVERY ROOM	1,611,491	15,058	58	30,749	11,453,097	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	830,280	0	42	92,631	2,599,260	52.00
53.00	05300	ANESTHESIOLOGY	93,943	0	0	87,395	19,278,972	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,386,201	5,453	44	60,784	15,646,944	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	495,578	3,677	0	309	30,076,849	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	265,850	1,764	4	2,596	9,129,800	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	36	0	39,946,433	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	867,677	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	998,068	8,064	15	142,333	10,580,609	65.00
66.00	06600	PHYSICAL THERAPY	2,372,294	31,270	25	11,795	11,522,219	66.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (PAYROLL DEDUCTIONS)	COMMUNICATIONS (DUBUQUE PHONES)	PURCHASING RECEIVING AND STORES (PURCHASING REQUISITIONS)	PFS/COLLECTION (GROSS REVENUE)	
			4.00	4.01	5.01	5.02	5.03	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	926,619	9,835	23	81,324	28,538,453	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	199,591	1,883	7	18,306	1,911,491	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,087,320	14,093,834	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,841,005	13,263,395	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	33,897,829	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	196,166	0	15	4,042	490,435	76.00
76.01	03951	SHOCK THERAPY	29,873	0	0	3,647	306,858	76.01
76.97	07697	CARDIAC REHABILITATION	223,563	0	6	4,829	791,837	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	282,790	2,076	0	6,973	401,239	90.00
91.00	09100	EMERGENCY	2,023,419	20,452	74	71,316	28,196,651	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	337	392,006	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,926,539	24,106	68	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,995,020	503,526	1,696	18,172,373	408,253,693	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	7	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	1,428,544	0	0	141,752	0	190.01
190.02	19002	SHARED SERVICES	361,667	0	3	334	0	190.02
190.03	19003	MATERNAL HEALTH	138,962	0	6	5,151	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	224,224	3,248	7	9,279	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	733,441	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	1	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	129,542	6,531	16	779	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	18,216	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	19,066	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	3,676,637	27,699	94	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	286,396	12,485	0	15,182	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (PAYROLL DEDUCTIONS)	COMMUNICATIONS (DUBUQUE PHONES)	PURCHASING RECEIVING AND STORES (PURCHASING REQUISITIONS)	PFS/COLLECTION (GROSS REVENUE)	
		4.00	4.01	5.01	5.02	5.03	
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	194.15
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,537,154	334,026	768,860	752,573	3,533,900
203.00		Unit cost multiplier (Wkst. B, Part I)	0.260362	0.603492	420.142077	0.040983	0.008656
204.00		Cost to be allocated (per Wkst. B, Part II)	46,449	86,452	25,209	16,532	50,926
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000893	0.156195	13.775410	0.000900	0.000125
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

Period:
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To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5A.06	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-47 BLDG					1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA					1.02
1.03	00103	CAP REL COSTS-ASBURY					1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES					1.06
1.07	00107	CAP REL COSTS-PARKING DECK					1.07
1.08	00108	CAP REL COSTS-97 BLDG					1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY					1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME					1.12
1.13	00113	CAP REL COSTS-CANCER CENTER					1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	CHILD CARE					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00580	PFS/COLLECTION					5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-15,496,211	139,558,349			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	253,080	381,094		6.00
7.00	00700	OPERATION OF PLANT	0	4,506,966	67,499	313,595	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	896,605	10,810	10,810	1,096,458
9.00	00900	HOUSEKEEPING	0	1,816,311	4,338	4,338	41,687
10.00	01000	DIETARY	0	2,352,176	11,138	11,138	11,364
11.00	01100	CAFETERIA	0	63,950	6,266	6,266	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	3,171,246	4,578	4,578	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,097,175	10,044	10,044	0
15.00	01500	PHARMACY	0	2,809,169	3,274	3,274	344
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,825,629	3,636	3,636	0
17.00	01700	SOCIAL SERVICE	0	385,149	880	880	0
18.00	01850	CENTRAL STERILIZATION	0	722,963	3,075	3,075	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	15,871,127	71,090	71,090	294,571
31.00	03100	INTENSIVE CARE UNIT	0	2,368,271	10,808	10,808	22,529
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	664,013	6,010	6,010	12,643
43.00	04300	NURSERY	0	1,280,452	1,294	1,294	1,679
44.00	04400	SKILLED NURSING FACILITY	0	1,711,317	9,272	9,272	16,621
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	9,171,729	22,450	22,450	90,999
51.00	05100	RECOVERY ROOM	0	2,579,595	13,449	13,449	39,752
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,293,514	5,025	5,025	3,722
53.00	05300	ANESTHESIOLOGY	0	597,994	409	409	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,526,640	10,108	10,108	40,370
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	1,033,233	1,384	1,384	8,745
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	476,046	642	642	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	8,043,366	7,529	7,529	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	503,305	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,757,831	1,332	1,332	197
66.00	06600	PHYSICAL THERAPY	0	3,482,516	4,428	4,428	10,109
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5A.06	5.06	6.00	7.00	8.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,288,484	9,831	9,831	16,693	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	376,222	2,420	2,420	5,752	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,417,810	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,277,161	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,389,956	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	215,978	4,355	4,355	0	76.00
76.01	03951	SHOCK THERAPY	0	47,537	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	339,335	6,191	6,191	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	581,442	22,189	22,189	0	90.00
91.00	09100	EMERGENCY	0	3,569,384	13,893	13,893	100,915	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	302,126	413	413	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	4,411,956	7,586	7,586	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-15,496,211	106,478,759	357,646	290,147	718,692	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,941	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	2,212,904	0	0	60,518	190.01
190.02	19002	SHARED SERVICES	0	508,266	401	401	0	190.02
190.03	19003	MATERNAL HEALTH	0	279,298	1,369	1,369	771	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	433,240	629	629	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	967,296	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	114,119	15,538	15,538	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	208,237	876	876	316,380	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	122,583	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	63,957	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	556,187	0	0	0	194.09
194.10	07960	CCH ELKADER	0	337,903	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	25,674,013	2,884	2,884	97	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	1,010,166	1,751	1,751	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	396,945	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	191,535	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5A.06	5.06	6.00	7.00	8.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		15,496,211	281,181	5,057,213	1,178,466	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.111038	0.737826	16.126574	1.074794	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		3,121,888	21,764	1,000,281	185,329	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.022370	0.057109	3.189722	0.169025	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-47 BLDG					1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA					1.02
1.03	00103	CAP REL COSTS-ASBURY					1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES					1.06
1.07	00107	CAP REL COSTS-PARKING DECK					1.07
1.08	00108	CAP REL COSTS-97 BLDG					1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY					1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME					1.12
1.13	00113	CAP REL COSTS-CANCER CENTER					1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	CHILD CARE					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00580	PFS/COLLECTION					5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	298,447				9.00
10.00	01000	DIETARY	11,138	147,429			10.00
11.00	01100	CAFETERIA	6,266	3,395	1,350,453		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,578	0	64,929	1,084,429	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,044	0	22,245	0	14.00
15.00	01500	PHARMACY	3,274	0	52,690	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,636	0	41,917	0	16.00
17.00	01700	SOCIAL SERVICE	880	0	10,648	10,648	17.00
18.00	01850	CENTRAL STERILIZATION	3,075	0	16,212	16,212	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	71,090	107,871	385,752	385,752	30.00
31.00	03100	INTENSIVE CARE UNIT	10,808	4,524	47,569	47,569	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,010	6,539	11,469	11,469	41.00
43.00	04300	NURSERY	1,294	0	26,810	26,810	43.00
44.00	04400	SKILLED NURSING FACILITY	9,272	10,570	47,027	47,027	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,450	0	105,011	105,011	50.00
51.00	05100	RECOVERY ROOM	13,449	468	57,720	57,720	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,025	0	28,131	28,131	52.00
53.00	05300	ANESTHESIOLOGY	409	0	4,037	4,037	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,108	0	47,102	47,102	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	1,384	0	16,792	16,792	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	642	0	7,515	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	7,529	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,332	0	34,468	0	65.00
66.00	06600	PHYSICAL THERAPY	4,428	0	76,974	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
			9.00	10.00	11.00	12.00	13.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,831	0	27,117	0	27,117	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,420	0	6,760	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	4,355	0	8,498	0	8,498	76.00
76.01	03951	SHOCK THERAPY	0	372	1,263	0	1,263	76.01
76.97	07697	CARDIAC REHABILITATION	6,191	0	6,852	0	6,852	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	22,189	0	6,455	0	6,455	90.00
91.00	09100	EMERGENCY	13,893	2,401	71,343	0	71,343	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	413	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	7,586	0	31,259	0	73,273	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	274,999	136,140	1,264,565	0	999,081	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	75,112	190.01
190.02	19002	SHARED SERVICES	401	0	2,080	0	0	190.02
190.03	19003	MATERNAL HEALTH	1,369	0	4,580	0	4,580	190.03
190.04	19004	CAFETERIA VISITORS	0	11,289	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	629	0	5,656	0	5,656	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	15,538	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	876	0	3,729	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	944	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	2,884	0	59,960	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	1,751	0	8,939	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		9.00	10.00	11.00	12.00	13.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,135,954	2,893,121	288,191	0	3,647,200	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.156896	19.623826	0.213403	0.000000	3.363245	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	122,634	270,014	94,519	0	180,982	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.410907	1.831485	0.069991	0.000000	0.166892	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	OTHER GENERAL SERVICE CENTRAL STERILIZATION (HOURS)	
			14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,859,363					14.00
15.00	01500	PHARMACY	90,640	6,484,054				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	415,368,205			16.00
17.00	01700	SOCIAL SERVICE	303	0	0	8,661		17.00
18.00	01850	CENTRAL STERILIZATION	14,712	0	0	0	11,843	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	99,502	96,354	53,199,706	7,331	302	30.00
31.00	03100	INTENSIVE CARE UNIT	40,115	20,582	5,783,820	161	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,290	0	2,977,224	113	0	41.00
43.00	04300	NURSERY	54,552	1,393	2,539,373	763	177	43.00
44.00	04400	SKILLED NURSING FACILITY	11,233	3,629	2,994,169	260	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,136,657	68,840	70,757,996	0	8,990	50.00
51.00	05100	RECOVERY ROOM	11,860	60,723	11,740,820	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	92,631	0	2,599,442	0	0	52.00
53.00	05300	ANESTHESIOLOGY	81,807	20,396	19,736,226	0	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,992	24,675	16,118,815	0	77	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	25	4	30,692,964	0	1	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,596	0	9,567,867	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	7	40,471,916	0	11	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	896,245	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	OTHER GENERAL SERVICE CENTRAL STERILIZATION (HOURS)	
			14.00	15.00	16.00	17.00	18.00	
65.00	06500	RESPIRATORY THERAPY	134,101	454	10,645,063	0	13	65.00
66.00	06600	PHYSICAL THERAPY	2,713	165	11,915,306	0	3	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	49,054	22,478	28,935,482	0	519	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,702	44	1,938,246	0	12	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,087,320	0	14,093,834	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,841,005	0	13,263,395	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,096,536	33,897,829	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	1	0	497,063	0	0	76.00
76.01	03951	SHOCK THERAPY	2,103	659	310,713	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	517	3	804,722	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	350	54	525,755	0	0	90.00
91.00	09100	EMERGENCY	43,678	65,399	27,966,685	0	277	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	103	1,639	392,006	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	376	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,848,562	6,484,034	415,262,682	8,628	10,759	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	5,774	18	0	33	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	2,203	0	105,523	0	20	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	2,824	2	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	1,064	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	OTHER GENERAL SERVICE CENTRAL STERILIZATION (HOURS)	
			14.00	15.00	16.00	17.00	18.00	
194.11	07961	RETAIL PHARMACY	0	0	0	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,465,020	3,219,727	2,124,629	487,165	936,448	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.092376	0.496561	0.005115	56.248124	79.071857	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	265,071	367,403	94,182	26,136	195,681	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.016714	0.056663	0.000227	3.017665	16.522925	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM- (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
					19.00	20.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	CENTRAL STERILIZATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00	02300	PARAMED ED PRGM-					0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM- (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
					21.00	22.00		
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	0	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM- (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
					21.00	22.00		
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0				206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00		
				3.00	4.00	
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00		ADULTS & PEDS TO SAME DAY SURGERY		1 30.00	- 838,315	7.00
8.00		SAME DAY SURGERY		1 51.00	838,315	8.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 9:35 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	23,081,313		23,081,313	57,672	23,138,985
31.00	03100	INTENSIVE CARE UNIT	3,226,556		3,226,556	0	3,226,556
32.00	03200	CORONARY CARE UNIT	0		0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	1,086,746		1,086,746	2,402	1,089,148
43.00	04300	NURSERY	1,627,043		1,627,043	0	1,627,043
44.00	04400	SKILLED NURSING FACILITY	2,550,331		2,550,331	0	2,550,331
45.00	04500	NURSING FACILITY	0		0	0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,507,174		12,507,174	0	12,507,174
51.00	05100	RECOVERY ROOM	4,377,062		4,377,062	0	4,377,062
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,684,317		1,684,317	0	1,684,317
53.00	05300	ANESTHESIOLOGY	807,373		807,373	0	807,373
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,477,195		4,477,195	5,508	4,482,703
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0
56.00	05600	RADIOISOTOPE	0		0	0	0
57.00	05700	CT SCAN	1,407,742		1,407,742	0	1,407,742
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	595,111		595,111	0	595,111
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000	LABORATORY	9,325,228		9,325,228	0	9,325,228
60.01	06001	BLOOD LABORATORY	0		0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	563,775		563,775	0	563,775
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	2,060,672	0	2,060,672	3,817	2,064,489
66.00	06600	PHYSICAL THERAPY	4,064,382	0	4,064,382	0	4,064,382
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,098,412		3,098,412	0	3,098,412
70.00	07000	ELECTROENCEPHALOGRAPHY	495,720		495,720	0	495,720
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,561,429		6,561,429	0	6,561,429
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,988,396		9,988,396	0	9,988,396
73.00	07300	DRUGS CHARGED TO PATIENTS	10,300,171		10,300,171	0	10,300,171
74.00	07400	RENAL DIALYSIS	0		0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
76.00	03950	BEHAVIORAL HEALTH COUNSELING	377,508		377,508	0	377,508
76.01	03951	SHOCK THERAPY	66,743		66,743	0	66,743
76.97	07697	CARDIAC REHABILITATION	554,402		554,402	0	554,402
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	1,204,849		1,204,849	22,459	1,227,308
91.00	09100	EMERGENCY	4,911,661		4,911,661	47,575	4,959,236
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	907,460		907,460	0	907,460
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0
95.00	09500	AMBULANCE SERVICES	0		0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0
98.00	09850	PURCHASED DIALYSIS SERVICES	348,423		348,423	0	348,423
99.00	09900	CMHC	0		0	0	0
99.10	09910	CORF	0		0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	5,366,913		5,366,913	0	5,366,913
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0		0	0	0
106.00	10600	HEART ACQUISITION	0		0	0	0
107.00	10700	LIVER ACQUISITION	0		0	0	0
108.00	10800	LUNG ACQUISITION	0		0	0	0
109.00	10900	PANCREAS ACQUISITION	0		0	0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0
111.00	11100	ISLET ACQUISITION	0		0	0	0
113.00	11300	INTEREST EXPENSE	0		0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 9:35 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	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0		0	115.00
116.00	11600	HOSPICE	0		0		0		0	116.00
200.00		Subtotal (see instructions)	117,624,107	0	117,624,107		139,433		117,763,540	200.00
201.00		Less Observation Beds	907,460		907,460				907,460	201.00
202.00		Total (see instructions)	116,716,647	0	116,716,647		139,433		116,856,080	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 9:35 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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	51,934,340		51,934,340		30.00
31.00	03100	INTENSIVE CARE UNIT	5,744,148		5,744,148		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	2,959,714		2,959,714		41.00
43.00	04300	NURSERY	2,430,676		2,430,676		43.00
44.00	04400	SKILLED NURSING FACILITY	2,983,669		2,983,669		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,043,000	39,772,258	68,815,258	0.181750	50.00
51.00	05100	RECOVERY ROOM	3,370,649	8,082,448	11,453,097	0.382173	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,599,260	0	2,599,260	0.647999	52.00
53.00	05300	ANESTHESIOLOGY	9,121,275	10,157,697	19,278,972	0.041878	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,812,878	10,834,066	15,646,944	0.286139	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	9,852,033	20,224,816	30,076,849	0.046805	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,256,456	6,873,344	9,129,800	0.065183	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	23,198,316	16,748,117	39,946,433	0.233443	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	576,954	290,723	867,677	0.649752	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	9,477,217	1,103,392	10,580,609	0.194759	65.00
66.00	06600	PHYSICAL THERAPY	6,361,166	5,161,053	11,522,219	0.352743	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,080,235	16,458,218	28,538,453	0.108570	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	397,562	1,513,929	1,911,491	0.259337	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,474,115	6,619,719	14,093,834	0.465553	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,827,806	5,435,589	13,263,395	0.753080	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,850,311	14,047,518	33,897,829	0.303859	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	479	489,956	490,435	0.769741	76.00
76.01	03951	SHOCK THERAPY	70,932	235,926	306,858	0.217505	76.01
76.97	07697	CARDIAC REHABILITATION	2,953	788,884	791,837	0.700147	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	28,723	372,516	401,239	3.002821	90.00
91.00	09100	EMERGENCY	8,955,028	19,241,623	28,196,651	0.174193	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	893,436	1,448,397	2,341,833	0.387500	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	348,557	43,449	392,006	0.888821	98.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	7,996,448	7,996,448		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 9:35 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		10.00	
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	224,651,888	193,940,086	418,591,974			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	224,651,888	193,940,086	418,591,974			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 9:35 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
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.181750			50.00
51.00	05100	RECOVERY ROOM	0.382173			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.647999			52.00
53.00	05300	ANESTHESIOLOGY	0.041878			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.286491			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.046805			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.065183			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.233443			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.649752			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.195120			65.00
66.00	06600	PHYSICAL THERAPY	0.352743			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.108570			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.259337			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.465553			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.753080			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.303859			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0.769741			76.00
76.01	03951	SHOCK THERAPY	0.217505			76.01
76.97	07697	CARDIAC REHABILITATION	0.700147			76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	3.058795			90.00
91.00	09100	EMERGENCY	0.175880			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.387500			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0.888821			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 9:35 am

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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 9:35 am

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,081,313		23,081,313	57,672
31.00	03100	INTENSIVE CARE UNIT	3,226,556		3,226,556	3,226,556
32.00	03200	CORONARY CARE UNIT	0		0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0
40.00	04000	SUBPROVIDER - IPF	0		0	0
41.00	04100	SUBPROVIDER - IRF	1,086,746		1,086,746	2,402
43.00	04300	NURSERY	1,627,043		1,627,043	0
44.00	04400	SKILLED NURSING FACILITY	2,550,331		2,550,331	0
45.00	04500	NURSING FACILITY	0		0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,507,174		12,507,174	0
51.00	05100	RECOVERY ROOM	4,377,062		4,377,062	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,684,317		1,684,317	0
53.00	05300	ANESTHESIOLOGY	807,373		807,373	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,477,195		4,477,195	5,508
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0
56.00	05600	RADIOISOTOPE	0		0	0
57.00	05700	CT SCAN	1,407,742		1,407,742	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	595,111		595,111	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0
60.00	06000	LABORATORY	9,325,228		9,325,228	0
60.01	06001	BLOOD LABORATORY	0		0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	563,775		563,775	0
64.00	06400	INTRAVENOUS THERAPY	0		0	0
65.00	06500	RESPIRATORY THERAPY	2,060,672	0	2,060,672	3,817
66.00	06600	PHYSICAL THERAPY	4,064,382	0	4,064,382	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,098,412		3,098,412	0
70.00	07000	ELECTROENCEPHALOGRAPHY	495,720		495,720	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,561,429		6,561,429	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,988,396		9,988,396	0
73.00	07300	DRUGS CHARGED TO PATIENTS	10,300,171		10,300,171	0
74.00	07400	RENAL DIALYSIS	0		0	0
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0
76.00	03950	BEHAVIORAL HEALTH COUNSELING	377,508		377,508	0
76.01	03951	SHOCK THERAPY	66,743		66,743	0
76.97	07697	CARDIAC REHABILITATION	554,402		554,402	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	1,204,849		1,204,849	22,459
91.00	09100	EMERGENCY	4,911,661		4,911,661	47,575
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	907,460		907,460	0
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0
95.00	09500	AMBULANCE SERVICES	0		0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0
98.00	09850	PURCHASED DIALYSIS SERVICES	348,423		348,423	0
99.00	09900	CMHC	0		0	0
99.10	09910	CORF	0		0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0
101.00	10100	HOME HEALTH AGENCY	5,366,913		5,366,913	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0		0	0
106.00	10600	HEART ACQUISITION	0		0	0
107.00	10700	LIVER ACQUISITION	0		0	0
108.00	10800	LUNG ACQUISITION	0		0	0
109.00	10900	PANCREAS ACQUISITION	0		0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0
111.00	11100	ISLET ACQUISITION	0		0	0
113.00	11300	INTEREST EXPENSE	0		0	0
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 9:35 am

					Title XIX		Hospital		Cost	
Cost Center Description					Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
							Total Costs	RCE Disallowance	Total Costs	
					1.00	2.00	3.00	4.00	5.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0		0	115.00
116.00	11600	HOSPICE	0		0		0		0	116.00
200.00		Subtotal (see instructions)	117,624,107	0	117,624,107		139,433		117,763,540	200.00
201.00		Less Observation Beds	907,460		907,460				907,460	201.00
202.00		Total (see instructions)	116,716,647	0	116,716,647		139,433		116,856,080	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet C
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	51,934,340		51,934,340		30.00
31.00	03100	INTENSIVE CARE UNIT	5,744,148		5,744,148		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	2,959,714		2,959,714		41.00
43.00	04300	NURSERY	2,430,676		2,430,676		43.00
44.00	04400	SKILLED NURSING FACILITY	2,983,669		2,983,669		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,043,000	39,772,258	68,815,258	0.181750	50.00
51.00	05100	RECOVERY ROOM	3,370,649	8,082,448	11,453,097	0.382173	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,599,260	0	2,599,260	0.647999	52.00
53.00	05300	ANESTHESIOLOGY	9,121,275	10,157,697	19,278,972	0.041878	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,812,878	10,834,066	15,646,944	0.286139	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	9,852,033	20,224,816	30,076,849	0.046805	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,256,456	6,873,344	9,129,800	0.065183	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	23,198,316	16,748,117	39,946,433	0.233443	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	576,954	290,723	867,677	0.649752	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	9,477,217	1,103,392	10,580,609	0.194759	65.00
66.00	06600	PHYSICAL THERAPY	6,361,166	5,161,053	11,522,219	0.352743	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,080,235	16,458,218	28,538,453	0.108570	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	397,562	1,513,929	1,911,491	0.259337	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,474,115	6,619,719	14,093,834	0.465553	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,827,806	5,435,589	13,263,395	0.753080	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,850,311	14,047,518	33,897,829	0.303859	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	479	489,956	490,435	0.769741	76.00
76.01	03951	SHOCK THERAPY	70,932	235,926	306,858	0.217505	76.01
76.97	07697	CARDIAC REHABILITATION	2,953	788,884	791,837	0.700147	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	28,723	372,516	401,239	3.002821	90.00
91.00	09100	EMERGENCY	8,955,028	19,241,623	28,196,651	0.174193	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	893,436	1,448,397	2,341,833	0.387500	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	348,557	43,449	392,006	0.888821	98.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	7,996,448	7,996,448		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
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			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	224,651,888	193,940,086	418,591,974			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	224,651,888	193,940,086	418,591,974			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
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Part I
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0.000000			76.00
76.01	03951	SHOCK THERAPY	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0.000000			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 9:35 am

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description		Title XVIII		Hospital	PPS		
		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	2,080,032	0	2,080,032	28,125	73.96	30.00
31.00	INTENSIVE CARE UNIT	314,815		314,815	1,615	194.93	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	104,650	0	104,650	1,690	61.92	41.00
43.00	NURSERY	105,918		105,918	1,939	54.63	43.00
44.00	SKILLED NURSING FACILITY	188,625		188,625	2,844	66.32	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	2,794,040		2,794,040	36,213		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	16,102	1,190,904				30.00
31.00	INTENSIVE CARE UNIT	962	187,523				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	1,263	78,205				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	2,470	163,810				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	20,797	1,620,442				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
1/29/2021 9:35 am

			Title XVIII		Hospital	PPS		
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,975,622	68,815,258	0.028709	20,298,295	582,744	50.00
51.00	05100	RECOVERY ROOM	279,615	11,453,097	0.024414	2,284,269	55,768	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	119,521	2,599,260	0.045983	6,202	285	52.00
53.00	05300	ANESTHESIOLOGY	177,686	19,278,972	0.009217	6,106,231	56,281	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	889,948	15,646,944	0.056877	3,502,159	199,192	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	118,342	30,076,849	0.003935	7,096,120	27,923	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	25,544	9,129,800	0.002798	1,502,192	4,203	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	300,194	39,946,433	0.007515	14,732,027	110,711	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,768	867,677	0.014715	478,900	7,047	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	166,329	10,580,609	0.015720	6,413,448	100,819	65.00
66.00	06600	PHYSICAL THERAPY	195,205	11,522,219	0.016942	2,902,540	49,175	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	597,676	28,538,453	0.020943	8,920,457	186,821	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	68,388	1,911,491	0.035777	232,558	8,320	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	215,765	14,093,834	0.015309	4,747,265	72,676	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	327,945	13,263,395	0.024726	5,868,569	145,106	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	500,320	33,897,829	0.014760	12,111,066	178,759	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	54,015	490,435	0.110137	254	28	76.00
76.01	03951	SHOCK THERAPY	3,828	306,858	0.012475	25,443	317	76.01
76.97	07697	CARDIAC REHABILITATION	63,210	791,837	0.079827	1,778	142	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	168,254	401,239	0.419336	1,410	591	90.00
91.00	09100	EMERGENCY	408,712	28,196,651	0.014495	5,026,691	72,862	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	81,574	2,341,833	0.034833	223,193	7,774	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	13,710	392,006	0.034974	237,314	8,300	98.00
200.00		Total (lines 50 through 199)	6,764,171	344,542,979		102,718,381	1,875,844	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0069		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 1/29/2021 9:35 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	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	28,125	0.00	16,102	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	1,615	0.00	962	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	1,690	0.00	1,263	41.00		
43.00	04300	NURSERY	0	0	1,939	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	2,844	0.00	2,470	44.00		
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00		
200.00		Total (lines 30 through 199)	0	0	36,213	0.00	20,797	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0					30.00		
31.00	03100	INTENSIVE CARE UNIT	0					31.00		
32.00	03200	CORONARY CARE UNIT	0					32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00		
40.00	04000	SUBPROVIDER - IPF	0					40.00		
41.00	04100	SUBPROVIDER - IRF	0					41.00		
43.00	04300	NURSERY	0					43.00		
44.00	04400	SKILLED NURSING FACILITY	0					44.00		
45.00	04500	NURSING FACILITY	0					45.00		
200.00		Total (lines 30 through 199)	0					200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 9:35 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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description		Title XVIII		Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	68,815,258	0.000000 50.00
51.00	05100	RECOVERY ROOM	0	0	0	11,453,097	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,599,260	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,278,972	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,646,944	0.000000 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000 56.00
57.00	05700	CT SCAN	0	0	0	30,076,849	0.000000 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	9,129,800	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000 59.00
60.00	06000	LABORATORY	0	0	0	39,946,433	0.000000 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	867,677	0.000000 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,580,609	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,522,219	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	28,538,453	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,911,491	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,093,834	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,263,395	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	33,897,829	0.000000 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000 75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	490,435	0.000000 76.00
76.01	03951	SHOCK THERAPY	0	0	0	306,858	0.000000 76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	791,837	0.000000 76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000 77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000 89.00
90.00	09000	CLINIC	0	0	0	401,239	0.000000 90.00
91.00	09100	EMERGENCY	0	0	0	28,196,651	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,341,833	0.000000 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000 97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	392,006	0.000000 98.00
200.00		Total (lines 50 through 199)	0	0	0	344,542,979	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 9:35 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	20,298,295	0	17,918,991	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,284,269	0	2,984,894	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	6,202	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	6,106,231	0	4,584,469	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,502,159	0	5,202,267	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	7,096,120	0	8,927,011	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,502,192	0	3,115,253	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	14,732,027	0	7,140,098	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	478,900	0	259,009	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	6,413,448	0	595,821	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,902,540	0	154,701	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	8,920,457	0	9,413,179	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	232,558	0	1,067,548	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	4,747,265	0	3,500,519	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,868,569	0	3,186,151	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	12,111,066	0	5,731,428	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0.000000	254	0	53,364	0	76.00
76.01	03951	SHOCK THERAPY	0.000000	25,443	0	101,001	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	1,778	0	553,077	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	1,410	0	218,991	0	90.00
91.00	09100	EMERGENCY	0.000000	5,026,691	0	6,914,617	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	223,193	0	607,389	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0.000000	237,314	0	5,377	0	98.00
200.00		Total (lines 50 through 199)		102,718,381	0	82,235,155	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
1/29/2021 9:35 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	0.181750	17,918,991	68,788	0	3,256,777	50.00
51.00	05100	RECOVERY ROOM	0.382173	2,984,894	0	0	1,140,746	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.647999	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.041878	4,584,469	0	0	191,988	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.286139	5,202,267	0	0	1,488,571	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	0.046805	8,927,011	0	0	417,829	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.065183	3,115,253	0	0	203,062	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.233443	7,140,098	0	0	1,666,806	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.649752	259,009	0	0	168,292	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.194759	595,821	0	0	116,042	65.00
66.00	06600	PHYSICAL THERAPY	0.352743	154,701	0	0	54,570	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	0.108570	9,413,179	0	0	1,021,989	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.259337	1,067,548	0	0	276,855	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.465553	3,500,519	0	0	1,629,677	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.753080	3,186,151	0	0	2,399,427	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.303859	5,731,428	0	130,720	1,741,546	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0.769741	53,364	0	0	41,076	76.00
76.01	03951	SHOCK THERAPY	0.217505	101,001	0	0	21,968	76.01
76.97	07697	CARDIAC REHABILITATION	0.700147	553,077	0	0	387,235	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	3.002821	218,991	0	0	657,591	90.00
91.00	09100	EMERGENCY	0.174193	6,914,617	0	0	1,204,478	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.387500	607,389	0	0	235,363	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0.888821	5,377	0	0	4,779	98.00
200.00		Subtotal (see instructions)		82,235,155	68,788	130,720	18,326,667	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		82,235,155	68,788	130,720	18,326,667	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
1/29/2021 9:35 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	12,502	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	39,720		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0		76.00
76.01	03951	SHOCK THERAPY	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0		98.00
200.00		Subtotal (see instructions)	12,502	39,720		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	12,502	39,720		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0069

Period:

Worksheet D

Component CCN: 16-T069

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:

1/29/2021 9:35 am

				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	1,975,622	68,815,258	0.028709	4,420	127	50.00	
51.00	05100	RECOVERY ROOM	279,615	11,453,097	0.024414	8,885	217	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	119,521	2,599,260	0.045983	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	177,686	19,278,972	0.009217	1,007	9	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	889,948	15,646,944	0.056877	28,064	1,596	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00	
57.00	05700	CT SCAN	118,342	30,076,849	0.003935	26,143	103	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	25,544	9,129,800	0.002798	13,662	38	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00	
60.00	06000	LABORATORY	300,194	39,946,433	0.007515	178,378	1,341	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,768	867,677	0.014715	790	12	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	166,329	10,580,609	0.015720	71,351	1,122	65.00	
66.00	06600	PHYSICAL THERAPY	195,205	11,522,219	0.016942	1,135,443	19,237	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	597,676	28,538,453	0.020943	6,818	143	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	68,388	1,911,491	0.035777	1,146	41	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	215,765	14,093,834	0.015309	13,489	207	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	327,945	13,263,395	0.024726	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	500,320	33,897,829	0.014760	102,902	1,519	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00	
76.00	03950	BEHAVIORAL HEALTH COUNSELING	54,015	490,435	0.110137	0	0	76.00	
76.01	03951	SHOCK THERAPY	3,828	306,858	0.012475	0	0	76.01	
76.97	07697	CARDIAC REHABILITATION	63,210	791,837	0.079827	0	0	76.97	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00	
90.00	09000	CLINIC	168,254	401,239	0.419336	0	0	90.00	
91.00	09100	EMERGENCY	408,712	28,196,651	0.014495	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,341,833	0.000000	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00	
95.00	09500	AMBULANCE SERVICES						95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00	
98.00	09850	PURCHASED DIALYSIS SERVICES	13,710	392,006	0.034974	0	0	98.00	
200.00		Total (lines 50 through 199)	6,682,597	344,542,979		1,592,498	25,712	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0069 Component CCN: 16-T069		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/29/2021 9:35 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING		0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY		0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES		0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0069 Component CCN: 16-T069		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/29/2021 9:35 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	68,815,258	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	11,453,097	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	2,599,260	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	19,278,972	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	15,646,944	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	30,076,849	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	9,129,800	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	39,946,433	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	867,677	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	10,580,609	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	11,522,219	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	28,538,453	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	1,911,491	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	14,093,834	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	13,263,395	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	33,897,829	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING		0	0	0	490,435	0.000000	76.00
76.01	03951	SHOCK THERAPY		0	0	0	306,858	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	791,837	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	401,239	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	28,196,651	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	2,341,833	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0.000000	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES		0	0	0	392,006	0.000000	98.00
200.00		Total (lines 50 through 199)		0	0	0	344,542,979		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0069 Component CCN: 16-T069		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/29/2021 9:35 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	4,420	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	8,885	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,007	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	28,064	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	26,143	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	13,662	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	178,378	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	790	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	71,351	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,135,443	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,818	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,146	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	13,489	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	102,902	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0.000000	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0.000000	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES							95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0.000000	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		1,592,498	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0069

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

Worksheet D-1

Date/Time Prepared:
1/29/2021 9:35 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)	28,125	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	28,125	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	27,022	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)	16,102	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)	23,138,985	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)	23,138,985	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)	23,138,985	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)	822.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	13,247,437	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)	13,247,437	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0069

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

Worksheet D-1

Date/Time Prepared:
1/29/2021 9:35 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,226,556	1,615	1,997.87	962	1,921,951
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
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)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					
89.00	Observation bed cost (line 87 x line 88) (see instructions)					

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0069

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

Worksheet D-1

Date/Time Prepared:
1/29/2021 9:35 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	2,080,032	23,138,985	0.089893	907,460	81,574	90.00
91.00 Nursing School cost	0	23,138,985	0.000000	907,460	0	91.00
92.00 Allied health cost	0	23,138,985	0.000000	907,460	0	92.00
93.00 All other Medical Education	0	23,138,985	0.000000	907,460	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0069 Component CCN: 16-T069	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/29/2021 9:35 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)		1,690	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,690	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,690	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)		1,263	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)		1,089,148	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)		1,089,148	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)		1,089,148	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)		644.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		813,966	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)		813,966	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0069 Component CCN: 16-T069		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 1/29/2021 9:35 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)			
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)					
		1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)	0	0	0.00	0				42.00
Intensive Care Type Inpatient Hospital Units									
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0			43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0			44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0			45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0			46.00
47.00	OTHER SPECIAL CARE (SPECIFY)								47.00
Cost Center Description									
							1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					509,577	48.00		
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,323,543	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)					78,205	50.00		
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					25,712	51.00		
52.00	Total Program excludable cost (sum of lines 50 and 51)					103,917	52.00		
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,219,626	53.00		
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges					0	54.00		
55.00	Target amount per discharge					0.00	55.00		
56.00	Target amount (line 54 x line 55)					0	56.00		
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00		
58.00	Bonus payment (see instructions)					0	58.00		
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00		
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00		
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00		
62.00	Relief payment (see instructions)					0	62.00		
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00		
PROGRAM INPATIENT ROUTINE SWING BED COST									
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00		
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00		
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00		
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00		
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00		
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00		
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY									
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00		
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00		
72.00	Program routine service cost (line 9 x line 71)						72.00		
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00		
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00		
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00		
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00		
77.00	Program capital-related costs (line 9 x line 76)						77.00		
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00		
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00		
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00		
81.00	Inpatient routine service cost per diem limitation						81.00		
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00		
83.00	Reasonable inpatient routine service costs (see instructions)						83.00		
84.00	Program inpatient ancillary services (see instructions)						84.00		
85.00	Utilization review - physician compensation (see instructions)						85.00		
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00		
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)					0	87.00		
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00		
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00		

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 16-0069 Component CCN: 16-T069		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 1/29/2021 9:35 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	104,650	1,089,148	0.096084	0	0	90.00
91.00	Nursing School cost	0	1,089,148	0.000000	0	0	91.00
92.00	Allied health cost	0	1,089,148	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,089,148	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0069 Component CCN: 16-5116	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/29/2021 9:35 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)		2,844	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,844	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)		2,844	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)		2,470	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)		2,550,331	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)		2,550,331	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)		2,550,331	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0069	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1	
				Component CCN: 16-5116		Date/Time Prepared: 1/29/2021 9:35 am	
				Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						2,550,331 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						896.74 71.00
72.00	Program routine service cost (line 9 x line 71)						2,214,948 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						2,214,948 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)						0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0 80.00
81.00	Inpatient routine service cost per diem limitation						0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)						2,214,948 83.00
84.00	Program inpatient ancillary services (see instructions)						732,813 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)						2,947,761 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0 89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 16-0069 Component CCN: 16-5116		Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/29/2021 9:35 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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0069	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/29/2021 9:35 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	31,482,311		30.00
31.00	03100	INTENSIVE CARE UNIT	3,475,706		31.00
32.00	03200	CORONARY CARE UNIT	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	04000	SUBPROVIDER - IPF	0		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	20,298,295	3,689,215	50.00
51.00	05100	RECOVERY ROOM	2,284,269	872,986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,202	4,019	52.00
53.00	05300	ANESTHESIOLOGY	6,106,231	255,717	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,502,159	1,003,337	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	7,096,120	332,134	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,502,192	97,917	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	14,732,027	3,439,089	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	478,900	311,166	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,413,448	1,251,392	65.00
66.00	06600	PHYSICAL THERAPY	2,902,540	1,023,851	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,920,457	968,494	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	232,558	60,311	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,747,265	2,210,103	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,868,569	4,419,502	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,111,066	3,680,056	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	254	196	76.00
76.01	03951	SHOCK THERAPY	25,443	5,534	76.01
76.97	07697	CARDIAC REHABILITATION	1,778	1,245	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	3.058795	1,410	90.00
91.00	09100	EMERGENCY	0.175880	5,026,691	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.387500	223,193	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0.888821	237,314	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		102,718,381	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)		102,718,381	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0069	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/29/2021 9:35 am	
		Component CCN: 16-T069			
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		2,211,513		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.181750	4,420	803	50.00
51.00	05100 RECOVERY ROOM	0.382173	8,885	3,396	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.647999	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.041878	1,007	42	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.286491	28,064	8,040	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.046805	26,143	1,224	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.065183	13,662	891	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.233443	178,378	41,641	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.649752	790	513	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.195120	71,351	13,922	65.00
66.00	06600 PHYSICAL THERAPY	0.352743	1,135,443	400,520	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.108570	6,818	740	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.259337	1,146	297	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.465553	13,489	6,280	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.753080	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.303859	102,902	31,268	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 BEHAVIORAL HEALTH COUNSELING	0.769741	0	0	76.00
76.01	03951 SHOCK THERAPY	0.217505	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.700147	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	3.058795	0	0	90.00
91.00	09100 EMERGENCY	0.175880	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.387500	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 PURCHASED DIALYSIS SERVICES	0.888821	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,592,498	509,577	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)		1,592,498		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0069 Component CCN: 16-5116	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/29/2021 9:35 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
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.181750	0	0	50.00
51.00	05100 RECOVERY ROOM	0.382173	32,227	12,316	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.647999	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.041878	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.286491	60,049	17,203	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.046805	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.065183	3,702	241	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.233443	274,417	64,061	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.649752	2,431	1,580	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.195120	472,314	92,158	65.00
66.00	06600 PHYSICAL THERAPY	0.352743	1,027,777	362,541	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.108570	9,779	1,062	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.259337	1,146	297	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.465553	63,961	29,777	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.753080	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.303859	432,300	131,358	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 BEHAVIORAL HEALTH COUNSELING	0.769741	0	0	76.00
76.01	03951 SHOCK THERAPY	0.217505	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.700147	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	3.058795	0	0	90.00
91.00	09100 EMERGENCY	0.175880	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.387500	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 PURCHASED DIALYSIS SERVICES	0.888821	22,748	20,219	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,402,851	732,813	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)		2,402,851		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0069	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/29/2021 9:35 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)		8,228,473		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		25,450,537		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)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			526,904	2.04
3.00	Managed Care Simulated Payments			2,207,642	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			153.83	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.98	30.00
31.00	Percentage of Medicaid patient days (see instructions)			15.83	31.00
32.00	Sum of lines 30 and 31			19.81	32.00
33.00	Allowable disproportionate share percentage (see instructions)			5.63	33.00
34.00	Disproportionate share adjustment (see instructions)			474,032	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0069	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/29/2021 9:35 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)		0	0
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	713,578	456,261	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	179,861	341,572	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	521,433		
40.00	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	
			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
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		
47.00	Subtotal (see instructions)	35,201,379		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		35,201,379	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,828,129	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)		38,029,508	59.00
60.00	Primary payer payments		34,483	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		37,995,025	61.00
62.00	Deductibles billed to program beneficiaries		4,147,044	62.00
63.00	Coinsurance billed to program beneficiaries		29,623	63.00
64.00	Allowable bad debts (see instructions)		236,171	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		153,511	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		176,817	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		33,971,869	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	MSP PASS THRU RECONCILIATION		-11	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		303,831	70.93
70.94	HRR adjustment amount (see instructions)		-179,476	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A
Date/Time Prepared:
1/29/2021 9:35 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		34,096,213	71.00	
71.01	Sequestration adjustment (see instructions)		569,407	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		33,498,024	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)		28,782	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		1,103,427	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0069	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 1/29/2021 9:35 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		52,222	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,326,667	2.00
3.00	OPPS payments		16,963,543	3.00
4.00	Outlier payment (see instructions)		31,683	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		52,222	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		199,508	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)		199,508	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)		199,508	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		147,286	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)		52,222	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)		16,995,226	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		13,758	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,943,141	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)		14,090,549	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)		14,090,549	30.00
31.00	Primary payer payments		9,548	31.00
32.00	Subtotal (line 30 minus line 31)		14,081,001	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)		114,265	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		74,272	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		97,639	36.00
37.00	Subtotal (see instructions)		14,155,273	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-80	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)		14,155,353	40.00
40.01	Sequestration adjustment (see instructions)		236,394	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		13,864,758	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)		54,201	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: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
1/29/2021 9:35 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		33,308,913		13,828,682	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		189,111		36,076	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)		33,498,024		13,864,758	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		28,782		54,201	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		33,526,806		13,918,959	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 16-0069
 Component CCN: 16-T069

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 1/29/2021 9:35 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				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		1,652,662		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)		1,652,662		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		38,931		0	6.02
7.00	Total Medicare program liability (see instructions)		1,613,731		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 1/29/2021 9:35 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		1,290,300		0
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,290,300		0
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		1,290,300		0
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
1/29/2021 9:35 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: 16-0069 Component CCN: 16-T069	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 1/29/2021 9:35 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,634,232 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0118 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			6,047 3.00
4.00	Outlier Payments			11,133 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			4.617486 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			1,651,412 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,651,412 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,651,412 19.00
20.00	Deductibles			5,500 20.00
21.00	Subtotal (line 19 minus line 20)			1,645,912 21.00
22.00	Coinsurance			4,774 22.00
23.00	Subtotal (line 21 minus line 22)			1,641,138 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,641,138 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,641,138 32.00
32.01	Sequestration adjustment (see instructions)			27,407 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			1,652,662 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-38,931 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			11,133 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0069 Component CCN: 16-5116	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VI Date/Time Prepared: 1/29/2021 9:35 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)		1,385,216	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,385,216	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		71,297	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)		1,313,919	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)		1,313,919	15.00
15.01	Sequestration adjustment (see instructions)		23,619	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		1,290,300	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)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 16-0069

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

Worksheet G

Date/Time Prepared:
1/29/2021 9:35 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	407,056	0	0	0	1.00
2.00	Temporary investments	76,410,110	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	53,493,933	0	0	0	4.00
5.00	Other receivable	9,186,098	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-34,996,780	0	0	0	6.00
7.00	Inventory	5,807,227	0	0	0	7.00
8.00	Prepaid expenses	206,038	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	110,513,682	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,825,189	0	0	0	12.00
13.00	Land improvements	6,567,539	0	0	0	13.00
14.00	Accumulated depreciation	-3,689,792	0	0	0	14.00
15.00	Buildings	77,230,410	0	0	0	15.00
16.00	Accumulated depreciation	-45,545,933	0	0	0	16.00
17.00	Leasehold improvements	575,610	0	0	0	17.00
18.00	Accumulated depreciation	-564,082	0	0	0	18.00
19.00	Fixed equipment	66,024,979	0	0	0	19.00
20.00	Accumulated depreciation	-40,828,903	0	0	0	20.00
21.00	Automobiles and trucks	44,257	0	0	0	21.00
22.00	Accumulated depreciation	-4,469	0	0	0	22.00
23.00	Major movable equipment	62,449,050	0	0	0	23.00
24.00	Accumulated depreciation	-43,947,487	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)	81,136,368	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	39,952,545	0	0	0	31.00
32.00	Deposits on leases	228,531	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	10,431,521	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	50,612,597	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	242,262,647	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	36,550,112	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,896,423	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,099,693	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	69,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	43,615,228	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	28,018,028	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	725,926	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	28,743,954	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	72,359,182	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	169,903,465	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)	169,903,465	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	242,262,647	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0069

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

Worksheet G-1

Date/Time Prepared:
1/29/2021 9:35 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		167,370,383		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		8,769,111				2.00
3.00	Total (sum of line 1 and line 2)		176,139,494		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		176,139,494		0		11.00
12.00	IC UNREST NA EQUITY TRANS	6,235,371		0		0	12.00
13.00	UNREST NA OTHER TRANS	419		0		0	13.00
14.00	DONOR RESTRICTED TEMP NA CL	239		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)		6,236,029		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		169,903,465		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			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	IC UNREST NA EQUITY TRANS		0				12.00
13.00	UNREST NA OTHER TRANS		0				13.00
14.00	DONOR RESTRICTED TEMP NA CL		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: 16-0069

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
1/29/2021 9:35 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	56,542,887		56,542,887	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	2,977,224		2,977,224	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	2,994,169		2,994,169	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	62,514,280		62,514,280	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,801,438		5,801,438	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	5,801,438		5,801,438	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	68,315,718		68,315,718	17.00
18.00	Ancillary services	149,505,606	172,112,490	321,618,096	18.00
19.00	Outpatient services	8,952,974	19,020,575	27,973,549	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		7,996,448	7,996,448	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	175,393	298,819	474,212	27.00
27.01		2,842,897	0	2,842,897	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	229,792,588	199,428,332	429,220,920	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		164,356,491		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)		164,356,491		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0069

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

Worksheet G-3

Date/Time Prepared:
1/29/2021 9:35 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	429,220,920	1.00
2.00	Less contractual allowances and discounts on patients' accounts	297,648,392	2.00
3.00	Net patient revenues (line 1 minus line 2)	131,572,528	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	164,356,491	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-32,783,963	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OP/NON OP REVENUE	35,056,529	24.00
24.50	COVID-19 PHE Funding	4,376,052	24.50
25.00	Total other income (sum of lines 6-24)	39,432,581	25.00
26.00	Total (line 5 plus line 25)	6,648,618	26.00
27.00	INVESTMENT EXPENSE	-2,120,493	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-2,120,493	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	8,769,111	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0069

Period:

Worksheet H

HHA CCN: 16-7145

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

1/29/2021 9:35 am

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	853,937	192,375	49,236	0	49,570	1,145,118
7.00	Physical Therapy	332,421	74,888	20,720	0	18,956	446,985
8.00	Occupational Therapy	103,165	23,241	8,053	0	5,822	140,281
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	63	63
11.00	Home Health Aide	50,931	11,474	5,997	0	3,400	71,802
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	586,085	156,435	9,279	0	1,557,223	2,309,022
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	-139	0	0	1	-138
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,926,539	458,274	93,285	0	1,635,035	4,113,133
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-133,563	1,011,555	0	1,011,555		6.00
7.00	Physical Therapy	-51,077	395,908	0	395,908		7.00
8.00	Occupational Therapy	-15,686	124,595	0	124,595		8.00
9.00	Speech Pathology	0	0	0	0		9.00
10.00	Medical Social Services	-63	0	0	0		10.00
11.00	Home Health Aide	-9,269	62,533	0	62,533		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	-112,949	2,196,073	-2,199	2,193,874		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	3,913	3,775	0	3,775		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-318,694	3,794,439	-2,199	3,792,240		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 16-0069

Period:

Worksheet H-1

HHA CCN: 16-7145

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/29/2021 9:35 amHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	0	0	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,011,555	0	0	0	0	1,011,555	6.00
7.00	Physical Therapy	395,908	0	0	0	0	395,908	7.00
8.00	Occupational Therapy	124,595	0	0	0	0	124,595	8.00
9.00	Speech Pathology	0	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	62,533	0	0	0	0	62,533	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	2,193,874	0	0	0	0	2,193,874	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	3,775	0	0	0	0	3,775	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,792,240	0	0	0	0	3,792,240	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	0						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,011,555					6.00
7.00	Physical Therapy	0	395,908					7.00
8.00	Occupational Therapy	0	124,595					8.00
9.00	Speech Pathology	0	0					9.00
10.00	Medical Social Services	0	0					10.00
11.00	Home Health Aide	0	62,533					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	2,193,874					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	3,775					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		3,792,240					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0069

Period:

Worksheet H-1

HHA CCN: 16-7145

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:

1/29/2021 9:35 am

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	3,792,240	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,011,555	6.00
7.00	Physical Therapy	0	0	0	0	395,908	7.00
8.00	Occupational Therapy	0	0	0	0	124,595	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	62,533	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	2,193,874	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	3,775	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	3,792,240	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/29/2021 9:35 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS	Agency 1					
			BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	MED ARTS BLDG		
		0	1.00	1.01	1.02	1.03	1.04		
1.00	Administrative and General	0	0	0	0	0	0	1.00	
2.00	Skilled Nursing Care	1,011,555	0	12,831	0	0	0	2.00	
3.00	Physical Therapy	395,908	0	4,909	0	0	0	3.00	
4.00	Occupational Therapy	124,595	0	1,504	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	13	0	0	0	6.00	
7.00	Home Health Aide	62,533	0	879	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	2,193,874	5,661	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	3,492	0	0	0	0	11.00	
12.00	Respiratory Therapy	3,775	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19) (2)	3,792,240	9,153	20,136	0	0	0	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
Cost Center Description		CAPITAL RELATED COSTS							
		ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	BELLEVUE CLINIC	CASCADE CLINIC		
		1.05	1.06	1.07	1.08	1.09	1.10		
1.00	Administrative and General	0	0	0	0	0	0	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	37,112	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	37,112	0	0	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:
1/29/2021 9:35 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	
		RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	MVBLE EQUIP			
		1.11	1.12	1.13	2.00	4.00	4.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	452	222,352	1,620	2.00
3.00	Physical Therapy	0	0	0	173	85,017	619	3.00
4.00	Occupational Therapy	0	0	0	53	26,105	190	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	279	2	6.00
7.00	Home Health Aide	0	0	0	31	15,251	111	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	7,890	152,594	12,006	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	8,599	501,598	14,548	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		COMMUNICATIONS	PURCHASING RECEIVING AND STORES	PFS/COLLECTION	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		5.01	5.02	5.03	5A.03	5.06	6.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	13,444	0	0	1,262,254	140,158	1,454	2.00
3.00	Physical Therapy	5,042	0	0	491,668	54,594	556	3.00
4.00	Occupational Therapy	1,681	0	0	154,128	17,114	170	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	294	33	1	6.00
7.00	Home Health Aide	840	0	0	79,645	8,844	100	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	7,563	0	0	2,416,700	268,345	3,112	10.00
11.00	Home Dialysis Aide Services	0	0	0	3,492	388	0	11.00
12.00	Respiratory Therapy	0	0	0	3,775	419	204	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)	28,570	0	0	4,411,956	489,895	5,597	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/29/2021 9:35 amHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	31,785	0	14,106	0	2,602	0	2.00
3.00	Physical Therapy	12,159	0	5,396	0	995	0	3.00
4.00	Occupational Therapy	3,725	0	1,653	0	306	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	32	0	14	0	3	0	6.00
7.00	Home Health Aide	2,177	0	966	0	179	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	67,991	0	30,175	0	2,580	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	4,467	0	1,982	0	6	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	122,336	0	54,292	0	6,671	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE CENTRAL STERILIZATION	
		13.00	14.00	15.00	16.00	17.00	18.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	97,362	0	0	0	0	10,912	2.00
3.00	Physical Therapy	37,228	0	0	0	0	4,112	3.00
4.00	Occupational Therapy	11,432	0	0	0	0	1,265	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	121	0	0	0	0	0	6.00
7.00	Home Health Aide	6,679	0	0	0	0	791	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	93,613	0	0	0	0	12,651	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)	246,435	0	0	0	0	29,731	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/29/2021 9:35 amHome Health
Agency I

PPS

Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-	Subtotal	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		19.00	20.00	21.00	22.00	23.00	24.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	1,560,633	2.00
3.00	Physical Therapy	0	0	0	0	0	606,708	3.00
4.00	Occupational Therapy	0	0	0	0	0	189,793	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	498	6.00
7.00	Home Health Aide	0	0	0	0	0	99,381	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	2,895,167	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	3,880	11.00
12.00	Respiratory Therapy	0	0	0	0	0	10,853	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	5,366,913	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		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	0					1.00
2.00	Skilled Nursing Care	0	1,560,633	0	1,560,633			2.00
3.00	Physical Therapy	0	606,708	0	606,708			3.00
4.00	Occupational Therapy	0	189,793	0	189,793			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	498	0	498			6.00
7.00	Home Health Aide	0	99,381	0	99,381			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	2,895,167	0	2,895,167			10.00
11.00	Home Dialysis Aide Services	0	3,880	0	3,880			11.00
12.00	Respiratory Therapy	0	10,853	0	10,853			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19) (2)	0	5,366,913	0	5,366,913			20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/29/2021 9:35 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		Agency 1				
		BLDG & FIXT (SQUARE FEET)	47 BLDG (SQUARE FEET)	PROF ARTS PLAZA (SQUARE FEET)	ASBURY (SQUARE FEET)	MED ARTS BLDG (SQUARE FEET)	ENERGY CENTER (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	1.05	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,971	0	0	0	0	2.00
3.00	Physical Therapy	0	754	0	0	0	0	3.00
4.00	Occupational Therapy	0	231	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	2	0	0	0	0	6.00
7.00	Home Health Aide	0	135	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	449	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	277	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)	726	3,093	0	0	0	0	20.00
21.00	Total cost to be allocated	9,153	20,136	0	0	0	0	21.00
22.00	Unit cost multiplier	12.607438	6.510184	0.000000	0.000000	0.000000	0.000000	22.00

Cost Center Description		CAPITAL RELATED COSTS		Agency 2				
		RENTAL PROPERTIES (SQUARE FEET)	PARKING DECK (SQUARE FEET)	97 BLDG (SQUARE FEET)	BELLEVUE CLINIC (SQUARE FEET)	CASCADE CLINIC (SQUARE FEET)	RETAIL PHARMACY (SQUARE FEET)	
		1.06	1.07	1.08	1.09	1.10	1.11	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	3,767	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	3,767	0	0	0	20.00
21.00	Total cost to be allocated	0	0	37,112	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	9.851872	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/29/2021 9:35 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (PAYROLL DEDUCTIONS)	COMMUNICATIONS (DUBUQUE PHONES)	
		OAKCREST NURSING HOME (SQUARE FEET)	CANCER CENTER (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.12	1.13	2.00	4.00	4.01	5.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	452	854,003	2,685	32	2.00
3.00	Physical Therapy	0	0	173	326,535	1,026	12	3.00
4.00	Occupational Therapy	0	0	53	100,266	315	4	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	1,072	3	0	6.00
7.00	Home Health Aide	0	0	31	58,578	184	2	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	7,885	586,085	19,893	18	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	8,594	1,926,539	24,106	68	20.00
21.00	Total cost to be allocated	0	0	8,599	501,598	14,548	28,570	21.00
22.00	Unit cost multiplier	0.000000	0.000000	1.000582	0.260362	0.603501	420.147059	22.00
Cost Center Description		PURCHASING RECEIVING AND STORES (PURCHASING REQUISITIONS)	PFS/COLLECTION (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.02	5.03	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	1,262,254	1,971	1,971	2.00
3.00	Physical Therapy	0	0	0	491,668	754	754	3.00
4.00	Occupational Therapy	0	0	0	154,128	231	231	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	294	2	2	6.00
7.00	Home Health Aide	0	0	0	79,645	135	135	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	2,416,700	4,216	4,216	10.00
11.00	Home Dialysis Aide Services	0	0	0	3,492	0	0	11.00
12.00	Respiratory Therapy	0	0	0	3,775	277	277	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	4,411,956	7,586	7,586	20.00
21.00	Total cost to be allocated	0	0	0	489,895	5,597	122,336	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0	0.111038	0.737806	16.126549	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:

1/29/2021 9:35 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,971	0	12,195	0	28,949	2.00
3.00	Physical Therapy	0	754	0	4,663	0	11,069	3.00
4.00	Occupational Therapy	0	231	0	1,432	0	3,399	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	2	0	15	0	36	6.00
7.00	Home Health Aide	0	135	0	837	0	1,986	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	4,216	0	12,089	0	27,834	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	277	0	28	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	7,586	0	31,259	0	73,273	20.00
21.00	Total cost to be allocated	0	54,292	0	6,671	0	246,435	21.00
22.00	Unit cost multiplier	0.000000	7.156868	0.000000	0.213411	0.000000	3.363244	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	OTHER GENERAL SERVICE CENTRAL STERILIZATION (HOURS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	18.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	138	0	2.00
3.00	Physical Therapy	0	0	0	0	52	0	3.00
4.00	Occupational Therapy	0	0	0	0	16	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	10	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	160	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	376	0	20.00
21.00	Total cost to be allocated	0	0	0	0	29,731	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	79.071809	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/29/2021 9:35 amHome Health
Agency I

PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0069

Period:

Worksheet H-3

HHA CCN: 16-7145

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:

1/29/2021 9:35 am

Title XVIII

Home Health

PPS

Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,560,633		1,560,633	5,449	286.41	1.00
2.00	Physical Therapy	3.00	606,708	0	606,708	2,409	251.85	2.00
3.00	Occupational Therapy	4.00	189,793	0	189,793	854	222.24	3.00
4.00	Speech Pathology	5.00	0	0	0	0	0.00	4.00
5.00	Medical Social Services	6.00	498		498	0	0.00	5.00
6.00	Home Health Aide	7.00	99,381		99,381	1,515	65.60	6.00
7.00	Total (sum of lines 1-6)		2,457,013	0	2,457,013	10,227		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		20220	0	3,038			8.00
8.01	Skilled Nursing Care		99914	0	236			8.01
8.02	Skilled Nursing Care		99916	0	150			8.02
8.03	Skilled Nursing Care		99952	0	263			8.03
9.00	Physical Therapy		20220	0	1,486			9.00
9.01	Physical Therapy		99914	0	91			9.01
9.02	Physical Therapy		99916	0	81			9.02
9.03	Physical Therapy		99952	0	142			9.03
10.00	Occupational Therapy		20220	0	630			10.00
10.01	Occupational Therapy		99914	0	37			10.01
10.02	Occupational Therapy		99916	0	47			10.02
10.03	Occupational Therapy		99952	0	33			10.03
11.00	Speech Pathology		20220	0	0			11.00
11.01	Speech Pathology		99914	0	0			11.01
11.02	Speech Pathology		99916	0	0			11.02
11.03	Speech Pathology		99952	0	0			11.03
12.00	Medical Social Services		20220	0	0			12.00
12.01	Medical Social Services		99914	0	0			12.01
12.02	Medical Social Services		99916	0	0			12.02
12.03	Medical Social Services		99952	0	0			12.03
13.00	Home Health Aide		20220	0	479			13.00
13.01	Home Health Aide		99914	0	8			13.01
13.02	Home Health Aide		99916	0	22			13.02
13.03	Home Health Aide		99952	0	6			13.03
14.00	Total (sum of lines 8-13)			0	6,749			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	3,632	3,632	7,802	0.465522	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0069

Period:

Worksheet H-3

HHA CCN: 16-7145

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/29/2021 9:35 am

Title XVIII

Home Health
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Cost Center Description		Program Visits		Cost of Services	Agency 1			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	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	3,687		0	1,055,994		1.00
2.00	Physical Therapy	0	1,800		0	453,330		2.00
3.00	Occupational Therapy	0	747		0	166,013		3.00
4.00	Speech Pathology	0	0		0	0		4.00
5.00	Medical Social Services	0	0		0	0		5.00
6.00	Home Health Aide	0	515		0	33,784		6.00
7.00	Total (sum of lines 1-6)	0	6,749		0	1,709,121		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges		Cost of Services				
		Part A	Part B					
			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	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0069

Period:

Worksheet H-3

HHA CCN: 16-7145

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/29/2021 9:35 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR				
BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	1,055,994		1.00
2.00	Physical Therapy	453,330		2.00
3.00	Occupational Therapy	166,013		3.00
4.00	Speech Pathology	0		4.00
5.00	Medical Social Services	0		5.00
6.00	Home Health Aide	33,784		6.00
7.00	Total (sum of lines 1-6)	1,709,121		7.00
Cost Center Description				
		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0069

Period:

Worksheet H-3

HHA CCN: 16-7145

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:

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Home Health
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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	0.352743	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.465553	7,802	3,632	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.303859	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0069 HHA CCN: 16-7145	Period: From 07/01/2019 To 06/30/2020	Worksheet H-4 Part I-II Date/Time Prepared: 1/29/2021 9:35 am	
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,148,087	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	36,431	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	9,306	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	5,313	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	10,301	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,209,438	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	1,209,438	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	1,209,438	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,209,438	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	1,209,438	31.00
31.01	Sequestration adjustment (see instructions)		0	19,818	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	1,189,620	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 16-0069 HHA CCN: 16-7145		Period: From 07/01/2019 To 06/30/2020		Worksheet H-5 Date/Time Prepared: 1/29/2021 9:35 am	
				Home Health Agency I		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		0			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		1,189,620	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		1,189,620	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01			0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50			0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		0		1,189,620	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0069	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 1/29/2021 9:35 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,666,561	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		52,506	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)		79.83	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		3.98	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.83	8.00
9.00	Sum of lines 7 and 8		19.81	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.09	10.00
11.00	Disproportionate share adjustment (see instructions)		109,062	11.00
12.00	Total prospective capital payments (see instructions)		2,828,129	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