

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 16-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 1/29/2021 4:35 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 1/29/2021	Time: 4:35 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED 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 CLINTON MEDICAL CENTER (16-0080) 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)

REGIONAL VICE PRESIDENT - FINANCE

Title

01/29/2021 04:35:42 PM

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-108,081	71,198	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-108,081	71,198	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 4:35 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1410 N FOURTH STREET			PO Box:				1.00		
2.00	City: CLINTON			State: IA		Zip Code: 52732		County:		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	
								8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		MERCYONE CLINTON MEDICAL CENTER	160080	99916	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF		MERCY LIVING CENTER - SOUTH	165119	99916		04/01/1983	N	P	N
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		MERCY HOME CARE	167154	99916		07/01/1998	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		MERCY HOSPICE	161527	99916		07/01/1998			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis		MERCY RENAL DIALYSIS	162313	99916		07/01/1991			
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020		
21.00	Type of Control (see instructions)						1			
							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			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			67	155	44	93	2,231	59	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					1		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					07/01/2019	06/30/2020	36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.							
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
					1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

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

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To 06/30/2020Worksheet S-2
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					71.00
	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.					75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 4:35 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				
		1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 4:35 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	110,714	16,471	11,430118.01
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 4:35 pm				
1.00		2.00		3.00								
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.												
141.00	Name: TRINITY HEALTH		Contractor's Name: WPS		Contractor's Number: 08001				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	144.00		
								1.00	2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N		Y		145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00			
								1.00				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00		
				Part A		Part B		Title V		Title XIX		
				1.00		2.00		3.00		4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)												
155.00	Hospital			N		N		N		N	155.00	
156.00	Subprovider - IPF			N		N		N		N	156.00	
157.00	Subprovider - IRF			N		N		N		N	157.00	
158.00	SUBPROVIDER										158.00	
159.00	SNF			N		N		N		N	159.00	
160.00	HOME HEALTH AGENCY			N		N		N		N	160.00	
161.00	CMHC					N		N		N	161.00	
								1.00				
Multicampus												
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00		
		Name		County		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	166.00
								1.00				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act												
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00		
								Beginning	Ending			
								1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)									170.00		
								1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								N	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part II Date/Time Prepared: 1/29/2021 4:35 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			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	09/16/2020	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	11/30/2020	Y	11/30/2020
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: 16-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part II Date/Time Prepared: 1/29/2021 4:35 pm	
		Description		Y/N	Y/N		
		0		1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00	
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00	
					1.00		
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions						22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.						35.00
				Y/N	Date		
				1.00	2.00		
Home Office Costs							
36.00	Were home office costs claimed on the cost report?						36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.						37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
				1.00		2.00	
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JILL		TURNES		41.00	
42.00	Enter the employer/company name of the cost report preparer.	TRINITY HEALTH				42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	734-343-0914		JILL.TURNES@TRINITY-HEALTH.ORG		43.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
1/29/2021 4:35 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR. REIMBURSEMENT ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	97	35,502	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		97	35,502	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,660	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		107	39,162	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		107			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		4	1,464			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,864	256	7,886			1.00
2.00 HMO and other (see instructions)	1,573	1,562				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,864	256	7,886			7.00
8.00 INTENSIVE CARE UNIT	1,118	286	2,070			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		486	688			13.00
14.00 Total (see instructions)	5,982	1,028	10,644	0.00	645.86	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	8,920	30	20,950	0.00	40.56	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	9,220	9	10,109	0.00	9.10	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	695.52	27.00
28.00 Observation Bed Days		237	1,180			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			77			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	59	83			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			34			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,290	57	3,607	1.00
2.00 HMO and other (see instructions)			431	802		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,290	57	3,607	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
1/29/2021 4:35 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	1/29/2021 4:35 pm 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	51,352,308	-102,132	51,250,176	1,436,861.00	35.67	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		594,955	0	594,955	5,722.00	103.98	3.00
4.00	Physician-Part A - Administrative		39,632	0	39,632	199.00	199.16	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		7,384,409	0	7,384,409	36,725.00	201.07	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		14,846,155	-289,147	14,557,008	371,315.00	39.20	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,733,767	0	1,733,767	27,388.00	63.30	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		693,300	0	693,300	3,115.00	222.57	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		4,294,036	0	4,294,036	97,816.00	43.90	14.01
14.02	Related organization salaries		532,829	0	532,829	5,541.00	96.16	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		8,603,187	0	8,603,187			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		3,385,359	0	3,385,359			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		143,220	0	143,220			21.00
22.00	Physician Part A - Administrative		5,001	0	5,001			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		929,723	0	929,723			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,211,604	0	1,211,604			25.50
25.51	Related organization wage-related (core)		88,038	0	88,038			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
1/29/2021 4:35 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	397,837	187,015	584,852	29,322.00	19.95	26.00
27.00	Administrative & General	5.00	2,726,931	0	2,726,931	102,664.00	26.56	27.00
28.00	Administrative & General under contract (see inst.)		579,122	0	579,122	6,583.00	87.97	28.00
29.00	Maintenance & Repairs	6.00	455,172	0	455,172	19,296.00	23.59	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	69,928	0	69,928	5,371.00	13.02	31.00
32.00	Housekeeping	9.00	624,683	0	624,683	46,464.00	13.44	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	796,624	0	796,624	47,924.00	16.62	34.00
35.00	Dietary under contract (see instructions)		36,000	0	36,000	960.00	37.50	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,311,888	0	1,311,888	38,378.00	34.18	38.00
39.00	Central Services and Supply	14.00	131,997	0	131,997	8,012.00	16.47	39.00
40.00	Pharmacy	15.00	1,340,350	0	1,340,350	30,841.00	43.46	40.00
41.00	Medical Records & Medical Records Library	16.00	567,360	0	567,360	23,931.00	23.71	41.00
42.00	Social Service	17.00	99,960	0	99,960	3,520.00	28.40	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
1/29/2021 4:35 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	43,988,066	-102,132	43,885,934	1,401,957.00	31.30	1.00
2.00	Excluded area salaries (see instructions)	14,846,155	-289,147	14,557,008	371,315.00	39.20	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,141,911	187,015	29,328,926	1,030,642.00	28.46	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,253,932	0	7,253,932	133,860.00	54.19	4.00
5.00	Subtotal wage-related costs (see inst.)	9,907,830	0	9,907,830	0.00	33.78	5.00
6.00	Total (sum of lines 3 thru 5)	46,303,673	187,015	46,490,688	1,164,502.00	39.92	6.00
7.00	Total overhead cost (see instructions)	9,137,852	187,015	9,324,867	363,266.00	25.67	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
1/29/2021 4:35 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,247,084	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,484,020	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	-2,857	6.00
7.00	Employee Managed Care Program Administration Fees	224,216	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)	2,745,298	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,793,259	9.00
10.00	Dental, Hearing and Vision Plan	153,179	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	56,721	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)	445,836	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	102,419	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	3,336,801	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	115,589	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	319,013	22.00
23.00	Tuition Reimbursement	45,911	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	13,066,489	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: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,733,767	13,066,847	1.00
2.00	Hospital	1,733,767	8,563,489	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	3,099,247	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	564,373	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	839,738	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 16-0080 Component CCN: 16-7154		Period: From 07/01/2019 To 06/30/2020		Worksheet S-4 Date/Time Prepared: 1/29/2021 4:35 pm	
				Home Health Agency I		PPS	
				1.00			
0.00 County				CLINTON		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	752	0	2,350	3,102	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	473.00	1.00	357.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		3.22	0.00	3.22	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			9.69	0.00	9.69	5.00
6.00	Direct Nursing Service			9.63	0.00	9.63	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.61	0.00	2.61	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.86	0.00	0.86	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.42	0.00	0.42	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.10	0.00	0.10	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.99	0.00	2.99	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	DME			11.58	0.00	11.58	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.			3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	99914					20.00
20.01		99916					20.01
20.02		19340					20.02
		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	4,810	363	142	63	5,378	21.00
22.00	Skilled Nursing Visit Charges	874,230	65,750	26,350	11,420	977,750	22.00
23.00	Physical Therapy Visits	1,905	171	4	37	2,117	23.00
24.00	Physical Therapy Visit Charges	357,140	33,340	760	6,800	398,040	24.00
25.00	Occupational Therapy Visits	943	137	5	21	1,106	25.00
26.00	Occupational Therapy Visit Charges	174,860	27,000	940	3,800	206,600	26.00
27.00	Speech Pathology Visits	167	41	2	0	210	27.00
28.00	Speech Pathology Visit Charges	30,600	8,000	360	0	38,960	28.00
29.00	Medical Social Service Visits	47	10	2	1	60	29.00
30.00	Medical Social Service Visit Charges	9,200	2,000	400	200	11,800	30.00
31.00	Home Health Aide Visits	767	108	1	3	879	31.00
32.00	Home Health Aide Visit Charges	58,800	8,375	80	25	67,280	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	8,639	830	156	125	9,750	33.00
34.00	Other Charges	35,788	9,071	2,196	0	47,055	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,540,618	153,536	31,086	22,245	1,747,485	35.00
36.00	Total Number of Episodes (standard/non outlier)	703		79	13	795	36.00
37.00	Total Number of Outlier Episodes		31		0	31	37.00
38.00	Total Non-Routine Medical Supply Charges	8,403	944	937	0	10,284	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 16-0080

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

Worksheet S-5

Date/Time Prepared:
1/29/2021 4:35 pm

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	60	0	0	0	0	0	1.00	
2.00	Number of times per week patient receives dialysis	3.50	0.00	0.00	0.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	0.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	312	0					5.00	
6.00	Number of stations	13	0	0	0			6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	70.54	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						0		11.00
12.00	Number of patients transplanted during the cost reporting period						0		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X		21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOETINE-EPO AL	88,298	0	237,738	0		22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 16-0080

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

Worksheet S-5

Date/Time Prepared:
1/29/2021 4:35 pm

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

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 16-0080

Period:

Worksheet S-9

Hospice CCN: 16-1527

From 07/01/2019

PARTS I THROUGH IV

To 06/30/2020

Date/Time Prepared:

Hospice I

1/29/2021 4:35 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	9,392	9	697	10,098	11.00
12.00	Hospice Inpatient Respite Care	11	0	0	11	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	9,403	9	697	10,109	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	11	0	0	11	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

Health Financial Systems		MERCYONE CLINTON MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 16-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 1/29/2021 4:35 pm	
			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.258591	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			9,939,474	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			47,222,004	6.00
7.00	Medicaid cost (line 1 times line 6)			12,211,185	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			2,271,711	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			30,032	9.00
10.00	Stand-alone CHIP charges			132,812	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			34,344	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			4,312	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			1,378	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			5,003	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			1,294	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			108,013	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			2,276,023	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	3,297,793	445,376	3,743,169	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	852,780	445,376	1,298,156	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	852,780	445,376	1,298,156	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			2,898,374	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			253,084	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			389,360	27.01
28.00	Non-Medicare bad debt expense (see instructions)			2,509,014	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			785,084	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			2,083,240	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			4,359,263	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0080

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

Worksheet A

Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	2,989,547	2,989,547	1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	0	968,756	968,756	1.01
1.02	00102	CAP REL COSTS-MAT BUILDING	0	0	0	0	1.02
1.03	00103	CAP REL COSTS-CHILD CARE	0	0	11,961	11,961	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	3,025,695	3,025,695	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	397,837	477,009	874,846	7,840,467	4.00
5.02	00550	A&G-INFO SVCS	269,061	6,194,453	6,463,514	6,396,410	5.02
5.03	00560	A&G-PURCH	360,012	134,740	494,752	425,184	5.03
5.04	00570	A&G-ADMIT/REG	605,486	1,314,641	1,920,127	1,789,726	5.04
5.06	00590	A&G-ALL OTHER	1,492,372	4,420,127	5,912,499	7,223,718	5.06
6.00	00600	MAINTENANCE & REPAIRS	455,172	4,410,561	4,865,733	4,763,830	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	69,928	36,675	106,603	377,397	8.00
9.00	00900	HOUSEKEEPING	624,683	484,468	1,109,151	927,056	9.00
10.00	01000	DIETARY	796,624	851,780	1,648,404	1,507,639	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,311,888	715,400	2,027,288	1,798,896	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	131,997	148,159	280,156	171,285	14.00
15.00	01500	PHARMACY	1,340,350	13,387,856	14,728,206	1,181,043	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	567,360	233,016	800,376	703,135	16.00
17.00	01700	SOCIAL SERVICE	99,960	21,996	121,956	106,871	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	629,899	629,899	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,981,771	3,650,050	8,631,821	6,630,740	30.00
31.00	03100	INTENSIVE CARE UNIT	1,628,199	790,353	2,418,552	2,009,779	31.00
43.00	04300	NURSERY	0	74	74	435,636	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,268,910	4,894,791	7,163,701	3,129,869	50.00
51.00	05100	RECOVERY ROOM	255,808	103,376	359,184	302,874	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	211,029	55,063	266,092	466,914	52.00
53.00	05300	ANESTHESIOLOGY	1,079,525	401,467	1,480,992	760,351	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,411,047	1,540,093	2,951,140	1,958,925	54.00
54.01	05401	RADIATION ONCOLOGY	264,459	444,834	709,293	649,568	54.01
58.00	05800	MRI	100,647	277,185	377,832	346,015	58.00
59.00	05900	CARDIAC CATHETERIZATION	553,201	1,932,452	2,485,653	972,436	59.00
60.00	06000	LABORATORY	1,166,047	1,937,165	3,103,212	2,792,163	60.00
65.00	06500	RESPIRATORY THERAPY	757,942	321,871	1,079,813	918,452	65.00
66.00	06600	PHYSICAL THERAPY	497,476	150,642	648,118	556,521	66.00
67.00	06700	OCCUPATIONAL THERAPY	239,861	62,353	302,214	269,163	67.00
68.00	06800	SPEECH PATHOLOGY	155,989	38,217	194,206	172,785	68.00
69.00	06900	ELECTROCARDIOLOGY	246,781	122,082	368,863	288,298	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,488	24,325	33,813	22,109	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,266,079	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,086,084	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,620,214	73.00
74.00	07400	RENAL DIALYSIS	665,053	1,271,440	1,936,493	1,805,823	74.00
76.97	07697	CARDIAC REHABILITATION	109,519	28,893	138,412	121,102	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,457,827	6,093,785	15,551,612	12,382,721	90.00
91.00	09100	EMERGENCY	1,922,844	3,777,463	5,700,307	5,122,191	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	12,680	12,680	2,836	95.00
101.00	10100	HOME HEALTH AGENCY	2,454,531	2,058,589	4,513,120	3,894,749	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		5,715,354	5,715,354	0	113.00
116.00	11600	HOSPICE	446,970	583,697	1,030,667	1,162,906	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,407,654	69,119,175	108,526,829	110,985,892	118.00
NONREIMBURSABLE COST CENTERS							
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	11,152	3,512	14,664	11,990	194.01
194.07	07957	PHYSICIAN CLINICS	10,803,070	14,025,808	24,828,878	23,247,347	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	88,143	41,449	129,592	115,983	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	15,647	3,960	19,607	16,830	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	190,450	466,442	656,892	360,127	194.16
194.17	07967	CHILD DAY CARE CENTER	507,275	228,585	735,860	241,716	194.17
194.18	07968	MARKETING & ADVERTISING	107,768	520,376	628,144	588,689	194.18
194.19	07969	MERCY FOUNDATION	47,494	10,652	58,146	50,618	194.19
194.20	07970	RETAIL PHARMACY	173,655	896,697	1,070,352	1,049,772	194.20
200.00		TOTAL (SUM OF LINES 118 through 199)	51,352,308	85,316,656	136,668,964	136,668,964	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0080

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

Worksheet A

Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-919,947	2,069,600	1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	38,084	1,006,840	1.01
1.02	00102	CAP REL COSTS-MAT BUILDING	0	0	1.02
1.03	00103	CAP REL COSTS-CHILD CARE	0	11,961	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	347,541	3,373,236	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	271,724	8,112,191	4.00
5.02	00550	A&G-INFO SVCS	111,072	6,507,482	5.02
5.03	00560	A&G-PURCH	-146,602	278,582	5.03
5.04	00570	A&G-ADMIT/REG	-949,697	840,029	5.04
5.06	00590	A&G-ALL OTHER	1,558,972	8,782,690	5.06
6.00	00600	MAINTENANCE & REPAIRS	-1,952,196	2,811,634	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	377,397	8.00
9.00	00900	HOUSEKEEPING	-50,948	876,108	9.00
10.00	01000	DIETARY	-463,136	1,044,503	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-55,759	1,743,137	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	171,285	14.00
15.00	01500	PHARMACY	-4,636	1,176,407	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-9,584	693,551	16.00
17.00	01700	SOCIAL SERVICE	0	106,871	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-629,899	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,347,231	5,283,509	30.00
31.00	03100	INTENSIVE CARE UNIT	-473	2,009,306	31.00
43.00	04300	NURSERY	0	435,710	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-600	3,129,269	50.00
51.00	05100	RECOVERY ROOM	0	302,874	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	466,914	52.00
53.00	05300	ANESTHESIOLOGY	-484,350	276,001	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-136,430	1,822,495	54.00
54.01	05401	RADIATION ONCOLOGY	-253,773	395,795	54.01
58.00	05800	MRI	-994	345,021	58.00
59.00	05900	CARDIAC CATHETERIZATION	-8,125	964,311	59.00
60.00	06000	LABORATORY	-168,619	2,623,544	60.00
65.00	06500	RESPIRATORY THERAPY	-3,341	915,111	65.00
66.00	06600	PHYSICAL THERAPY	0	556,521	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	269,163	67.00
68.00	06800	SPEECH PATHOLOGY	0	172,785	68.00
69.00	06900	ELECTROCARDIOLOGY	-826	287,472	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	22,109	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,266,079	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,086,084	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,620,214	73.00
74.00	07400	RENAL DIALYSIS	-6,796	1,799,027	74.00
76.97	07697	CARDIAC REHABILITATION	-767	120,335	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-7,835,093	4,547,628	90.00
91.00	09100	EMERGENCY	-2,624,850	2,497,341	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-478	2,358	95.00
101.00	10100	HOME HEALTH AGENCY	-22,595	3,872,154	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-10,356	1,152,550	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-15,760,708	95,225,184	118.00
NONREIMBURSABLE COST CENTERS					
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	11,990	194.01
194.07	07957	PHYSICIAN CLINICS	-5,656	23,241,691	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	115,983	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	16,830	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	-13,158	346,969	194.16
194.17	07967	CHILD DAY CARE CENTER	0	241,716	194.17
194.18	07968	MARKETING & ADVERTISING	0	588,689	194.18
194.19	07969	MERCY FOUNDATION	0	50,618	194.19
194.20	07970	RETAIL PHARMACY	-48,813	1,000,959	194.20
200.00		TOTAL (SUM OF LINES 118 through 199)	-15,828,335	120,840,629	200.00

RECLASSIFICATIONS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
1/29/2021 4:35 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CHRGABLE SUPP AND IMPLT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,632	1.00	
2.00	A&G-INFO SVCS	5.02	0	459	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,266,079	3.00	
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,086,084	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	
TOTALS			0	5,354,254		
B - Chargeable Drugs Reclass						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,620,214	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	
TOTALS			0	15,620,214		
C - LAUNDRY EXPENSE						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	296,951	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	
TOTALS			0	296,951		
D - DIETARY EXPENSE						
1.00	DIETARY	10.00	0	141,250	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	

RECLASSIFICATIONS

Provider CCN: 16-0080

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

Worksheet A-6

Date/Time Prepared:
1/29/2021 4:35 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	141,250		
	E - DIRECT ASSIGNED EMP BENE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		6,659,598		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
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
			0	6,659,598		

RECLASSIFICATIONS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
1/29/2021 4:35 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	F - INT, DEPR, OTHER FROM 113					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,197,769		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	617,510		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	89,509		3.00
4.00	A&G-ALL OTHER	5.06	0	1,810,566		4.00
	TOTALS		0	5,715,354		
	G - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-SOUTH 1970	1.01	0	968,756		1.00
	BLUFF BLDG					
2.00	CAP REL COSTS-CHILD CARE	1.03	0	11,961		2.00
	TOTALS		0	980,717		
	H - CHILDCARE RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	289,147	29,867		1.00
	TOTALS		289,147	29,867		
	I - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	89,509		1.00
	TOTALS		0	89,509		
	J - MOVEABLE EQUIPMENT					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,025,695		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
	TOTALS		0	3,025,695		
	K - HOMECARE/HOSPICE/BUSINESS OFFICE					
1.00	HOSPICE	116.00	111,215	94,956		1.00
	TOTALS		111,215	94,956		
	L - EMPLOYEE HEALTH AND WELLNESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	102,132		1.00
	TOTALS		0	102,132		
	N - CRNA					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	594,955	34,944		1.00
	TOTALS		594,955	34,944		
	O - LDRP					
1.00	NURSERY	43.00	364,685	70,951		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	182,746	53,318		2.00
	TOTALS		547,431	124,269		
	P - MERCY1 REBRANDING					
1.00	A&G-ALL OTHER	5.06	0	23,262		1.00
	TOTALS		0	23,262		
500.00	Grand Total: Increases		1,542,748	38,292,972		500.00

RECLASSIFICATIONS

Provider CCN: 16-0080

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

Worksheet A-6

Date/Time Prepared:
1/29/2021 4:35 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - CHRGABLE SUPP AND IMPLT							
1.00	A&G-PURCH	5.03	0	3,691	0		1.00	
2.00	A&G-ADMIT/REG	5.04	0	6,114	0		2.00	
3.00	A&G-ALL OTHER	5.06	0	34,191	0		3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	325	0		4.00	
5.00	LAUNDRY & LINEN SERVICE	8.00	0	8,936	0		5.00	
6.00	HOUSEKEEPING	9.00	0	18,619	0		6.00	
7.00	DIETARY	10.00	0	7,527	0		7.00	
8.00	NURSING ADMINISTRATION	13.00	0	55	0		8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,347	0		9.00	
10.00	PHARMACY	15.00	0	13,693	0		10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	13	0		11.00	
12.00	SOCIAL SERVICE	17.00	0	9	0		12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	174,851	0		13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	97,884	0		14.00	
15.00	OPERATING ROOM	50.00	0	3,098,551	0		15.00	
16.00	RECOVERY ROOM	51.00	0	2,861	0		16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,124	0		17.00	
18.00	ANESTHESIOLOGY	53.00	0	327	0		18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	58,541	0		19.00	
20.00	RADIATION ONCOLOGY	54.01	0	5,596	0		20.00	
21.00	MRI	58.00	0	1,111	0		21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	1,088,045	0		22.00	
23.00	LABORATORY	60.00	0	19,846	0		23.00	
24.00	RESPIRATORY THERAPY	65.00	0	13,476	0		24.00	
25.00	PHYSICAL THERAPY	66.00	0	2,295	0		25.00	
26.00	OCCUPATIONAL THERAPY	67.00	0	1,463	0		26.00	
27.00	SPEECH PATHOLOGY	68.00	0	450	0		27.00	
28.00	ELECTROCARDIOLOGY	69.00	0	8,248	0		28.00	
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,624	0		29.00	
30.00	CARDIAC REHABILITATION	76.97	0	1,064	0		30.00	
31.00	CLINIC	90.00	0	491,309	0		31.00	
32.00	EMERGENCY	91.00	0	162,068	0		32.00	
	TOTALS		0	5,354,254				
	B - Chargeable Drugs Reclass							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,743	0		1.00	
2.00	A&G-ALL OTHER	5.06	0	148,689	0		2.00	
3.00	DIETARY	10.00	0	25	0		3.00	
4.00	PHARMACY	15.00	0	13,193,861	0		4.00	
5.00	OPERATING ROOM	50.00	0	1,544	0		5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	289,470	0		6.00	
7.00	MRI	58.00	0	5,239	0		7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	206,583	0		8.00	
9.00	SPEECH PATHOLOGY	68.00	0	562	0		9.00	
10.00	CLINIC	90.00	0	1,762,498	0		10.00	
	TOTALS		0	15,620,214				
	C - LAUNDRY EXPENSE							
1.00	HOUSEKEEPING	9.00	0	10,286	0		1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,646	0		2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	49,092	0		3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	35,856	0		4.00	
5.00	OPERATING ROOM	50.00	0	43,489	0		5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,642	0		6.00	
7.00	RADIATION ONCOLOGY	54.01	0	2,185	0		7.00	
8.00	MRI	58.00	0	2,030	0		8.00	
9.00	CARDIAC CATHETERIZATION	59.00	0	2,009	0		9.00	
10.00	LABORATORY	60.00	0	933	0		10.00	
11.00	PHYSICAL THERAPY	66.00	0	3,189	0		11.00	
12.00	ELECTROCARDIOLOGY	69.00	0	8,808	0		12.00	
13.00	RENAL DIALYSIS	74.00	0	4,798	0		13.00	
14.00	CLINIC	90.00	0	15,694	0		14.00	
15.00	EMERGENCY	91.00	0	39,071	0		15.00	
16.00	AMBULANCE SERVICES	95.00	0	9,844	0		16.00	
17.00	HOME HEALTH AGENCY	101.00	0	366	0		17.00	
18.00	PHYSICIAN CLINICS	194.07	0	52,968	0		18.00	
19.00	MERCY LIVING CENTER - NORTH	194.16	0	1,045	0		19.00	
	TOTALS		0	296,951				
	D - DIETARY EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,857	0		1.00	
2.00	A&G-ALL OTHER	5.06	0	23,125	0		2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	0	18	0		3.00	
4.00	HOUSEKEEPING	9.00	0	33	0		4.00	
5.00	NURSING ADMINISTRATION	13.00	0	80	0		5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	4	0		6.00	

RECLASSIFICATIONS

Provider CCN: 16-0080

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00	ADULTS & PEDIATRICS	30.00	0	36,155	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	6,697	0		8.00
9.00	OPERATING ROOM	50.00	0	2,397	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	419	0		10.00
11.00	RADIATION ONCOLOGY	54.01	0	600	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	41	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	39	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	6	0		14.00
15.00	SPEECH PATHOLOGY	68.00	0	103	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	486	0		16.00
17.00	RENAL DIALYSIS	74.00	0	8	0		17.00
18.00	CARDIAC REHABILITATION	76.97	0	16	0		18.00
19.00	CLINIC	90.00	0	117	0		19.00
20.00	EMERGENCY	91.00	0	7,059	0		20.00
21.00	HOME HEALTH AGENCY	101.00	0	387	0		21.00
22.00	HOSPICE	116.00	0	239	0		22.00
23.00	PHYSICIAN CLINICS	194.07	0	12,155	0		23.00
24.00	MEDICALLY ASSISTED TREATMENT BLDG	194.08	0	544	0		24.00
25.00	TENDERCARE (PRENATAL CLASSES)	194.13	0	229	0		25.00
26.00	MERCY LIVING CENTER - NORTH	194.16	0	615	0		26.00
27.00	CHILD DAY CARE CENTER	194.17	0	45,266	0		27.00
28.00	MARKETING & ADVERTISING	194.18	0	740	0		28.00
29.00	MERCY FOUNDATION	194.19	0	815	0		29.00
	TOTALS		0	141,250			
E - DIRECT ASSIGNED EMP BENE							
1.00	A&G-INFO SVCS	5.02		34,342			1.00
2.00	A&G-PURCH	5.03		63,648			2.00
3.00	A&G-ADMIT/REG	5.04		123,983			3.00
4.00	A&G-ALL OTHER	5.06		196,569			4.00
5.00	MAINTENANCE & REPAIRS	6.00		74,893			5.00
6.00	LAUNDRY & LINEN SERVICE	8.00		17,203			6.00
7.00	HOUSEKEEPING	9.00		149,175			7.00
8.00	DIETARY	10.00		166,554			8.00
9.00	NURSING ADMINISTRATION	13.00		215,065			9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00		27,642			10.00
11.00	PHARMACY	15.00		159,992			11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00		93,947			12.00
13.00	SOCIAL SERVICE	17.00		15,076			13.00
14.00	ADULTS & PEDIATRICS	30.00		734,609			14.00
15.00	INTENSIVE CARE UNIT	31.00		227,597			15.00
16.00	OPERATING ROOM	50.00		339,440			16.00
17.00	RECOVERY ROOM	51.00		35,260			17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00		28,647			18.00
19.00	ANESTHESIOLOGY	53.00		89,459			19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00		199,768			20.00
21.00	RADIATION ONCOLOGY	54.01		38,382			21.00
22.00	MRI	58.00		13,437			22.00
23.00	CARDIAC CATHETERIZATION	59.00		73,446			23.00
24.00	LABORATORY	60.00		188,778			24.00
25.00	RESPIRATORY THERAPY	65.00		107,396			25.00
26.00	PHYSICAL THERAPY	66.00		73,240			26.00
27.00	OCCUPATIONAL THERAPY	67.00		31,588			27.00
28.00	SPEECH PATHOLOGY	68.00		20,306			28.00
29.00	ELECTROCARDIOLOGY	69.00		40,388			29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00		1,370			30.00
31.00	RENAL DIALYSIS	74.00		98,767			31.00
32.00	CARDIAC REHABILITATION	76.97		16,230			32.00
33.00	CLINIC	90.00		837,420			33.00
34.00	EMERGENCY	91.00		283,192			34.00
35.00	HOME HEALTH AGENCY	101.00		369,853			35.00
36.00	HOSPICE	116.00		73,693			36.00
37.00	PASSTHRU COSTS	194.01		2,674			37.00
38.00	PHYSICIAN CLINICS	194.07		1,171,963			38.00
39.00	MEDICALLY ASSISTED TREATMENT BLDG	194.08		13,065			39.00
40.00	TENDERCARE (PRENATAL CLASSES)	194.13		2,548			40.00
41.00	MERCY LIVING CENTER - NORTH	194.16		37,001			41.00
42.00	CHILD DAY CARE CENTER	194.17		129,864			42.00
43.00	MARKETING & ADVERTISING	194.18		14,835			43.00
44.00	MERCY FOUNDATION	194.19		6,713			44.00
45.00	RETAIL PHARMACY	194.20		20,580			45.00

RECLASSIFICATIONS

Provider CCN: 16-0080

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

Worksheet A-6

Date/Time Prepared:
1/29/2021 4:35 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
			0	6,659,598			
	F - INT, DEPR, OTHER FROM 113						
1.00	INTEREST EXPENSE	113.00	0	3,197,769	9		1.00
2.00	INTEREST EXPENSE	113.00	0	617,510	11		2.00
3.00	INTEREST EXPENSE	113.00	0	89,509	12		3.00
4.00	INTEREST EXPENSE	113.00	0	1,810,566	0		4.00
	TOTALS		0	5,715,354			
	G - BUILDING DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	980,717	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	980,717			
	H - CHILDCARE RECLASS						
1.00	CHILD DAY CARE CENTER	194.17	289,147	29,867	0		1.00
	TOTALS		289,147	29,867			
	I - PROPERTY INSURANCE						
1.00	A&G-ALL OTHER	5.06	0	89,509	12		1.00
	TOTALS		0	89,509			
	J - MOVEABLE EQUIPMENT						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	24,033	9		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23	0		2.00
3.00	A&G-INFO SVCS	5.02	0	33,221	0		3.00
4.00	A&G-PURCH	5.03	0	2,229	0		4.00
5.00	A&G-ADMIT/REG	5.04	0	304	0		5.00
6.00	A&G-ALL OTHER	5.06	0	30,526	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	26,685	0		7.00
8.00	HOUSEKEEPING	9.00	0	3,982	0		8.00
9.00	DIETARY	10.00	0	107,909	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	13,192	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	56,232	0		11.00
12.00	PHARMACY	15.00	0	179,617	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,281	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	334,674	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	40,739	0		15.00
16.00	OPERATING ROOM	50.00	0	548,411	0		16.00
17.00	RECOVERY ROOM	51.00	0	18,189	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,471	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	956	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	430,375	0		20.00
21.00	RADIATION ONCOLOGY	54.01	0	12,962	0		21.00
22.00	MRI	58.00	0	10,000	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	143,093	0		23.00
24.00	LABORATORY	60.00	0	101,492	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	40,450	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	12,867	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	22,635	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,710	0		28.00
29.00	RENAL DIALYSIS	74.00	0	27,097	0		29.00
30.00	CLINIC	90.00	0	61,853	0		30.00
31.00	EMERGENCY	91.00	0	86,726	0		31.00
32.00	HOME HEALTH AGENCY	101.00	0	41,594	0		32.00
33.00	PHYSICIAN CLINICS	194.07	0	344,445	0		33.00
34.00	MERCY LIVING CENTER - NORTH	194.16	0	258,104	0		34.00
35.00	MARKETING & ADVERTISING	194.18	0	618	0		35.00
	TOTALS		0	3,025,695			
	K - HOMECARE/HOSPICE/BUSINESS OFFICE						
1.00	HOME HEALTH AGENCY	101.00	111,215	94,956	0		1.00
	TOTALS		111,215	94,956			
	L - EMPLOYEE HEALTH AND WELLNESS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	102,132	0	0		1.00
	TOTALS		102,132	0			
	N - CRNA						
1.00	ANESTHESIOLOGY	53.00	594,955	34,944	0		1.00
	TOTALS		594,955	34,944			
	O - LDRP						
1.00	ADULTS & PEDIATRICS	30.00	547,431	124,269	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		547,431	124,269			
	P - MERCY1 REBRANDING						
1.00	MARKETING & ADVERTISING	194.18	0	23,262	0		1.00
	TOTALS		0	23,262			
500.00	Grand Total: Decreases		1,644,880	38,190,840			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	905,281	0	0	0	0	1.00	
2.00	Land Improvements	3,363,217	301,941	0	301,941	0	2.00	
3.00	Buildings and Fixtures	86,575,176	4,762,410	0	4,762,410	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	40,991,842	2,142,148	0	2,142,148	31,012	6.00	
7.00	HIT designated Assets	25,326,286	1,278,864	0	1,278,864	0	7.00	
8.00	Subtotal (sum of lines 1-7)	157,161,802	8,485,363	0	8,485,363	31,012	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	157,161,802	8,485,363	0	8,485,363	31,012	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	905,281	0				1.00	
2.00	Land Improvements	3,665,158	1,920,434				2.00	
3.00	Buildings and Fixtures	91,337,586	46,212,598				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	43,102,978	26,780,816				6.00	
7.00	HIT designated Assets	26,605,150	0				7.00	
8.00	Subtotal (sum of lines 1-7)	165,616,153	74,913,848				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	165,616,153	74,913,848				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	0	0	0	0	1.01
1.02	CAP REL COSTS-MAT BUILDING	0	0	0	0	0	1.02
1.03	CAP REL COSTS-CHILD CARE	0	0	0	0	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	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-SOUTH 1970 BLUFF BLDG	0	0				1.01
1.02	CAP REL COSTS-MAT BUILDING	0	0				1.02
1.03	CAP REL COSTS-CHILD CARE	0	0				1.03
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: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	95,908,025	0	95,908,025	0.579098	0	1.00
1.01	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS-MAT BUILDING	0	0	0	0.000000	0	1.02
1.03	CAP REL COSTS-CHILD CARE	0	0	0	0.000000	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	69,708,128	0	69,708,128	0.420902	0	2.00
3.00	Total (sum of lines 1-2)	165,616,153	0	165,616,153	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	2,193,019	0	1.00
1.01	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	0	0	1,006,840	0	1.01
1.02	CAP REL COSTS-MAT BUILDING	0	0	0	0	0	1.02
1.03	CAP REL COSTS-CHILD CARE	0	0	0	11,961	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,373,236	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,585,056	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	-302,437	179,018	0	0	2,069,600	1.00
1.01	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	0	0	0	1,006,840	1.01
1.02	CAP REL COSTS-MAT BUILDING	0	0	0	0	0	1.02
1.03	CAP REL COSTS-CHILD CARE	0	0	0	0	11,961	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,373,236	2.00
3.00	Total (sum of lines 1-2)	-302,437	179,018	0	0	6,461,637	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0080

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

Worksheet A-8

Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		A	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-758,566	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - CAP REL COSTS-SOUTH 1970 BLUFF BLDG (chapter 2)			0CAP REL COSTS-SOUTH 1970 BLUFF BLDG	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-MAT BUILDING (chapter 2)			0CAP REL COSTS-MAT BUILDING	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-CHILD CARE (chapter 2)			0CAP REL COSTS-CHILD CARE	1.03	0	1.03
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-12,480,539			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	-273,018			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-386,838	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-9,499	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-SOUTH 1970 BLUFF BLDG	A	38,084	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	1.01	9	26.01
26.02	Depreciation - CAP REL COSTS-MAT BUILDING			0CAP REL COSTS-MAT BUILDING	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-CHILD CARE			0CAP REL COSTS-CHILD CARE	1.03	0	26.03
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0080

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

Worksheet A-8

Date/Time Prepared:
1/29/2021 4:35 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
1.00	2.00	3.00	4.00	5.00		
28.00 Non-physician Anesthetist	A	-629,899	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.01 Catering Revenue	B	-2,660	DIETARY	10.00	0	33.01
33.02 Catering Revenue	B	65	EMERGENCY	91.00	0	33.02
33.03 Non Patient Drug Revenue	B	-3,432	PHARMACY	15.00	0	33.03
33.04 Rental Space Revenue	B	-32	A&G-ALL OTHER	5.06	0	33.04
33.05 Rental Space Revenue	B	-114,916	MAINTENANCE & REPAIRS	6.00	0	33.05
33.06 Other Operating Revenue	B	-10,805	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.06
33.07 Other Operating Revenue	B	-17,588	A&G-ALL OTHER	5.06	0	33.07
33.08 Other Operating Revenue	B	-300	DIETARY	10.00	0	33.08
33.09 Other Operating Revenue	B	-32	MEDICAL RECORDS & LIBRARY	16.00	0	33.09
33.10 Other Operating Revenue	B	-2,432	ADULTS & PEDIATRICS	30.00	0	33.10
33.11 Other Operating Revenue	B	-600	OPERATING ROOM	50.00	0	33.11
33.12 Other Operating Revenue	B	-7,964	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.13 Other Operating Revenue	B	-994	MRI	58.00	0	33.13
33.14 Other Operating Revenue	B	-251	LABORATORY	60.00	0	33.14
33.15 Other Operating Revenue	B	-19,735	CLINIC	90.00	0	33.15
33.16 Other Operating Revenue	B	-19,523	HOME HEALTH AGENCY	101.00	0	33.16
33.17 Other Revenue Copies	B	-4,322	MEDICAL RECORDS & LIBRARY	16.00	0	33.17
33.18 Other Revenue Copies	B	-35	CLINIC	90.00	0	33.18
33.19 Other Revenue Copies	B	-42	HOME HEALTH AGENCY	101.00	0	33.19
33.20 Clinical Lab Revenue	B	-55,556	LABORATORY	60.00	0	33.20
33.21 Mgt Revenue MRI	B	-51,067	RADIOLOGY-DIAGNOSTIC	54.00	0	33.21
33.22 CE Revenue	B	-2,196	NURSING ADMINISTRATION	13.00	0	33.22
33.23 IC Other Revenue	B	-562	A&G-ALL OTHER	5.06	0	33.23
33.24 IC Other Revenue	B	-1,204	PHARMACY	15.00	0	33.24
33.25 IC Other Revenue	B	-9,484	ADULTS & PEDIATRICS	30.00	0	33.25
33.26 IC Other Revenue	B	-473	INTENSIVE CARE UNIT	31.00	0	33.26
33.27 IC Other Revenue	B	-3,182	RADIOLOGY-DIAGNOSTIC	54.00	0	33.27
33.28 IC Other Revenue	B	-3,030	HOME HEALTH AGENCY	101.00	0	33.28
33.29 IC Other Revenue	B	-7,712	HOSPICE	116.00	0	33.29
33.30 IC Other Revenue	B	-5,656	PHYSICIAN CLINICS	194.07	0	33.30
33.31 IC Other Revenue	B	-13,158	MERCY LIVING CENTER - NORTH	194.16	0	33.31
33.32 IC Other Revenue	B	-48,813	RETAIL PHARMACY	194.20	0	33.32
33.33 IC Rent Revenue	B	-74,217	RADIOLOGY-DIAGNOSTIC	54.00	0	33.33
33.34 Income Taxes	B	14,000	A&G-ALL OTHER	5.06	0	33.34
33.35 Child Care Revenue	B	-5,230	MEDICAL RECORDS & LIBRARY	16.00	0	33.35
34.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
34.01 Physician Recruiting Expense	A	-33,916	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.01
34.02 Physician Recruiting Expense	A	10,625	A&G-ALL OTHER	5.06	0	34.02
34.03 Physician Recruiting Expense	A	-154,930	CLINIC	90.00	0	34.03
34.04 OFFSET PATIENT TRANSPORTATION	A	-21,062	A&G-ALL OTHER	5.06	0	34.04
34.05 OFFSET PATIENT TRANSPORTATION	A	-8,125	CARDIAC CATHETERIZATION	59.00	0	34.05
34.06 OFFSET PATIENT TRANSPORTATION	A	-478	AMBULANCE SERVICES	95.00	0	34.06
34.07 OFFSET PATIENT TRANSPORTATION	A	-2,644	HOSPICE	116.00	0	34.07
34.08 Medicaid Tax Expense	A	-583,742	A&G-ALL OTHER	5.06	0	34.08
34.09 PT Tuition	A	-1,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.09
34.10 Donations Expense	A	-32,195	A&G-ALL OTHER	5.06	0	34.10
34.11 Advertising Expense	A	-50	A&G-PURCH	5.03	0	34.11
34.12 Advertising Expense	A	-15,149	A&G-ALL OTHER	5.06	0	34.12
34.13 Advertising Expense	A	-43	DIETARY	10.00	0	34.13
34.14 Advertising Expense	A	-654	CLINIC	90.00	0	34.14
34.15 LOBBYING EXPENSE	A	-11,559	A&G-ALL OTHER	5.06	0	34.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,828,335				50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0080

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

Worksheet A-8

Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 16-0080

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

Worksheet A-8-1

Date/Time Prepared:
1/29/2021 4:35 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	IC-LOAN	617,510	778,891	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	TH-CAPITAL	300,157	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	TIS-CAPITAL	47,384	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC-HR ALLOCATION	0	216,574	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC-PHARM REBATE	-329,143	-329,143	4.01
4.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC-STOP LOSS	0	110,562	4.02
4.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC-WORKERS COMP	102,419	540,440	4.03
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC-PENSION	1,082,602	0	4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC-TUITION	33,710	33,710	4.05
4.06	5.02	A&G-INFO SVCS	IC-TIS OPERATING ALLOCATION	4,703,280	4,592,208	4.06
4.07	5.02	A&G-INFO SVCS	IC-TIS TELECOMM	46,470	46,470	4.07
4.08	5.02	A&G-INFO SVCS	IC-TIS AMORT	1,308,490	1,308,490	4.08
4.09	5.02	A&G-INFO SVCS	IC-DUB EHR	1,067	1,067	4.09
4.10	5.03	A&G-PURCH	IC-DUB CENTRAL SUPPLY	4,859	4,859	4.10
4.11	5.03	A&G-PURCH	IC-SUPPLY CHAIN	0	146,552	4.11
4.12	5.04	A&G-ADMIT/REG	IC-PFS	0	949,697	4.12
4.13	5.06	A&G-ALL OTHER	IC-MERCYONE	658,280	627,953	4.13
4.14	5.06	A&G-ALL OTHER	IC-DUB ADMIN	327	327	4.14
4.15	5.06	A&G-ALL OTHER	IC-TH OPERATING	5,242,054	2,891,425	4.15
4.16	5.06	A&G-ALL OTHER	IC-SC ADMIN	-2,900	-2,900	4.16
4.17	5.06	A&G-ALL OTHER	IC-DUB ADMIN	1,167	1,167	4.17
4.18	5.06	A&G-ALL OTHER	IC-MALPRACTICE	138,615	235,367	4.18
4.19	5.06	A&G-ALL OTHER	IC-PROPERTY	67,342	89,509	4.19
4.20	5.06	A&G-ALL OTHER	IC-INTEGRATED RISK	140,147	185,948	4.20
4.21	6.00	MAINTENANCE & REPAIRS	IC-TIS TELECOM	0	14,362	4.21
4.22	6.00	MAINTENANCE & REPAIRS	IC-MAINT & REPAIRS	0	1,822,918	4.22
4.23	9.00	HOUSEKEEPING	IC-HOUSEKEEPING	0	50,948	4.23
4.24	10.00	DIETARY	IC-DUB DIETARY	34,740	34,740	4.24
4.25	10.00	DIETARY	IC-DIETARY	0	63,796	4.25
4.26	13.00	NURSING ADMINISTRATION	IC-MT.CARMEL EDUCATION	6,208	6,208	4.26
4.27	13.00	NURSING ADMINISTRATION	IC-MC-ACO	279,119	279,119	4.27
4.28	15.00	PHARMACY	IC-DUB-PHARM	954	954	4.28
4.29	16.00	MEDICAL RECORDS & LIBRARY	IC-DUB-HIM	2,934	2,934	4.29
4.30	54.00	RADIOLOGY-DIAGNOSTIC	IC-DUB-RADIOLOGY	2,763	2,763	4.30
4.31	54.01	RADIATION ONCOLOGY	IC-TH OPERATING	0	2,095	4.31
4.32	58.00	MRI	IC-MRI	82,181	82,181	4.32
4.33	90.00	CLINIC	IC-PNO	337,683	337,683	4.33
4.34	101.00	HOME HEALTH AGENCY	IC-HOMECARE	242,876	242,876	4.34
4.35	116.00	HOSPICE	IC-HOSPICE	147	147	4.35
4.36	194.07	PHYSICIAN CLINICS	IC-SC PNO	37,700	37,700	4.36
4.37	194.16	MERCY LIVING CENTER - NORTH	IC-MLC NORTH	68,950	68,950	4.37
4.38	5.06	A&G-ALL OTHER	IC-MERCYONE REBRAND	23,262	23,262	4.38
4.39	13.00	NURSING ADMINISTRATION	IC-MERCYONE ACO	225,556	279,119	4.39
4.40	0.00			0	0	4.40
4.41	0.00			0	0	4.41
4.42	0.00			0	0	4.42
4.43	0.00			0	0	4.43
4.44	0.00			0	0	4.44
4.45	0.00			0	0	4.45
4.46	0.00			0	0	4.46
4.47	0.00			0	0	4.47
4.48	0.00			0	0	4.48
4.49	0.00			0	0	4.49
4.50	0.00			0	0	4.50
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			15,508,910	15,781,928	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:				

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

Provider CCN: 16-0080

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

Worksheet A-8-1

Date/Time Prepared:
1/29/2021 4:35 pm

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

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

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

6.00	G	0.00	TRINITY HEALTH	100.00	6.00
7.00	G	0.00	TRINITY INFO SY	100.00	7.00
8.00	G	0.00	MRI	75.00	8.00
9.00	G	0.00	MERCY HOMECARE	100.00	9.00
10.00	G	0.00	PNO	100.00	10.00
10.01	G	0.00	MLC NORTH	100.00	10.01
10.02	G	0.00	MERCYONE	100.00	10.02
10.03	G	0.00	MERCYONE DUB	0.01	10.03
10.04	G	0.00	MERCYONE SC	0.01	10.04
10.05	G	0.00	MT CARMEL	0.01	10.05
10.06	G	0.00	MERCYONE MC	0.01	10.06
10.07	G	0.00	MERCY HOSPICE	100.00	10.07
10.08		0.00		0.00	10.08
10.09		0.00		0.00	10.09
10.10		0.00		0.00	10.10
10.11		0.00		0.00	10.11
10.12		0.00		0.00	10.12
10.13		0.00		0.00	10.13
10.14		0.00		0.00	10.14
10.15		0.00		0.00	10.15
10.16		0.00		0.00	10.16
10.17		0.00		0.00	10.17
10.18		0.00		0.00	10.18
10.19		0.00		0.00	10.19
10.20		0.00		0.00	10.20
100.00	G. Other (financial or non-financial) specify:	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: 16-0080

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

Worksheet A-8-1

Date/Time Prepared:
1/29/2021 4:35 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-161,381	11		1.00
2.00	300,157	9		2.00
3.00	47,384	9		3.00
4.00	-216,574	0		4.00
4.01	0	0		4.01
4.02	-110,562	0		4.02
4.03	-438,021	0		4.03
4.04	1,082,602	0		4.04
4.05	0	0		4.05
4.06	111,072	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	-146,552	0		4.11
4.12	-949,697	0		4.12
4.13	30,327	0		4.13
4.14	0	0		4.14
4.15	2,350,629	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	-96,752	0		4.18
4.19	-22,167	0		4.19
4.20	-45,801	0		4.20
4.21	-14,362	0		4.21
4.22	-1,822,918	0		4.22
4.23	-50,948	0		4.23
4.24	0	0		4.24
4.25	-63,796	0		4.25
4.26	0	0		4.26
4.27	0	0		4.27
4.28	0	0		4.28
4.29	0	0		4.29
4.30	0	0		4.30
4.31	-2,095	0		4.31
4.32	0	0		4.32
4.33	0	0		4.33
4.34	0	0		4.34
4.35	0	0		4.35
4.36	0	0		4.36
4.37	0	0		4.37
4.38	0	0		4.38
4.39	-53,563	0		4.39
4.40	0	0		4.40
4.41	0	0		4.41
4.42	0	0		4.42
4.43	0	0		4.43
4.44	0	0		4.44
4.45	0	0		4.45
4.46	0	0		4.46
4.47	0	0		4.47
4.48	0	0		4.48
4.49	0	0		4.49
4.50	0	0		4.50
5.00	-273,018			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

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

Provider CCN: 16-0080

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

Worksheet A-8-1

Date/Time Prepared:
1/29/2021 4:35 pm

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

the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HOME OFFICE	6.00
7.00	HOME OFFICE IT	7.00
8.00	MRI-JV	8.00
9.00	HOMECARE	9.00
10.00	PHYSICIAN	10.00
10.01	NURSING HOME	10.01
10.02	HOME OFFICE	10.02
10.03	HOSPITAL	10.03
10.04	HOSPITAL	10.04
10.05	HOSPITAL	10.05
10.06	HOSPITAL	10.06
10.07	HOSPICE	10.07
10.08		10.08
10.09		10.09
10.10		10.10
10.11		10.11
10.12		10.12
10.13		10.13
10.14		10.14
10.15		10.15
10.16		10.16
10.17		10.17
10.18		10.18
10.19		10.19
10.20		10.20
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0080

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

Worksheet A-8-2

Date/Time Prepared:
1/29/2021 4:35 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	1,335,315	1,335,315	0	211,500	0	1.00
2.00	53.00	ANESTHESIOLOGY	489,759	479,497	10,262	239,400	47	2.00
3.00	54.01	RADIATION ONCOLOGY	306,078	174,978	131,100	211,500	535	3.00
4.00	60.00	LABORATORY	245,000	0	245,000	211,500	1,300	4.00
5.00	65.00	RESPIRATORY THERAPY	6,188	0	6,188	211,500	28	5.00
6.00	69.00	ELECTROCARDIOLOGY	2,250	0	2,250	211,500	14	6.00
7.00	74.00	RENAL DIALYSIS	31,200	0	31,200	211,500	240	7.00
8.00	76.97	CARDIAC REHABILITATION	1,275	0	1,275	211,500	5	8.00
9.00	90.00	CLINIC	7,670,416	7,650,758	19,658	211,500	105	9.00
10.00	91.00	EMERGENCY	2,730,665	2,444,665	286,000	211,500	1,040	10.00
200.00			12,818,146	12,085,213	732,933		3,314	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	5,409	270	0	0	0	2.00
3.00	54.01	RADIATION ONCOLOGY	54,400	2,720	0	0	0	3.00
4.00	60.00	LABORATORY	132,188	6,609	0	0	0	4.00
5.00	65.00	RESPIRATORY THERAPY	2,847	142	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	1,424	71	0	0	0	6.00
7.00	74.00	RENAL DIALYSIS	24,404	1,220	0	0	0	7.00
8.00	76.97	CARDIAC REHABILITATION	508	25	0	0	0	8.00
9.00	90.00	CLINIC	10,677	534	0	0	0	9.00
10.00	91.00	EMERGENCY	105,750	5,288	0	0	0	10.00
200.00			337,607	16,879	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,335,315		1.00
2.00	53.00	ANESTHESIOLOGY	0	5,409	4,853	484,350		2.00
3.00	54.01	RADIATION ONCOLOGY	0	54,400	76,700	251,678		3.00
4.00	60.00	LABORATORY	0	132,188	112,812	112,812		4.00
5.00	65.00	RESPIRATORY THERAPY	0	2,847	3,341	3,341		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	1,424	826	826		6.00
7.00	74.00	RENAL DIALYSIS	0	24,404	6,796	6,796		7.00
8.00	76.97	CARDIAC REHABILITATION	0	508	767	767		8.00
9.00	90.00	CLINIC	0	10,677	8,981	7,659,739		9.00
10.00	91.00	EMERGENCY	0	105,750	180,250	2,624,915		10.00
200.00			0	337,607	395,326	12,480,539		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	SOUTH 1970 BLUFF BLDG	MAT BUILDING	CHILD CARE	
0			1.00	1.01	1.02	1.03		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,069,600	2,069,600				1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	1,006,840	0	1,006,840			1.01
1.02	00102	CAP REL COSTS-MAT BUILDING	0	0	0	0		1.02
1.03	00103	CAP REL COSTS-CHILD CARE	11,961	0	0	0	11,961	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,373,236					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,112,191	7,099	7,382	0	0	4.00
5.02	00550	A&G-INFO SVCS	6,507,482	27,188	0	0	0	5.02
5.03	00560	A&G-PURCH	278,582	55,185	0	0	0	5.03
5.04	00570	A&G-ADMIT/REG	840,029	29,894	0	0	0	5.04
5.06	00590	A&G-ALL OTHER	8,782,690	128,040	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,811,634	38,823	0	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	377,397	11,181	91,465	0	0	8.00
9.00	00900	HOUSEKEEPING	876,108	13,167	0	0	0	9.00
10.00	01000	DIETARY	1,044,503	81,707	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,743,137	90,425	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	171,285	32,179	0	0	0	14.00
15.00	01500	PHARMACY	1,176,407	27,265	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	693,551	36,605	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	106,871	16,838	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,283,509	231,720	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,009,306	55,695	0	0	0	31.00
43.00	04300	NURSERY	435,710	29,805	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,129,269	283,414	0	0	0	50.00
51.00	05100	RECOVERY ROOM	302,874	8,508	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	466,914	36,916	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	276,001	1,453	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,822,495	173,718	0	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	395,795	110,924	0	0	0	54.01
58.00	05800	MRI	345,021	23,072	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	964,311	69,183	0	0	0	59.00
60.00	06000	LABORATORY	2,623,544	60,265	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	915,111	25,124	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	556,521	0	273,847	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	269,163	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	172,785	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	287,472	13,089	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,109	7,909	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,266,079	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,086,084	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,620,214	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,799,027	0	152,917	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	120,335	7,998	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,547,628	196,169	0	0	0	90.00
91.00	09100	EMERGENCY	2,497,341	76,704	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,358	32,822	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,872,154	0	455,287	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,152,550	0	25,942	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	95,225,184	2,040,084	1,006,840	0	0	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	11,990	0	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	23,241,691	21,264	0	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	115,983	0	0	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	16,830	765	0	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	346,969	0	0	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	241,716	0	0	0	11,961	194.17
194.18	07968	MARKETING & ADVERTISING	588,689	5,269	0	0	0	194.18
194.19	07969	MERCY FOUNDATION	50,618	2,218	0	0	0	194.19

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	SOUTH 1970 BLUFF BLDG	MAT BUILDING	CHILD CARE	
			0	1.00	1.01	1.02	1.03	
194.20	07970	RETAIL PHARMACY	1,000,959	0	0	0	0	194.20
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)	120,840,629	2,069,600	1,006,840	0	11,961	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	A&G-INFO SVCS	A&G-PURCH	
			MVBLE EQUIP					
			2.00	4.00	4A	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,373,236					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	26	8,126,698				4.00
5.02	00550	A&G-INFO SVCS	37,333	43,157	6,615,160	6,615,160		5.02
5.03	00560	A&G-PURCH	2,505	57,746	394,018	22,819	416,837	5.03
5.04	00570	A&G-ADMIT/REG	342	97,120	967,385	56,024	0	5.04
5.06	00590	A&G-ALL OTHER	34,305	239,376	9,184,411	531,897	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	29,988	73,010	2,953,455	171,043	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	11,216	491,259	28,450	0	8.00
9.00	00900	HOUSEKEEPING	4,475	100,199	993,949	57,563	0	9.00
10.00	01000	DIETARY	121,267	127,778	1,375,255	79,645	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	14,825	210,427	2,058,814	119,232	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	63,193	21,172	287,829	16,669	0	14.00
15.00	01500	PHARMACY	201,852	214,992	1,620,516	93,849	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,687	91,005	824,848	47,769	0	16.00
17.00	01700	SOCIAL SERVICE	0	16,034	139,743	8,093	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	95,431	95,431	5,527	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	376,103	711,268	6,602,600	382,376	30,525	30.00
31.00	03100	INTENSIVE CARE UNIT	45,782	261,163	2,371,946	137,367	12,811	31.00
43.00	04300	NURSERY	0	58,495	524,010	30,347	2,019	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	616,298	363,933	4,392,914	254,407	56,084	50.00
51.00	05100	RECOVERY ROOM	20,441	41,032	372,855	21,593	9,407	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,901	63,162	570,893	33,062	3,158	52.00
53.00	05300	ANESTHESIOLOGY	1,074	77,725	356,253	20,632	12,839	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	483,649	226,332	2,706,194	156,724	57,718	54.00
54.01	05401	RADIATION ONCOLOGY	14,567	42,419	563,705	32,646	9,026	54.01
58.00	05800	MRI	11,238	16,144	395,475	22,903	5,175	58.00
59.00	05900	CARDIAC CATHETERIZATION	160,806	88,733	1,283,033	74,304	20,728	59.00
60.00	06000	LABORATORY	114,056	187,034	2,984,899	172,864	35,732	60.00
65.00	06500	RESPIRATORY THERAPY	45,457	121,574	1,107,266	64,125	3,592	65.00
66.00	06600	PHYSICAL THERAPY	14,460	79,795	924,623	53,548	2,479	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	38,474	307,637	17,816	2,312	67.00
68.00	06800	SPEECH PATHOLOGY	0	25,021	197,806	11,456	799	68.00
69.00	06900	ELECTROCARDIOLOGY	25,437	39,584	365,582	21,172	7,352	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,169	1,522	35,709	2,068	60	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,266,079	189,148	2,406	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,086,084	120,811	5,678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	15,620,214	904,613	55,220	73.00
74.00	07400	RENAL DIALYSIS	30,451	106,675	2,089,070	120,984	28,086	74.00
76.97	07697	CARDIAC REHABILITATION	0	17,567	145,900	8,450	1,115	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	69,510	1,517,035	6,330,342	366,609	10,263	90.00
91.00	09100	EMERGENCY	97,462	308,424	2,979,931	172,577	31,116	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	35,180	2,037	0	95.00
101.00	10100	HOME HEALTH AGENCY	46,743	375,868	4,750,052	275,090	8,666	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	89,533	1,268,025	73,435	2,471	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,695,402	6,257,175	92,636,350	4,981,744	416,837	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	1,789	13,779	798	0	194.01
194.07	07957	PHYSICIAN CLINICS	387,084	1,732,792	25,382,831	1,470,018	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	14,138	130,121	7,536	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	2,510	20,105	1,164	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	290,055	30,548	667,572	38,661	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	34,988	288,665	16,717	0	194.17
194.18	07968	MARKETING & ADVERTISING	695	17,286	611,939	35,439	0	194.18
194.19	07969	MERCY FOUNDATION	0	7,618	60,454	3,501	0	194.19
194.20	07970	RETAIL PHARMACY	0	27,854	1,028,813	59,582	0	194.20
200.00		Cross Foot Adjustments			0			200.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	A&G-INFO SVCS	A&G-PURCH	
			MVBLE EQUIP					
			2.00	4.00	4A	5.02	5.03	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,373,236	8,126,698	120,840,629	6,615,160	416,837	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
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Cost Center Description			A&G-ADMIT/REG	Subtotal	A&G-ALL OTHER	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	
			5.04	5A.04	5.06	6.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG	1,023,409					5.04
5.06	00590	A&G-ALL OTHER	0	9,716,308	9,716,308			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,124,498	273,194	3,397,692		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	519,709	45,441	66,607	631,757	8.00
9.00	00900	HOUSEKEEPING	0	1,051,512	91,940	19,672	21,882	9.00
10.00	01000	DIETARY	0	1,454,900	127,211	122,078	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,178,046	190,440	135,104	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	304,498	26,624	48,079	3,502	14.00
15.00	01500	PHARMACY	0	1,714,365	149,897	40,737	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	872,617	76,298	54,691	0	16.00
17.00	01700	SOCIAL SERVICE	0	147,836	12,926	25,158	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	100,958	8,827	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74,954	7,090,455	619,961	346,213	104,441	30.00
31.00	03100	INTENSIVE CARE UNIT	31,457	2,553,581	223,275	83,214	76,282	31.00
43.00	04300	NURSERY	4,958	561,334	49,081	44,532	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	137,715	4,841,120	423,288	423,444	92,523	50.00
51.00	05100	RECOVERY ROOM	23,100	426,955	37,331	12,712	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,755	614,868	53,762	55,155	0	52.00
53.00	05300	ANESTHESIOLOGY	31,526	421,250	36,832	2,171	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	141,584	3,062,220	267,748	259,552	29,022	54.00
54.01	05401	RADIATION ONCOLOGY	22,164	627,541	54,870	165,731	4,648	54.01
58.00	05800	MRI	12,708	436,261	38,145	34,472	4,318	58.00
59.00	05900	CARDIAC CATHETERIZATION	50,897	1,428,962	124,943	103,367	4,274	59.00
60.00	06000	LABORATORY	87,740	3,281,235	286,898	90,042	1,984	60.00
65.00	06500	RESPIRATORY THERAPY	8,821	1,183,804	103,507	37,538	0	65.00
66.00	06600	PHYSICAL THERAPY	6,088	986,738	86,276	149,407	6,785	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,678	333,443	29,155	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,962	212,023	18,538	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,054	412,160	36,038	19,556	18,740	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	147	37,984	3,321	11,817	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,907	3,463,540	302,838	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,942	2,226,515	194,678	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	135,592	16,715,639	1,461,549	0	0	73.00
74.00	07400	RENAL DIALYSIS	68,965	2,307,105	201,724	83,429	10,207	74.00
76.97	07697	CARDIAC REHABILITATION	2,739	158,204	13,833	11,949	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	25,202	6,732,416	588,656	293,096	33,389	90.00
91.00	09100	EMERGENCY	76,406	3,260,030	285,044	114,603	83,123	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	37,217	3,254	49,040	20,942	95.00
101.00	10100	HOME HEALTH AGENCY	21,280	5,055,088	441,997	248,398	779	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,068	1,349,999	118,039	14,153	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,023,409	91,002,934	7,107,379	3,165,717	516,841	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	14,577	1,275	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	26,852,849	2,347,946	31,771	112,693	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	137,657	12,036	38,118	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	21,269	1,860	1,144	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	706,233	61,750	0	2,223	194.16
194.17	07967	CHILD DAY CARE CENTER	0	305,382	26,701	149,755	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	647,378	56,604	7,872	0	194.18
194.19	07969	MERCY FOUNDATION	0	63,955	5,592	3,315	0	194.19
194.20	07970	RETAIL PHARMACY	0	1,088,395	95,165	0	0	194.20
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,023,409	120,840,629	9,716,308	3,397,692	631,757	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG						5.04
5.06	00590	A&G-ALL OTHER						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,185,006					9.00
10.00	01000	DIETARY	43,686	1,747,875				10.00
11.00	01100	CAFETERIA	0	1,245,514	1,245,514			11.00
13.00	01300	NURSING ADMINISTRATION	48,348	0	40,250	2,592,188		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,205	0	8,944	0	408,852	14.00
15.00	01500	PHARMACY	14,578	0	33,542	63	5,596	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,572	0	24,597	0	106	16.00
17.00	01700	SOCIAL SERVICE	9,003	0	4,472	0	1	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	123,894	458,827	174,417	769,799	5,658	30.00
31.00	03100	INTENSIVE CARE UNIT	29,778	43,534	55,903	244,304	1,402	31.00
43.00	04300	NURSERY	15,936	0	13,417	73,159	2	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	151,531	0	84,972	286,639	27,108	50.00
51.00	05100	RECOVERY ROOM	4,549	0	8,944	48,980	61	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,738	0	6,708	40,631	177	52.00
53.00	05300	ANESTHESIOLOGY	777	0	8,944	0	698	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	92,882	0	51,431	3,693	3,195	54.00
54.01	05401	RADIATION ONCOLOGY	59,308	0	8,944	14,088	313	54.01
58.00	05800	MRI	12,336	0	2,236	0	140	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,990	0	17,889	43,747	13,132	59.00
60.00	06000	LABORATORY	32,222	0	51,431	32	47,037	60.00
65.00	06500	RESPIRATORY THERAPY	13,433	0	26,833	0	5,462	65.00
66.00	06600	PHYSICAL THERAPY	53,466	0	17,889	0	169	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,708	0	68	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,472	0	37	68.00
69.00	06900	ELECTROCARDIOLOGY	6,998	0	11,181	18,003	766	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,229	0	0	0	642	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	175,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	112,100	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	29,856	0	26,833	54,314	0	74.00
76.97	07697	CARDIAC REHABILITATION	4,276	0	4,472	11,301	122	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	104,886	0	116,278	188,058	6,381	90.00
91.00	09100	EMERGENCY	41,011	0	69,319	289,939	2,976	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	17,549	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	88,891	0	42,486	127,061	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,065	0	2,236	46,516	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,101,993	1,747,875	925,748	2,260,327	408,852	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	2,141	0	194.01
194.07	07957	PHYSICIAN CLINICS	11,369	0	252,683	283,661	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	13,641	0	2,236	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	409	0	0	3,281	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	11,181	42,778	0	194.16
194.17	07967	CHILD DAY CARE CENTER	53,591	0	42,486	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	2,817	0	4,472	0	0	194.18
194.19	07969	MERCY FOUNDATION	1,186	0	2,236	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	0	4,472	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,185,006	1,747,875	1,245,514	2,592,188	408,852	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
			15.00	16.00	17.00	19.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG						5.04
5.06	00590	A&G-ALL OTHER						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,958,778					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,047,881				16.00
17.00	01700	SOCIAL SERVICE	0	0	199,396			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	109,785		19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,458	76,757	0	0	9,773,880	30.00
31.00	03100	INTENSIVE CARE UNIT	1,613	32,214	0	0	3,345,100	31.00
43.00	04300	NURSERY	0	5,077	0	0	762,538	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,737	141,027	0	0	6,479,389	50.00
51.00	05100	RECOVERY ROOM	81	23,656	0	0	563,269	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	123	7,942	0	0	799,104	52.00
53.00	05300	ANESTHESIOLOGY	0	32,284	0	109,785	612,741	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,250	144,845	0	0	3,915,838	54.00
54.01	05401	RADIATION ONCOLOGY	179	22,697	0	0	958,319	54.01
58.00	05800	MRI	0	13,014	0	0	540,922	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,124	52,121	0	0	1,826,549	59.00
60.00	06000	LABORATORY	2	89,851	0	0	3,880,734	60.00
65.00	06500	RESPIRATORY THERAPY	127	9,033	0	0	1,379,737	65.00
66.00	06600	PHYSICAL THERAPY	0	6,234	0	0	1,306,964	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,815	0	0	375,189	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,009	0	0	237,079	68.00
69.00	06900	ELECTROCARDIOLOGY	144	18,488	0	0	542,074	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	151	0	0	58,144	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,049	0	0	3,947,930	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,277	0	0	2,547,570	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,924,798	138,853	0	0	20,240,839	73.00
74.00	07400	RENAL DIALYSIS	0	70,624	58,809	0	2,842,901	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,805	0	0	206,962	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,101	25,808	0	0	8,100,069	90.00
91.00	09100	EMERGENCY	7,041	78,244	0	0	4,231,330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	128,002	95.00
101.00	10100	HOME HEALTH AGENCY	0	21,792	11,644	0	6,038,136	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	6,214	97,482		1,639,704	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,958,778	1,047,881	167,935	109,785	87,281,013	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	17,993	194.01
194.07	07957	PHYSICIAN CLINICS	0	0	0	0	29,892,972	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	0	0	203,688	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	0	0	0	27,963	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	31,461	0	855,626	194.16
194.17	07967	CHILD DAY CARE CENTER	0	0	0	0	577,915	194.17
194.18	07968	MARKETING & ADVERTISING	0	0	0	0	719,143	194.18
194.19	07969	MERCY FOUNDATION	0	0	0	0	76,284	194.19
194.20	07970	RETAIL PHARMACY	0	0	0	0	1,188,032	194.20
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,958,778	1,047,881	199,396	109,785	120,840,629	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG			1.01
1.02	00102	CAP REL COSTS-MAT BUILDING			1.02
1.03	00103	CAP REL COSTS-CHILD CARE			1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.02	00550	A&G-INFO SVCS			5.02
5.03	00560	A&G-PURCH			5.03
5.04	00570	A&G-ADMIT/REG			5.04
5.06	00590	A&G-ALL OTHER			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	9,773,880	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,345,100	31.00
43.00	04300	NURSERY	0	762,538	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	6,479,389	50.00
51.00	05100	RECOVERY ROOM	0	563,269	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	799,104	52.00
53.00	05300	ANESTHESIOLOGY	0	612,741	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,915,838	54.00
54.01	05401	RADIATION ONCOLOGY	0	958,319	54.01
58.00	05800	MRI	0	540,922	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,826,549	59.00
60.00	06000	LABORATORY	0	3,880,734	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,379,737	65.00
66.00	06600	PHYSICAL THERAPY	0	1,306,964	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	375,189	67.00
68.00	06800	SPEECH PATHOLOGY	0	237,079	68.00
69.00	06900	ELECTROCARDIOLOGY	0	542,074	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	58,144	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,947,930	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,547,570	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,240,839	73.00
74.00	07400	RENAL DIALYSIS	-88,298	2,754,603	74.00
76.97	07697	CARDIAC REHABILITATION	0	206,962	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	8,100,069	90.00
91.00	09100	EMERGENCY	0	4,231,330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	128,002	95.00
101.00	10100	HOME HEALTH AGENCY	0	6,038,136	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	1,639,704	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	87,192,715	118.00
NONREIMBURSABLE COST CENTERS					
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	17,993	194.01
194.07	07957	PHYSICIAN CLINICS	0	29,892,972	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	203,688	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	27,963	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	855,626	194.16
194.17	07967	CHILD DAY CARE CENTER	0	577,915	194.17
194.18	07968	MARKETING & ADVERTISING	0	719,143	194.18
194.19	07969	MERCY FOUNDATION	0	76,284	194.19
194.20	07970	RETAIL PHARMACY	0	1,188,032	194.20
200.00		Cross Foot Adjustments	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total		1/25/2021 - 4/30/2021	pm
				26.00			
201.00		Negative Cost Centers	0	0			201.00
202.00		TOTAL (sum lines 118 through 201)	0	120,752,331			202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			CAPITAL RELATED COSTS					
			Directly Assigned New Capital Related Costs	BLDG & FIXT	SOUTH 1970 BLUFF BLDG	MAT BUILDING		CHILD CARE
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,099	7,382	0	0	4.00
5.02	00550	A&G-INFO SVCS	0	27,188	0	0	0	5.02
5.03	00560	A&G-PURCH	0	55,185	0	0	0	5.03
5.04	00570	A&G-ADMIT/REG	0	29,894	0	0	0	5.04
5.06	00590	A&G-ALL OTHER	1,679	128,040	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	38,823	0	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	11,181	91,465	0	0	8.00
9.00	00900	HOUSEKEEPING	0	13,167	0	0	0	9.00
10.00	01000	DIETARY	0	81,707	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	90,425	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,262	32,179	0	0	0	14.00
15.00	01500	PHARMACY	2,800	27,265	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	36,605	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	16,838	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,628	231,720	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,242	55,695	0	0	0	31.00
43.00	04300	NURSERY	0	29,805	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,934	283,414	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	8,508	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	36,916	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,453	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	173,718	0	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	0	110,924	0	0	0	54.01
58.00	05800	MRI	0	23,072	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	69,183	0	0	0	59.00
60.00	06000	LABORATORY	0	60,265	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,426	25,124	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	273,847	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	452	13,089	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,909	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	152,917	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	7,998	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	30,182	196,169	0	0	0	90.00
91.00	09100	EMERGENCY	0	76,704	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	32,822	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	25,308	0	455,287	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	31,065	0	25,942	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	123,978	2,040,084	1,006,840	0	0	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	1,774,143	21,264	0	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	0	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	765	0	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	0	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	0	0	0	11,961	194.17
194.18	07968	MARKETING & ADVERTISING	0	5,269	0	0	0	194.18
194.19	07969	MERCY FOUNDATION	0	2,218	0	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	0	0	0	0	194.20

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	SOUTH 1970 BLUFF BLDG	MAT BUILDING	CHILD CARE	
		0	1.00	1.01	1.02	1.03	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,898,121	2,069,600	1,006,840	0	11,961	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	A&G-INFO SVCS	A&G-PURCH	
			2.00	2A	4.00	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			14,507			4.00
5.02	00550	A&G-INFO SVCS	37,333	64,521	77	64,598		5.02
5.03	00560	A&G-PURCH	2,505	57,690	103	223	58,016	5.03
5.04	00570	A&G-ADMIT/REG	342	30,236	173	548	0	5.04
5.06	00590	A&G-ALL OTHER	34,305	164,024	427	5,198	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	29,988	68,811	130	1,672	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	102,646	20	278	0	8.00
9.00	00900	HOUSEKEEPING	4,475	17,642	179	563	0	9.00
10.00	01000	DIETARY	121,267	202,974	228	778	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	14,825	105,250	375	1,165	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	63,193	97,634	38	163	0	14.00
15.00	01500	PHARMACY	201,852	231,917	383	917	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,687	40,292	162	467	0	16.00
17.00	01700	SOCIAL SERVICE	0	16,838	29	79	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	170	54	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	376,103	626,451	1,268	3,737	4,248	30.00
31.00	03100	INTENSIVE CARE UNIT	45,782	104,719	466	1,343	1,783	31.00
43.00	04300	NURSERY	0	29,805	104	297	281	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	616,298	906,646	649	2,486	7,805	50.00
51.00	05100	RECOVERY ROOM	20,441	28,949	73	211	1,309	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,901	40,817	113	323	440	52.00
53.00	05300	ANESTHESIOLOGY	1,074	2,527	139	202	1,787	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	483,649	657,367	404	1,532	8,042	54.00
54.01	05401	RADIATION ONCOLOGY	14,567	125,491	76	319	1,256	54.01
58.00	05800	MRI	11,238	34,310	29	224	720	58.00
59.00	05900	CARDIAC CATHETERIZATION	160,806	229,989	158	726	2,884	59.00
60.00	06000	LABORATORY	114,056	174,321	333	1,689	4,972	60.00
65.00	06500	RESPIRATORY THERAPY	45,457	72,007	217	627	500	65.00
66.00	06600	PHYSICAL THERAPY	14,460	288,307	142	523	345	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	69	174	322	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	45	112	111	68.00
69.00	06900	ELECTROCARDIOLOGY	25,437	38,978	71	207	1,023	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,169	12,078	3	20	8	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,849	335	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,181	790	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,841	7,684	73.00
74.00	07400	RENAL DIALYSIS	30,451	183,368	190	1,182	3,908	74.00
76.97	07697	CARDIAC REHABILITATION	0	7,998	31	83	155	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	69,510	295,861	2,705	3,583	1,428	90.00
91.00	09100	EMERGENCY	97,462	174,166	550	1,687	4,330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	32,822	0	20	0	95.00
101.00	10100	HOME HEALTH AGENCY	46,743	527,338	670	2,689	1,206	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	57,007	160	718	344	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,695,402	5,866,304	11,159	48,690	58,016	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	3	8	0	194.01
194.07	07957	PHYSICIAN CLINICS	387,084	2,182,491	3,105	14,312	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	25	74	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	765	4	11	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	290,055	290,055	54	378	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	11,961	62	163	0	194.17
194.18	07968	MARKETING & ADVERTISING	695	5,964	31	346	0	194.18
194.19	07969	MERCY FOUNDATION	0	2,218	14	34	0	194.19
194.20	07970	RETAIL PHARMACY	0	0	50	582	0	194.20
200.00		Cross Foot Adjustments		0				200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	A&G-INFO SVCS	A&G-PURCH	
			MVBLE	EQUIP					
			2.00		2A	4.00	5.02	5.03	
201.00		Negative Cost Centers		0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,373,236		8,359,758	14,507	64,598	58,016	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
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Part II
Date/Time Prepared:
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Cost Center Description			A&G-ADMIT/REG	A&G-ALL OTHER	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.04	5.06	6.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG	30,957					5.04
5.06	00590	A&G-ALL OTHER	0	169,649				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	4,771	75,384			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	794	1,478	105,216		8.00
9.00	00900	HOUSEKEEPING	0	1,606	436	3,644	24,070	9.00
10.00	01000	DIETARY	0	2,222	2,709	0	887	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,326	2,998	0	982	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	465	1,067	583	349	14.00
15.00	01500	PHARMACY	0	2,618	904	0	296	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,332	1,213	0	398	16.00
17.00	01700	SOCIAL SERVICE	0	226	558	0	183	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	154	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,272	10,827	7,681	17,394	2,517	30.00
31.00	03100	INTENSIVE CARE UNIT	954	3,899	1,846	12,704	605	31.00
43.00	04300	NURSERY	150	857	988	0	324	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,175	7,392	9,393	15,409	3,078	50.00
51.00	05100	RECOVERY ROOM	700	652	282	0	92	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	235	939	1,224	0	401	52.00
53.00	05300	ANESTHESIOLOGY	956	643	48	0	16	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,226	4,676	5,759	4,834	1,887	54.00
54.01	05401	RADIATION ONCOLOGY	672	958	3,677	774	1,205	54.01
58.00	05800	MRI	385	666	765	719	251	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,543	2,182	2,293	712	751	59.00
60.00	06000	LABORATORY	2,660	5,010	1,998	330	654	60.00
65.00	06500	RESPIRATORY THERAPY	267	1,808	833	0	273	65.00
66.00	06600	PHYSICAL THERAPY	185	1,507	3,315	1,130	1,086	66.00
67.00	06700	OCCUPATIONAL THERAPY	172	509	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	59	324	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	547	629	434	3,121	142	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4	58	262	0	86	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	179	5,289	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	423	3,400	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,110	25,525	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,091	3,523	1,851	1,700	606	74.00
76.97	07697	CARDIAC REHABILITATION	83	242	265	0	87	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	764	10,280	6,503	5,561	2,130	90.00
91.00	09100	EMERGENCY	2,316	4,978	2,543	13,844	833	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	57	1,088	3,488	356	95.00
101.00	10100	HOME HEALTH AGENCY	645	7,719	5,511	130	1,806	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	184	2,061	314	0	103	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,957	124,124	70,236	86,077	22,384	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	22	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	40,968	705	18,769	231	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	210	846	0	277	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	32	25	0	8	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	1,078	0	370	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	466	3,323	0	1,089	194.17
194.18	07968	MARKETING & ADVERTISING	0	989	175	0	57	194.18
194.19	07969	MERCY FOUNDATION	0	98	74	0	24	194.19
194.20	07970	RETAIL PHARMACY	0	1,662	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	30,957	169,649	75,384	105,216	24,070	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG						5.04
5.06	00590	A&G-ALL OTHER						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	209,798					10.00
11.00	01100	CAFETERIA	149,500	149,500				11.00
13.00	01300	NURSING ADMINISTRATION	0	4,831	118,927			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,074	0	101,373		14.00
15.00	01500	PHARMACY	0	4,026	3	1,387	242,451	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,952	0	26	0	16.00
17.00	01700	SOCIAL SERVICE	0	537	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,073	20,935	35,320	1,403	428	30.00
31.00	03100	INTENSIVE CARE UNIT	5,225	6,710	11,208	348	200	31.00
43.00	04300	NURSERY	0	1,610	3,356	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	10,199	13,151	6,721	958	50.00
51.00	05100	RECOVERY ROOM	0	1,074	2,247	15	10	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	805	1,864	44	15	52.00
53.00	05300	ANESTHESIOLOGY	0	1,074	0	173	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,173	169	792	155	54.00
54.01	05401	RADIATION ONCOLOGY	0	1,074	646	78	22	54.01
58.00	05800	MRI	0	268	0	35	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,147	2,007	3,256	139	59.00
60.00	06000	LABORATORY	0	6,173	1	11,663	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,221	0	1,354	16	65.00
66.00	06600	PHYSICAL THERAPY	0	2,147	0	42	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	805	0	17	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	537	0	9	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,342	826	190	18	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	159	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	43,516	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,795	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	238,245	73.00
74.00	07400	RENAL DIALYSIS	0	3,221	2,492	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	537	518	30	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	13,957	8,628	1,582	1,374	90.00
91.00	09100	EMERGENCY	0	8,320	13,302	738	871	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	5,100	5,829	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	268	2,134	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	209,798	111,117	103,701	101,373	242,451	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	98	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	30,331	13,014	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	268	0	0	0	194.08
194.13	07963	TENDERCARE (PRENATAL CLASSES)	0	0	151	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	1,342	1,963	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	5,100	0	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	537	0	0	0	194.18
194.19	07969	MERCY FOUNDATION	0	268	0	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	537	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	209,798	149,500	118,927	101,373	242,451	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	19.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG						5.04
5.06	00590	A&G-ALL OTHER						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	46,842					16.00
17.00	01700	SOCIAL SERVICE	0	18,450				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	378			19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,433	0		792,987	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,441	0		153,451	0	31.00
43.00	04300	NURSERY	227	0		37,999	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,307	0		994,369	0	50.00
51.00	05100	RECOVERY ROOM	1,058	0		36,672	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	355	0		47,575	0	52.00
53.00	05300	ANESTHESIOLOGY	1,444	0		9,009	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,454	0		702,470	0	54.00
54.01	05401	RADIATION ONCOLOGY	1,015	0		137,263	0	54.01
58.00	05800	MRI	582	0		38,954	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,331	0		251,118	0	59.00
60.00	06000	LABORATORY	4,018	0		213,822	0	60.00
65.00	06500	RESPIRATORY THERAPY	404	0		81,527	0	65.00
66.00	06600	PHYSICAL THERAPY	279	0		299,008	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	260	0		2,328	0	67.00
68.00	06800	SPEECH PATHOLOGY	90	0		1,287	0	68.00
69.00	06900	ELECTROCARDIOLOGY	827	0		48,355	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7	0		12,685	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	271	0		51,439	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	639	0		34,228	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,210	0		290,615	0	73.00
74.00	07400	RENAL DIALYSIS	3,159	5,442		212,733	0	74.00
76.97	07697	CARDIAC REHABILITATION	125	0		10,154	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,154	0		355,510	0	90.00
91.00	09100	EMERGENCY	3,499	0		231,977	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0		37,831	0	95.00
101.00	10100	HOME HEALTH AGENCY	975	1,077		560,695	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	278	9,020		72,591	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,842	15,539	0	5,718,652	0	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0		131	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	0		2,303,926	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0		1,700	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	0		996	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	2,911		298,151	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	0		22,164	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	0		8,099	0	194.18
194.19	07969	MERCY FOUNDATION	0	0		2,730	0	194.19
194.20	07970	RETAIL PHARMACY	0	0		2,831	0	194.20
200.00		Cross Foot Adjustments			378	378	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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1/29/2021 4:35 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	19.00	24.00	25.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	46,842	18,450	378	8,359,758	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	1.01
1.02	00102	CAP REL COSTS-MAT BUILDING	1.02
1.03	00103	CAP REL COSTS-CHILD CARE	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.02	00550	A&G-INFO SVCS	5.02
5.03	00560	A&G-PURCH	5.03
5.04	00570	A&G-ADMIT/REG	5.04
5.06	00590	A&G-ALL OTHER	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	RADIATION ONCOLOGY	54.01
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	194.00
194.01	07951	PASSTHRU COSTS	194.01
194.07	07957	PHYSICIAN CLINICS	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	194.16
194.17	07967	CHILD DAY CARE CENTER	194.17
194.18	07968	MARKETING & ADVERTISING	194.18
194.19	07969	MERCY FOUNDATION	194.19
194.20	07970	RETAIL PHARMACY	194.20
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	SOUTH 1970 BLUFF BLDG (SQUARE FEET)	MAT BUILDING (SQUARE FEET)	CHILD CARE (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
		1.00	1.01	1.02	1.03	2.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	186,578				1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	33,145			1.01
1.02	00102	CAP REL COSTS-MAT BUILDING	0		2,300		1.02
1.03	00103	CAP REL COSTS-CHILD CARE	0	0		9,036	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP				3,001,660	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	640	243	0	23	4.00
5.02	00550	A&G-INFO SVCS	2,451	0	0	33,221	5.02
5.03	00560	A&G-PURCH	4,975	0	0	2,229	5.03
5.04	00570	A&G-ADMIT/REG	2,695	0	0	304	5.04
5.06	00590	A&G-ALL OTHER	11,543	0	0	30,526	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,500	0	0	26,685	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,008	3,011	0	0	8.00
9.00	00900	HOUSEKEEPING	1,187	0	0	3,982	9.00
10.00	01000	DIETARY	7,366	0	0	107,909	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,152	0	0	13,192	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,901	0	0	56,232	14.00
15.00	01500	PHARMACY	2,458	0	0	179,617	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,300	0	0	3,281	16.00
17.00	01700	SOCIAL SERVICE	1,518	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,890	0	0	334,674	30.00
31.00	03100	INTENSIVE CARE UNIT	5,021	0	0	40,739	31.00
43.00	04300	NURSERY	2,687	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,550	0	0	548,411	50.00
51.00	05100	RECOVERY ROOM	767	0	0	18,189	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,328	0	0	3,471	52.00
53.00	05300	ANESTHESIOLOGY	131	0	0	956	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,661	0	0	430,373	54.00
54.01	05401	RADIATION ONCOLOGY	10,000	0	0	12,962	54.01
58.00	05800	MRI	2,080	0	0	10,000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,237	0	0	143,093	59.00
60.00	06000	LABORATORY	5,433	0	0	101,492	60.00
65.00	06500	RESPIRATORY THERAPY	2,265	0	0	40,450	65.00
66.00	06600	PHYSICAL THERAPY	0	9,015	0	12,867	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	1,180	0	0	22,635	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	713	0	0	3,710	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,034	0	27,097	74.00
76.97	07697	CARDIAC REHABILITATION	721	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	17,685	0	0	61,853	90.00
91.00	09100	EMERGENCY	6,915	0	0	86,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	2,959	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	14,988	0	41,594	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	854	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	183,917	33,145	0	2,398,493	118.00
NONREIMBURSABLE COST CENTERS							
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	1,917	0	0	344,445	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	2,300	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	69	0	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	0	258,104	194.16
194.17	07967	CHILD DAY CARE CENTER	0	0	0	9,036	194.17
194.18	07968	MARKETING & ADVERTISING	475	0	0	618	194.18
194.19	07969	MERCY FOUNDATION	200	0	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	0	0	0	194.20
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	SOUTH 1970 BLUFF BLDG (SQUARE FEET)	MAT BUILDING (SQUARE FEET)	CHILD CARE (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.00	1.01	1.02	1.03	2.00	
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,069,600	1,006,840	0	11,961	3,373,236	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.092412	30.376829	0.000000	1.323705	1.123790	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	A&G-INFO SVCS (ACCUM. COST)	A&G-PURCH (GROSS CHAR GES)	A&G-ADMIT/REG (GROSS CHAR GES)	
			4.00	5A.02	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	50,665,324					4.00
5.02	00550	A&G-INFO SVCS	269,061	-6,615,160	114,225,469			5.02
5.03	00560	A&G-PURCH	360,012	0	394,018	337,184,272		5.03
5.04	00570	A&G-ADMIT/REG	605,486	0	967,385	0	337,184,272	5.04
5.06	00590	A&G-ALL OTHER	1,492,372	0	9,184,411	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	455,172	0	2,953,455	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	69,928	0	491,259	0	0	8.00
9.00	00900	HOUSEKEEPING	624,683	0	993,949	0	0	9.00
10.00	01000	DIETARY	796,624	0	1,375,255	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,311,888	0	2,058,814	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	131,997	0	287,829	0	0	14.00
15.00	01500	PHARMACY	1,340,350	0	1,620,516	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	567,360	0	824,848	0	0	16.00
17.00	01700	SOCIAL SERVICE	99,960	0	139,743	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	594,955	0	95,431	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,434,340	0	6,602,600	24,696,477	24,696,477	30.00
31.00	03100	INTENSIVE CARE UNIT	1,628,199	0	2,371,946	10,364,707	10,364,707	31.00
43.00	04300	NURSERY	364,685	0	524,010	1,633,638	1,633,638	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,268,910	0	4,392,914	45,375,598	45,375,598	50.00
51.00	05100	RECOVERY ROOM	255,808	0	372,855	7,611,183	7,611,183	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	393,775	0	570,893	2,555,335	2,555,335	52.00
53.00	05300	ANESTHESIOLOGY	484,570	0	356,253	10,387,408	10,387,408	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,411,047	0	2,706,194	46,632,036	46,632,036	54.00
54.01	05401	RADIATION ONCOLOGY	264,459	0	563,705	7,302,906	7,302,906	54.01
58.00	05800	MRI	100,647	0	395,475	4,187,251	4,187,251	58.00
59.00	05900	CARDIAC CATHETERIZATION	553,201	0	1,283,033	16,769,943	16,769,943	59.00
60.00	06000	LABORATORY	1,166,047	0	2,984,899	28,909,511	28,909,511	60.00
65.00	06500	RESPIRATORY THERAPY	757,942	0	1,107,266	2,906,509	2,906,509	65.00
66.00	06600	PHYSICAL THERAPY	497,476	0	924,623	2,005,904	2,005,904	66.00
67.00	06700	OCCUPATIONAL THERAPY	239,861	0	307,637	1,870,926	1,870,926	67.00
68.00	06800	SPEECH PATHOLOGY	155,989	0	197,806	646,296	646,296	68.00
69.00	06900	ELECTROCARDIOLOGY	246,781	0	365,582	5,948,485	5,948,485	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,488	0	35,709	48,504	48,504	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,266,079	1,946,401	1,946,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,086,084	4,593,700	4,593,700	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	15,620,214	44,676,078	44,676,078	73.00
74.00	07400	RENAL DIALYSIS	665,053	0	2,089,070	22,723,167	22,723,167	74.00
76.97	07697	CARDIAC REHABILITATION	109,519	0	145,900	902,400	902,400	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,457,827	0	6,330,342	8,303,707	8,303,707	90.00
91.00	09100	EMERGENCY	1,922,844	0	2,979,931	25,175,089	25,175,089	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	35,180	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	2,343,316	0	4,750,052	7,011,673	7,011,673	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	558,185	0	1,268,025	1,999,440	1,999,440	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,009,817	-6,615,160	86,021,190	337,184,272	337,184,272	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	11,152	0	13,779	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	10,803,070	0	25,382,831	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	88,143	0	130,121	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	15,647	0	20,105	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	190,450	0	667,572	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	218,128	0	288,665	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	107,768	0	611,939	0	0	194.18
194.19	07969	MERCY FOUNDATION	47,494	0	60,454	0	0	194.19
194.20	07970	RETAIL PHARMACY	173,655	0	1,028,813	0	0	194.20
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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Worksheet B-1

Date/Time Prepared:
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	A&G-INFO SVCS (ACCUM. COST)	A&G-PURCH (GROSS CHAR GES)	A&G-ADMIT/REG (GROSS CHAR GES)	
		4.00	5A.02	5.02	5.03	5.04	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	8,126,698		6,615,160	416,837	1,023,409	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.160400		0.057913	0.001236	0.003035	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	14,507		64,598	58,016	30,957	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000286		0.000566	0.000172	0.000092	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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Worksheet B-1

Date/Time Prepared:
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Cost Center Description		Reconciliation	A&G-ALL OTHER (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	6.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG					1.01
1.02	00102	CAP REL COSTS-MAT BUILDING					1.02
1.03	00103	CAP REL COSTS-CHILD CARE					1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00550	A&G-INFO SVCS					5.02
5.03	00560	A&G-PURCH					5.03
5.04	00570	A&G-ADMIT/REG					5.04
5.06	00590	A&G-ALL OTHER	-9,716,308	111,124,321			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,124,498	205,012		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	519,709	4,019	781,448	8.00
9.00	00900	HOUSEKEEPING	0	1,051,512	1,187	27,067	199,806
10.00	01000	DIETARY	0	1,454,900	7,366	0	7,366
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	2,178,046	8,152	0	8,152
14.00	01400	CENTRAL SERVICES & SUPPLY	0	304,498	2,901	4,332	2,901
15.00	01500	PHARMACY	0	1,714,365	2,458	0	2,458
16.00	01600	MEDICAL RECORDS & LIBRARY	0	872,617	3,300	0	3,300
17.00	01700	SOCIAL SERVICE	0	147,836	1,518	0	1,518
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	100,958	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	7,090,455	20,890	129,188	20,890
31.00	03100	INTENSIVE CARE UNIT	0	2,553,581	5,021	94,357	5,021
43.00	04300	NURSERY	0	561,334	2,687	0	2,687
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	4,841,120	25,550	114,446	25,550
51.00	05100	RECOVERY ROOM	0	426,955	767	0	767
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	614,868	3,328	0	3,328
53.00	05300	ANESTHESIOLOGY	0	421,250	131	0	131
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,062,220	15,661	35,899	15,661
54.01	05401	RADIATION ONCOLOGY	0	627,541	10,000	5,749	10,000
58.00	05800	MRI	0	436,261	2,080	5,341	2,080
59.00	05900	CARDIAC CATHETERIZATION	0	1,428,962	6,237	5,287	6,237
60.00	06000	LABORATORY	0	3,281,235	5,433	2,454	5,433
65.00	06500	RESPIRATORY THERAPY	0	1,183,804	2,265	0	2,265
66.00	06600	PHYSICAL THERAPY	0	986,738	9,015	8,393	9,015
67.00	06700	OCCUPATIONAL THERAPY	0	333,443	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	212,023	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	412,160	1,180	23,180	1,180
70.00	07000	ELECTROENCEPHALOGRAPHY	0	37,984	713	0	713
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,463,540	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,226,515	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,715,639	0	0	0
74.00	07400	RENAL DIALYSIS	0	2,307,105	5,034	12,625	5,034
76.97	07697	CARDIAC REHABILITATION	0	158,204	721	0	721
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	6,732,416	17,685	41,300	17,685
91.00	09100	EMERGENCY	0	3,260,030	6,915	102,818	6,915
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	37,217	2,959	25,904	2,959
101.00	10100	HOME HEALTH AGENCY	0	5,055,088	14,988	963	14,988
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	1,349,999	854	0	854
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,716,308	81,286,626	191,015	639,303	185,809
NONREIMBURSABLE COST CENTERS							
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	PASSTHRU COSTS	0	14,577	0	0	0
194.07	07957	PHYSICIAN CLINICS	0	26,852,849	1,917	139,395	1,917
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	137,657	2,300	0	2,300
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	21,269	69	0	69
194.16	07966	MERCY LIVING CENTER - NORTH	0	706,233	0	2,750	0
194.17	07967	CHILD DAY CARE CENTER	0	305,382	9,036	0	9,036
194.18	07968	MARKETING & ADVERTISING	0	647,378	475	0	475
194.19	07969	MERCY FOUNDATION	0	63,955	200	0	200
194.20	07970	RETAIL PHARMACY	0	1,088,395	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			Reconciliation	A&G-ALL OTHER (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5A.06	5.06	6.00	8.00	9.00	
202.00		Cost to be allocated (per Wkst. B, Part I)		9,716,308	3,397,692	631,757	1,185,006	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.087436	16.573137	0.808444	5.930783	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		169,649	75,384	105,216	24,070	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.001527	0.367705	0.134642	0.120467	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG						5.04
5.06	00590	A&G-ALL OTHER						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	138,355					10.00
11.00	01100	CAFETERIA	98,590	557				11.00
13.00	01300	NURSING ADMINISTRATION	0	18	409,205			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4	0	7,608,459		14.00
15.00	01500	PHARMACY	0	15	10	104,133	15,895,974	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11	0	1,964	0	16.00
17.00	01700	SOCIAL SERVICE	0	2	0	19	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,319	78	121,521	105,287	28,062	30.00
31.00	03100	INTENSIVE CARE UNIT	3,446	25	38,566	26,087	13,091	31.00
43.00	04300	NURSERY	0	6	11,549	32	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	38	45,249	504,448	62,789	50.00
51.00	05100	RECOVERY ROOM	0	4	7,732	1,137	661	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3	6,414	3,293	995	52.00
53.00	05300	ANESTHESIOLOGY	0	4	0	12,985	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	23	583	59,447	10,146	54.00
54.01	05401	RADIATION ONCOLOGY	0	4	2,224	5,826	1,450	54.01
58.00	05800	MRI	0	1	0	2,603	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8	6,906	244,377	9,125	59.00
60.00	06000	LABORATORY	0	23	5	875,320	18	60.00
65.00	06500	RESPIRATORY THERAPY	0	12	0	101,643	1,031	65.00
66.00	06600	PHYSICAL THERAPY	0	8	0	3,152	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3	0	1,267	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2	0	680	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5	2,842	14,254	1,166	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,951	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,266,080	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,086,084	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,620,214	73.00
74.00	07400	RENAL DIALYSIS	0	12	8,574	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	2	1,784	2,264	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	52	29,687	118,739	90,090	90.00
91.00	09100	EMERGENCY	0	31	45,770	55,387	57,136	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	19	20,058	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1	7,343	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	138,355	414	356,817	7,608,459	15,895,974	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	338	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	113	44,779	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	1	0	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	0	518	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	5	6,753	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	19	0	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	2	0	0	0	194.18
194.19	07969	MERCY FOUNDATION	0	1	0	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	2	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,747,875	1,245,514	2,592,188	408,852	1,958,778	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.633262	2,236.111311	6.334693	0.053737	0.123225	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	209,798	149,500	118,927	101,373	242,451	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.516375	268.402154	0.290629	0.013324	0.015252	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B-1
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG				1.01
1.02	00102	CAP REL COSTS-MAT BUILDING				1.02
1.03	00103	CAP REL COSTS-CHILD CARE				1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.02	00550	A&G-INFO SVCS				5.02
5.03	00560	A&G-PURCH				5.03
5.04	00570	A&G-ADMIT/REG				5.04
5.06	00590	A&G-ALL OTHER				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	337,184,272			16.00
17.00	01700	SOCIAL SERVICE	0	3,733		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	100	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,696,477	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,364,707	0	0	31.00
43.00	04300	NURSERY	1,633,638	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,375,598	0	0	50.00
51.00	05100	RECOVERY ROOM	7,611,183	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,555,335	0	0	52.00
53.00	05300	ANESTHESIOLOGY	10,387,408	0	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,632,036	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	7,302,906	0	0	54.01
58.00	05800	MRI	4,187,251	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,769,943	0	0	59.00
60.00	06000	LABORATORY	28,909,511	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,906,509	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,005,904	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,870,926	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	646,296	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,948,485	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	48,504	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,946,401	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,593,700	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,676,078	0	0	73.00
74.00	07400	RENAL DIALYSIS	22,723,167	1,101	0	74.00
76.97	07697	CARDIAC REHABILITATION	902,400	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	8,303,707	0	0	90.00
91.00	09100	EMERGENCY	25,175,089	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,011,673	218	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	1,999,440	1,825		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	337,184,272	3,144	100	118.00
NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	589	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	0	0	194.18
194.19	07969	MERCY FOUNDATION	0	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	0	0	194.20
200.00		Cross Foot Adjustments				200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
		16.00	17.00	19.00		
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,047,881	199,396	109,785		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003108	53.414412	1,097.850000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	46,842	18,450	378		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000139	4.942406	3.780000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

Provider CCN: 16-0080
Period: From 07/01/2019 To 06/30/2020
Worksheet B-2
Date/Time Prepared: 1/29/2021 4:35 pm

		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	-88,298 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,773,880		9,773,880	0	9,773,880	30.00
31.00	03100	INTENSIVE CARE UNIT	3,345,100		3,345,100	0	3,345,100	31.00
43.00	04300	NURSERY	762,538		762,538	0	762,538	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,479,389		6,479,389	0	6,479,389	50.00
51.00	05100	RECOVERY ROOM	563,269		563,269	0	563,269	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	799,104		799,104	0	799,104	52.00
53.00	05300	ANESTHESIOLOGY	612,741		612,741	4,853	617,594	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,915,838		3,915,838	0	3,915,838	54.00
54.01	05401	RADIATION ONCOLOGY	958,319		958,319	76,700	1,035,019	54.01
58.00	05800	MRI	540,922		540,922	0	540,922	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,826,549		1,826,549	0	1,826,549	59.00
60.00	06000	LABORATORY	3,880,734		3,880,734	112,812	3,993,546	60.00
65.00	06500	RESPIRATORY THERAPY	1,379,737	0	1,379,737	3,341	1,383,078	65.00
66.00	06600	PHYSICAL THERAPY	1,306,964	0	1,306,964	0	1,306,964	66.00
67.00	06700	OCCUPATIONAL THERAPY	375,189	0	375,189	0	375,189	67.00
68.00	06800	SPEECH PATHOLOGY	237,079	0	237,079	0	237,079	68.00
69.00	06900	ELECTROCARDIOLOGY	542,074		542,074	826	542,900	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	58,144		58,144	0	58,144	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,947,930		3,947,930	0	3,947,930	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,547,570		2,547,570	0	2,547,570	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,240,839		20,240,839	0	20,240,839	73.00
74.00	07400	RENAL DIALYSIS	2,754,603		2,754,603	6,796	2,761,399	74.00
76.97	07697	CARDIAC REHABILITATION	206,962		206,962	767	207,729	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,100,069		8,100,069	8,981	8,109,050	90.00
91.00	09100	EMERGENCY	4,231,330		4,231,330	180,250	4,411,580	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,272,134		1,272,134		1,272,134	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	128,002		128,002	0	128,002	95.00
101.00	10100	HOME HEALTH AGENCY	6,038,136		6,038,136		6,038,136	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,639,704		1,639,704		1,639,704	116.00
200.00		Subtotal (see instructions)	88,464,849	0	88,464,849	395,326	88,860,175	200.00
201.00		Less Observation Beds	1,272,134		1,272,134		1,272,134	201.00
202.00		Total (see instructions)	87,192,715	0	87,192,715	395,326	87,588,041	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,264,134		22,264,134		30.00
31.00	03100	INTENSIVE CARE UNIT	10,364,707		10,364,707		31.00
43.00	04300	NURSERY	1,633,638		1,633,638		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,016,336	33,359,262	45,375,598	0.142795	50.00
51.00	05100	RECOVERY ROOM	1,585,001	6,026,182	7,611,183	0.074005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,311,292	244,043	2,555,335	0.312720	52.00
53.00	05300	ANESTHESIOLOGY	3,262,340	7,125,068	10,387,408	0.058989	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,760,703	35,871,333	46,632,036	0.083973	54.00
54.01	05401	RADIATION ONCOLOGY	26,858	7,276,048	7,302,906	0.131224	54.01
58.00	05800	MRI	242,985	3,944,266	4,187,251	0.129183	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,177,072	10,592,871	16,769,943	0.108918	59.00
60.00	06000	LABORATORY	9,885,607	19,023,904	28,909,511	0.134237	60.00
65.00	06500	RESPIRATORY THERAPY	2,289,112	617,397	2,906,509	0.474706	65.00
66.00	06600	PHYSICAL THERAPY	762,483	1,243,421	2,005,904	0.651559	66.00
67.00	06700	OCCUPATIONAL THERAPY	723,105	1,147,821	1,870,926	0.200537	67.00
68.00	06800	SPEECH PATHOLOGY	294,653	351,643	646,296	0.366827	68.00
69.00	06900	ELECTROCARDIOLOGY	1,476,230	4,472,255	5,948,485	0.091128	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,235	35,269	48,504	1.198746	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	906,488	1,039,913	1,946,401	2.028323	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,967,750	2,625,950	4,593,700	0.554579	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,555,559	36,120,519	44,676,078	0.453058	73.00
74.00	07400	RENAL DIALYSIS	212,718	22,510,449	22,723,167	0.121224	74.00
76.97	07697	CARDIAC REHABILITATION	0	902,400	902,400	0.229346	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	13,086	8,290,621	8,303,707	0.975476	90.00
91.00	09100	EMERGENCY	3,921,413	21,253,676	25,175,089	0.168076	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	515,319	1,917,024	2,432,343	0.523008	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	7,011,673	7,011,673		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,999,440	1,999,440		116.00
200.00		Subtotal (see instructions)	102,181,824	235,002,448	337,184,272		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	102,181,824	235,002,448	337,184,272		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 16-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 1/29/2021 4:35 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.142795		50.00
51.00	05100	RECOVERY ROOM	0.074005		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.312720		52.00
53.00	05300	ANESTHESIOLOGY	0.059456		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.083973		54.00
54.01	05401	RADIATION ONCOLOGY	0.141727		54.01
58.00	05800	MRI	0.129183		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108918		59.00
60.00	06000	LABORATORY	0.138140		60.00
65.00	06500	RESPIRATORY THERAPY	0.475855		65.00
66.00	06600	PHYSICAL THERAPY	0.651559		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.200537		67.00
68.00	06800	SPEECH PATHOLOGY	0.366827		68.00
69.00	06900	ELECTROCARDIOLOGY	0.091267		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1.198746		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2.028323		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.554579		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.453058		73.00
74.00	07400	RENAL DIALYSIS	0.121524		74.00
76.97	07697	CARDIAC REHABILITATION	0.230196		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.976558		90.00
91.00	09100	EMERGENCY	0.175236		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.523008		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

			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	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,773,880		9,773,880	0	9,773,880	30.00
31.00	03100	INTENSIVE CARE UNIT	3,345,100		3,345,100	0	3,345,100	31.00
43.00	04300	NURSERY	762,538		762,538	0	762,538	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,479,389		6,479,389	0	6,479,389	50.00
51.00	05100	RECOVERY ROOM	563,269		563,269	0	563,269	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	799,104		799,104	0	799,104	52.00
53.00	05300	ANESTHESIOLOGY	612,741		612,741	4,853	617,594	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,915,838		3,915,838	0	3,915,838	54.00
54.01	05401	RADIATION ONCOLOGY	958,319		958,319	76,700	1,035,019	54.01
58.00	05800	MRI	540,922		540,922	0	540,922	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,826,549		1,826,549	0	1,826,549	59.00
60.00	06000	LABORATORY	3,880,734		3,880,734	112,812	3,993,546	60.00
65.00	06500	RESPIRATORY THERAPY	1,379,737	0	1,379,737	3,341	1,383,078	65.00
66.00	06600	PHYSICAL THERAPY	1,306,964	0	1,306,964	0	1,306,964	66.00
67.00	06700	OCCUPATIONAL THERAPY	375,189	0	375,189	0	375,189	67.00
68.00	06800	SPEECH PATHOLOGY	237,079	0	237,079	0	237,079	68.00
69.00	06900	ELECTROCARDIOLOGY	542,074		542,074	826	542,900	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	58,144		58,144	0	58,144	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,947,930		3,947,930	0	3,947,930	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,547,570		2,547,570	0	2,547,570	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,240,839		20,240,839	0	20,240,839	73.00
74.00	07400	RENAL DIALYSIS	2,754,603		2,754,603	6,796	2,761,399	74.00
76.97	07697	CARDIAC REHABILITATION	206,962		206,962	767	207,729	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,100,069		8,100,069	8,981	8,109,050	90.00
91.00	09100	EMERGENCY	4,231,330		4,231,330	180,250	4,411,580	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,272,134		1,272,134		1,272,134	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	128,002		128,002	0	128,002	95.00
101.00	10100	HOME HEALTH AGENCY	6,038,136		6,038,136		6,038,136	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,639,704		1,639,704		1,639,704	116.00
200.00		Subtotal (see instructions)	88,464,849	0	88,464,849	395,326	88,860,175	200.00
201.00		Less Observation Beds	1,272,134		1,272,134		1,272,134	201.00
202.00		Total (see instructions)	87,192,715	0	87,192,715	395,326	87,588,041	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,264,134		22,264,134		30.00
31.00	03100	INTENSIVE CARE UNIT	10,364,707		10,364,707		31.00
43.00	04300	NURSERY	1,633,638		1,633,638		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,016,336	33,359,262	45,375,598	0.142795	50.00
51.00	05100	RECOVERY ROOM	1,585,001	6,026,182	7,611,183	0.074005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,311,292	244,043	2,555,335	0.312720	52.00
53.00	05300	ANESTHESIOLOGY	3,262,340	7,125,068	10,387,408	0.058989	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,760,703	35,871,333	46,632,036	0.083973	54.00
54.01	05401	RADIATION ONCOLOGY	26,858	7,276,048	7,302,906	0.131224	54.01
58.00	05800	MRI	242,985	3,944,266	4,187,251	0.129183	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,177,072	10,592,871	16,769,943	0.108918	59.00
60.00	06000	LABORATORY	9,885,607	19,023,904	28,909,511	0.134237	60.00
65.00	06500	RESPIRATORY THERAPY	2,289,112	617,397	2,906,509	0.474706	65.00
66.00	06600	PHYSICAL THERAPY	762,483	1,243,421	2,005,904	0.651559	66.00
67.00	06700	OCCUPATIONAL THERAPY	723,105	1,147,821	1,870,926	0.200537	67.00
68.00	06800	SPEECH PATHOLOGY	294,653	351,643	646,296	0.366827	68.00
69.00	06900	ELECTROCARDIOLOGY	1,476,230	4,472,255	5,948,485	0.091128	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,235	35,269	48,504	1.198746	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	906,488	1,039,913	1,946,401	2.028323	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,967,750	2,625,950	4,593,700	0.554579	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,555,559	36,120,519	44,676,078	0.453058	73.00
74.00	07400	RENAL DIALYSIS	212,718	22,510,449	22,723,167	0.121224	74.00
76.97	07697	CARDIAC REHABILITATION	0	902,400	902,400	0.229346	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	13,086	8,290,621	8,303,707	0.975476	90.00
91.00	09100	EMERGENCY	3,921,413	21,253,676	25,175,089	0.168076	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	515,319	1,917,024	2,432,343	0.523008	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	7,011,673	7,011,673		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,999,440	1,999,440		116.00
200.00		Subtotal (see instructions)	102,181,824	235,002,448	337,184,272		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	102,181,824	235,002,448	337,184,272		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	RADIATION ONCOLOGY	0.000000			54.01
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	792,987	0	792,987	9,066	87.47	30.00
31.00	INTENSIVE CARE UNIT	153,451		153,451	2,070	74.13	31.00
43.00	NURSERY	37,999		37,999	688	55.23	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	984,437		984,437	11,824		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,864	425,454				
31.00	INTENSIVE CARE UNIT	1,118	82,877				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	5,982	508,331				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	994,369	45,375,598	0.021914	6,029,591	132,132	50.00
51.00	05100	RECOVERY ROOM	36,672	7,611,183	0.004818	657,509	3,168	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,575	2,555,335	0.018618	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,009	10,387,408	0.000867	1,322,252	1,146	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	702,470	46,632,036	0.015064	4,729,975	71,252	54.00
54.01	05401	RADIATION ONCOLOGY	137,263	7,302,906	0.018796	20,236	380	54.01
58.00	05800	MRI	38,954	4,187,251	0.009303	126,863	1,180	58.00
59.00	05900	CARDIAC CATHETERIZATION	251,118	16,769,943	0.014974	3,365,310	50,392	59.00
60.00	06000	LABORATORY	213,822	28,909,511	0.007396	5,471,702	40,469	60.00
65.00	06500	RESPIRATORY THERAPY	81,527	2,906,509	0.028050	1,074,689	30,145	65.00
66.00	06600	PHYSICAL THERAPY	299,008	2,005,904	0.149064	486,707	72,550	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,328	1,870,926	0.001244	464,705	578	67.00
68.00	06800	SPEECH PATHOLOGY	1,287	646,296	0.001991	218,602	435	68.00
69.00	06900	ELECTROCARDIOLOGY	48,355	5,948,485	0.008129	1,132,307	9,205	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,685	48,504	0.261525	7,083	1,852	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	51,439	1,946,401	0.026428	468,463	12,381	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,228	4,593,700	0.007451	935,525	6,971	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	290,615	44,676,078	0.006505	4,411,117	28,694	73.00
74.00	07400	RENAL DIALYSIS	212,733	22,723,167	0.009362	173,030	1,620	74.00
76.97	07697	CARDIAC REHABILITATION	10,154	902,400	0.011252	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	355,510	8,303,707	0.042813	6,941	297	90.00
91.00	09100	EMERGENCY	231,977	25,175,089	0.009215	1,888,192	17,400	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	103,212	2,432,343	0.042433	152,039	6,451	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	4,166,310	293,910,680		33,142,838	488,698	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 1/29/2021 4:35 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	9,066	0.00	4,864		30.00	
31.00	03100	INTENSIVE CARE UNIT			0	2,070	0.00	1,118		31.00	
43.00	04300	NURSERY			0	688	0.00	0		43.00	
44.00	04400	SKILLED NURSING FACILITY			0	0	0.00	0		44.00	
200.00		Total (lines 30 through 199)			0	11,824		5,982		200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
43.00	04300	NURSERY		0						43.00	
44.00	04400	SKILLED NURSING FACILITY		0						44.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0080

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

Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	0	0	0	0	54.01
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 4:35 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	45,375,598	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,611,183	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,555,335	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,387,408	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	46,632,036	0.000000	54.00
54.01	05401	RADIATION ONCOLOGY	0	0	0	7,302,906	0.000000	54.01
58.00	05800	MRI	0	0	0	4,187,251	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,769,943	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	28,909,511	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,906,509	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,005,904	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,870,926	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	646,296	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	5,948,485	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	48,504	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,946,401	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,593,700	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	44,676,078	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	22,723,167	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	902,400	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	8,303,707	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	25,175,089	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,432,343	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	293,910,680		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	6,029,591	0	12,863,399	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	657,509	0	1,419,936	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	473	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	1,322,252	0	1,883,157	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,729,975	0	11,777,683	0	54.00	
54.01	05401 RADIATION ONCOLOGY	0.000000	20,236	0	3,739,810	0	54.01	
58.00	05800 MRI	0.000000	126,863	0	1,149,057	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,365,310	0	4,992,334	0	59.00	
60.00	06000 LABORATORY	0.000000	5,471,702	0	4,822,200	0	60.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	1,074,689	0	133,957	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	486,707	0	38,234	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	464,705	0	23,347	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	218,602	0	7,880	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,132,307	0	2,233,204	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	7,083	0	5,350	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	468,463	0	536,313	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	935,525	0	1,059,825	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	4,411,117	0	14,450,819	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	173,030	0	0	0	74.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	475,800	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	6,941	0	3,248,699	0	90.00	
91.00	09100 EMERGENCY	0.000000	1,888,192	0	5,913,673	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	152,039	0	615,491	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		33,142,838	0	71,390,641	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 16-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 1/29/2021 4:35 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.142795	12,863,399	0	0	1,836,829	50.00
51.00	05100	RECOVERY ROOM		0.074005	1,419,936	0	0	105,082	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.312720	473	0	0	148	52.00
53.00	05300	ANESTHESIOLOGY		0.058989	1,883,157	0	0	111,086	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.083973	11,777,683	0	0	989,007	54.00
54.01	05401	RADIATION ONCOLOGY		0.131224	3,739,810	0	0	490,753	54.01
58.00	05800	MRI		0.129183	1,149,057	0	0	148,439	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.108918	4,992,334	0	0	543,755	59.00
60.00	06000	LABORATORY		0.134237	4,822,200	8,085	0	647,318	60.00
65.00	06500	RESPIRATORY THERAPY		0.474706	133,957	0	0	63,590	65.00
66.00	06600	PHYSICAL THERAPY		0.651559	38,234	0	0	24,912	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.200537	23,347	0	0	4,682	67.00
68.00	06800	SPEECH PATHOLOGY		0.366827	7,880	0	0	2,891	68.00
69.00	06900	ELECTROCARDIOLOGY		0.091128	2,233,204	0	0	203,507	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1.198746	5,350	0	0	6,413	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		2.028323	536,313	0	0	1,087,816	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.554579	1,059,825	0	0	587,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.453058	14,450,819	3,407	214,080	6,547,059	73.00
74.00	07400	RENAL DIALYSIS		0.121224	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.229346	475,800	0	0	109,123	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.975476	3,248,699	0	0	3,169,028	90.00
91.00	09100	EMERGENCY		0.168076	5,913,673	5,544	4,642	993,947	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.523008	615,491	0	0	321,907	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.000000		0			95.00
200.00		Subtotal (see instructions)			71,390,641	17,036	218,722	17,995,049	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			71,390,641	17,036	218,722	17,995,049	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
1/29/2021 4:35 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	RADIATION ONCOLOGY	0	0		54.01
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	1,085	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,544	96,991		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	932	780		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	3,561	97,771		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	3,561	97,771		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/29/2021 4:35 pm	
			Title XIX		Hospital		Cost	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	0	0	0	0	0	54.01
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description			Title XIX		Hospital	Cost	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	45,375,598	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	7,611,183	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,555,335	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	10,387,408	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	46,632,036	0.000000
54.01	05401	RADIATION ONCOLOGY	0	0	0	7,302,906	0.000000
58.00	05800	MRI	0	0	0	4,187,251	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,769,943	0.000000
60.00	06000	LABORATORY	0	0	0	28,909,511	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,906,509	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	2,005,904	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,870,926	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	646,296	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	5,948,485	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	48,504	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,946,401	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,593,700	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	44,676,078	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	22,723,167	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	902,400	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	8,303,707	0.000000
91.00	09100	EMERGENCY	0	0	0	25,175,089	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,432,343	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0		
200.00		Total (lines 50 through 199)	0	0	0	293,910,680	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	0.000000	0	0	0	54.01
58.00	05800	MRI	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/29/2021 4:35 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			9,066	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			9,066	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			7,886	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			4,864	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)			9,773,880	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)			9,773,880	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)			9,773,880	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,078.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,243,781	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			5,243,781	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0080

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

Worksheet D-1

Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	3,345,100	2,070	1,615.99	1,118	1,806,677
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,546,559
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,597,017
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					508,331
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					488,698
52.00	Total Program excludable cost (sum of lines 50 and 51)					997,029
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,599,988
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					1,180
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,078.08
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,272,134

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0080

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

Worksheet D-1

Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	792,987	9,773,880	0.081133	1,272,134	103,212
91.00	Nursing School cost	0	9,773,880	0.000000	1,272,134	0
92.00	Allied health cost	0	9,773,880	0.000000	1,272,134	0
93.00	All other Medical Education	0	9,773,880	0.000000	1,272,134	0

Health Financial Systems		MERCYONE CLINTON MEDICAL CENTER		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1	
		Component CCN: 16-5119		Date/Time Prepared: 1/29/2021 4:35 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			0	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			0	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			0	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
SWING BED ADJUSTMENT					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			0	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0	25.00
26.00	Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			0	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			0	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)				38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)				39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)				40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)				41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1	
				Component CCN: 16-5119		Date/Time Prepared: 1/29/2021 4:35 pm	
				Title XVIII		Skilled Nursing Facility	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						
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)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						0 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						0.00 71.00
72.00	Program routine service cost (line 9 x line 71)						0 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						0 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)						0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0 80.00
81.00	Inpatient routine service cost per diem limitation						0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)						0 83.00
84.00	Program inpatient ancillary services (see instructions)						0 84.00
85.00	Utilization review - physician compensation (see instructions)						0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						0 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0 89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0080

Period:

Worksheet D-1

Component CCN: 16-5119

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/29/2021 4:35 pm

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

Health Financial Systems		MERCYONE CLINTON MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/29/2021 4:35 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		12,106,648	30.00
31.00	03100	INTENSIVE CARE UNIT		4,717,166	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.142795	6,029,591	50.00
51.00	05100	RECOVERY ROOM	0.074005	657,509	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.312720	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059456	1,322,252	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.083973	4,729,975	54.00
54.01	05401	RADIATION ONCOLOGY	0.141727	20,236	54.01
58.00	05800	MRI	0.129183	126,863	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108918	3,365,310	59.00
60.00	06000	LABORATORY	0.138140	5,471,702	60.00
65.00	06500	RESPIRATORY THERAPY	0.475855	1,074,689	65.00
66.00	06600	PHYSICAL THERAPY	0.651559	486,707	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.200537	464,705	67.00
68.00	06800	SPEECH PATHOLOGY	0.366827	218,602	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091267	1,132,307	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1.198746	7,083	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2.028323	468,463	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.554579	935,525	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.453058	4,411,117	73.00
74.00	07400	RENAL DIALYSIS	0.121524	173,030	74.00
76.97	07697	CARDIAC REHABILITATION	0.230196	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.976558	6,941	90.00
91.00	09100	EMERGENCY	0.175236	1,888,192	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.523008	152,039	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		33,142,838	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)		33,142,838	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/29/2021 4:35 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		2,314,353	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,532,686	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)		16,857	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		82,503	2.04
3.00	Managed Care Simulated Payments		3,419,791	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		107.68	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.81	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.52	31.00
32.00	Sum of lines 30 and 31		29.33	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.41	33.00
34.00	Disproportionate share adjustment (see instructions)		330,122	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/29/2021 4:35 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000086059	0.000068948	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	711,955	575,757	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	179,452	431,031	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	610,483		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	10,887,004		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	13,325,876		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		13,325,876	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		791,822	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)		14,117,698	59.00
60.00	Primary payer payments		4,819	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		14,112,879	61.00
62.00	Deductibles billed to program beneficiaries		1,326,072	62.00
63.00	Coinsurance billed to program beneficiaries		16,676	63.00
64.00	Allowable bad debts (see instructions)		194,640	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		126,516	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		123,239	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		12,896,647	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-5,485	70.93
70.94	HRR adjustment amount (see instructions)		-42,157	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A
Date/Time Prepared:
1/29/2021 4:35 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		12,849,005	71.00	
71.01	Sequestration adjustment (see instructions)		214,578	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03	
72.00	Interim payments		12,742,508	72.00	
72.01	Interim payments-PARHM		0	72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-108,081	74.00	
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVB Adjustment for HSP Bonus Payment					
101.00	HVB adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVB 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: 16-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 1/29/2021 4:35 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		101,332	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,995,049	2.00
3.00	OPPS payments		17,525,506	3.00
4.00	Outlier payment (see instructions)		81,525	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)		101,332	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		235,758	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)		235,758	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)		235,758	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		134,426	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)		101,332	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)		17,607,031	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,617	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,334,159	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)		14,372,587	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)		14,372,587	30.00
31.00	Primary payer payments		6,582	31.00
32.00	Subtotal (line 30 minus line 31)		14,366,005	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)		194,720	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		126,568	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		151,358	36.00
37.00	Subtotal (see instructions)		14,492,573	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-194	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)		14,492,767	40.00
40.01	Sequestration adjustment (see instructions)		242,029	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		14,179,540	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)		71,198	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: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
1/29/2021 4:35 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		12,714,508		14,136,840	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	01/15/2020	28,000	01/15/2020	42,700	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)		28,000		42,700	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		12,742,508		14,179,540	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		71,198	6.01
6.02	SETTLEMENT TO PROGRAM		108,081		0	6.02
7.00	Total Medicare program liability (see instructions)		12,634,427		14,250,738	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	Wisconsin Physician Services		05001		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
1/29/2021 4:35 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0080 Component CCN: 16-5119	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VI Date/Time Prepared: 1/29/2021 4:35 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		0	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
15.75	Sequestration for non-claims based amounts (see instructions)		0	15.75
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 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: 16-0080

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

Worksheet G

Date/Time Prepared:
1/29/2021 4:35 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	855,996	0	0	0	1.00
2.00	Temporary investments	21,185,787	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	55,804,072	0	0	0	4.00
5.00	Other receivable	807,891	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-37,940,860	0	0	0	6.00
7.00	Inventory	2,803,753	0	0	0	7.00
8.00	Prepaid expenses	481,118	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)	43,997,757	0	0	0	11.00
FIXED ASSETS						
12.00	Land	905,281	0	0	0	12.00
13.00	Land improvements	3,665,158	0	0	0	13.00
14.00	Accumulated depreciation	-2,610,167	0	0	0	14.00
15.00	Buildings	56,421,872	0	0	0	15.00
16.00	Accumulated depreciation	-42,665,494	0	0	0	16.00
17.00	Leasehold improvements	277,218	0	0	0	17.00
18.00	Accumulated depreciation	-61,648	0	0	0	18.00
19.00	Fixed equipment	34,729,093	0	0	0	19.00
20.00	Accumulated depreciation	-25,091,035	0	0	0	20.00
21.00	Automobiles and trucks	21,011	0	0	0	21.00
22.00	Accumulated depreciation	-3,721	0	0	0	22.00
23.00	Major movable equipment	49,409,231	0	0	0	23.00
24.00	Accumulated depreciation	-36,135,554	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)	38,861,245	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	68,555,304	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	68,555,304	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	151,414,306	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	20,596,718	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,818,398	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,144,452	0	0	0	40.00
41.00	Deferred income	470,661	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	243,673	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	28,273,902	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	16,260,271	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,999,126	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	22,259,397	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	50,533,299	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	100,881,007	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)	100,881,007	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	151,414,306	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0080

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

Worksheet G-1

Date/Time Prepared:
1/29/2021 4:35 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		104,263,895		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-259,627				2.00
3.00	Total (sum of line 1 and line 2)		104,004,268		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)		104,004,268		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	UNREST NA EQUITY TRANSFERS EXT	35,000		0		0	13.00
14.00	IC UNREST NA EQUITY TRANSFERS	3,088,258		0		0	14.00
15.00	ROUNDING	3		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)		3,123,261		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		100,881,007		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	Deductions (debit adjustments) (specify)		0				12.00
13.00	UNREST NA EQUITY TRANSFERS EXT		0				13.00
14.00	IC UNREST NA EQUITY TRANSFERS		0				14.00
15.00	ROUNDING		0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 16-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	27,056,954		27,056,954	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	27,056,954		27,056,954	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,753,584		10,753,584	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,753,584		10,753,584	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	37,810,538		37,810,538	17.00
18.00	Ancillary services	64,955,060	205,566,210	270,521,270	18.00
19.00	Outpatient services	0	19,439,475	19,439,475	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		7,011,673	7,011,673	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,999,440	1,999,440	26.00
27.00	PHYSICIAN SERVICES	6,329,060	77,911,844	84,240,904	27.00
27.01	MLC - NORTH	206,495	0	206,495	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	109,301,153	311,928,642	421,229,795	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		136,668,964		29.00
30.00	ASSET IMPAIREMENT	102,710			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)		102,710		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)		136,771,674		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0080

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

Worksheet G-3

Date/Time Prepared:
1/29/2021 4:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	421,229,795	1.00
2.00	Less contractual allowances and discounts on patients' accounts	298,102,080	2.00
3.00	Net patient revenues (line 1 minus line 2)	123,127,715	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	136,771,674	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-13,643,959	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 OPERATING/NON OPERATING REVENUE	3,931,699	24.00
24.01	PROVIDER RELIEF FUND	7,166,118	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	11,097,817	25.00
26.00	Total (line 5 plus line 25)	-2,546,142	26.00
27.00	OTHER OPERATING/NON OPERATING EXPENSES	-2,286,515	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-2,286,515	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-259,627	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0080

Period:

Worksheet H

HHA CCN: 16-7154

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

1/29/2021 4:35 pm

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	390,011	109,325	2,701	361,708	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	793,035	172,972	47,671	0	45,727	6.00
7.00	Physical Therapy	315,044	68,716	29,095	0	14,360	7.00
8.00	Occupational Therapy	103,878	22,657	8,838	0	7,066	8.00
9.00	Speech Pathology	38,588	8,417	3,784	0	1,445	9.00
10.00	Medical Social Services	6,952	1,516	595	0	411	10.00
11.00	Home Health Aide	160,243	34,951	13,785	0	14,627	11.00
12.00	Supplies (see instructions)	0	0	0	0	49,284	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	535,566	128,363	61	73,812	836,702	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,343,317	546,917	106,530	435,520	969,622	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-507,157	356,588	-22,595	333,993		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,059,405	0	1,059,405		6.00
7.00	Physical Therapy	0	427,215	0	427,215		7.00
8.00	Occupational Therapy	0	142,439	0	142,439		8.00
9.00	Speech Pathology	0	52,234	0	52,234		9.00
10.00	Medical Social Services	0	9,474	0	9,474		10.00
11.00	Home Health Aide	0	223,606	0	223,606		11.00
12.00	Supplies (see instructions)	0	49,284	0	49,284		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	1,574,504	0	1,574,504		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-507,157	3,894,749	-22,595	3,872,154		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 16-0080

Period:

Worksheet H-1

HHA CCN: 16-7154

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/29/2021 4:35 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	333,993	0	0	0	0	333,993	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,059,405	0	0	0	0	1,059,405	6.00
7.00	Physical Therapy	427,215	0	0	0	0	427,215	7.00
8.00	Occupational Therapy	142,439	0	0	0	0	142,439	8.00
9.00	Speech Pathology	52,234	0	0	0	0	52,234	9.00
10.00	Medical Social Services	9,474	0	0	0	0	9,474	10.00
11.00	Home Health Aide	223,606	0	0	0	0	223,606	11.00
12.00	Supplies (see instructions)	49,284	0	0	0	0	49,284	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	1,574,504	0	0	0	0	1,574,504	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,872,154	0	0	0	0	3,872,154	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	333,993						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	100,005	1,159,410					6.00
7.00	Physical Therapy	40,328	467,543					7.00
8.00	Occupational Therapy	13,446	155,885					8.00
9.00	Speech Pathology	4,931	57,165					9.00
10.00	Medical Social Services	894	10,368					10.00
11.00	Home Health Aide	21,108	244,714					11.00
12.00	Supplies (see instructions)	4,652	53,936					12.00
13.00	Drugs	0	0					13.00
14.00	DME	148,629	1,723,133					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		3,872,154					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0080

Period:

Worksheet H-1

HHA CCN: 16-7154

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/29/2021 4:35 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	14,988			0		1.00
2.00	Capital Related - Movable Equipment		41,594		0		2.00
3.00	Plant Operation & Maintenance	0	0	14,988	0		3.00
4.00	Transportation (see instructions)	0	0	0	179,557		4.00
5.00	Administrative and General	750	2,750	750	31,284	-333,993	3,538,161
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	6,938	24,787	6,938	65,450	0	1,059,405
7.00	Physical Therapy	0	0	0	44,916	0	427,215
8.00	Occupational Therapy	0	0	0	12,615	0	142,439
9.00	Speech Pathology	0	0	0	6,012	0	52,234
10.00	Medical Social Services	0	0	0	872	0	9,474
11.00	Home Health Aide	0	0	0	18,302	0	223,606
12.00	Supplies (see instructions)	0	0	0	0	0	49,284
13.00	Drugs	0	0	0	0	0	0
14.00	DME	7,300	14,057	7,300	106	0	1,574,504
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	14,988	41,594	14,988	179,557	-333,993	3,538,161
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		333,993
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.094397

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0080

Period:

Worksheet H-2

HHA CCN: 16-7154

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:
1/29/2021 4:35 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		Agency 1			
			BLDG & FIXT	SOUTH 1970 BLUFF BLDG	MAT BUILDING	CHILD CARE	MVBLE EQUIP	
		0	1.00	1.01	1.02	1.03	2.00	
1.00	Administrative and General	0	0	22,783	0	0	3,090	1.00
2.00	Skilled Nursing Care	1,159,410	0	210,754	0	0	27,856	2.00
3.00	Physical Therapy	467,543	0	0	0	0	0	3.00
4.00	Occupational Therapy	155,885	0	0	0	0	0	4.00
5.00	Speech Pathology	57,165	0	0	0	0	0	5.00
6.00	Medical Social Services	10,368	0	0	0	0	0	6.00
7.00	Home Health Aide	244,714	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	53,936	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	1,723,133	0	221,750	0	0	15,797	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,872,154	0	455,287	0	0	46,743	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	A&G- INFO SVCS	A&G-PURCH	A&G-ADMIT/REG	Subtotal	
		4.00	4A	5.02	5.03	5.04	5A.04	
1.00	Administrative and General	62,558	88,431	5,121	0	0	93,552	1.00
2.00	Skilled Nursing Care	127,202	1,525,222	88,330	2,321	5,699	1,621,572	2.00
3.00	Physical Therapy	50,533	518,076	30,003	945	2,320	551,344	3.00
4.00	Occupational Therapy	16,662	172,547	9,993	490	1,204	184,234	4.00
5.00	Speech Pathology	6,190	63,355	3,669	92	227	67,343	5.00
6.00	Medical Social Services	1,115	11,483	665	28	69	12,245	6.00
7.00	Home Health Aide	25,703	270,417	15,661	160	393	286,631	7.00
8.00	Supplies (see instructions)	0	53,936	3,124	136	334	57,530	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	85,905	2,046,585	118,524	4,494	11,034	2,180,637	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)	375,868	4,750,052	275,090	8,666	21,280	5,055,088	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000				0.000000	21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0080

Period:

Worksheet H-2

HHA CCN: 16-7154

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:
1/29/2021 4:35 pmHome Health
Agency I

PPS

Cost Center Description		A&G-ALL OTHER	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		5.00	6.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	8,180	12,430	0	4,448	0	15,653	1.00
2.00	Skilled Nursing Care	141,784	114,984	779	41,148	0	0	2.00
3.00	Physical Therapy	48,207	0	0	0	0	0	3.00
4.00	Occupational Therapy	16,109	0	0	0	0	0	4.00
5.00	Speech Pathology	5,888	0	0	0	0	0	5.00
6.00	Medical Social Services	1,071	0	0	0	0	0	6.00
7.00	Home Health Aide	25,062	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	5,030	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	190,666	120,984	0	43,295	0	26,833	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)	441,997	248,398	779	88,891	0	42,486	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	127,061	0	0	5,836	11,644	0	2.00
3.00	Physical Therapy	0	0	0	2,376	0	0	3.00
4.00	Occupational Therapy	0	0	0	1,233	0	0	4.00
5.00	Speech Pathology	0	0	0	233	0	0	5.00
6.00	Medical Social Services	0	0	0	70	0	0	6.00
7.00	Home Health Aide	0	0	0	403	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	342	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	11,299	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)	127,061	0	0	21,792	11,644	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0080

Period:

Worksheet H-2

HHA CCN: 16-7154

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/29/2021 4:35 pmHome Health
Agency I

PPS

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	134,263	0	134,263				1.00
2.00	Skilled Nursing Care	2,064,808	0	2,064,808	46,958	2,111,766		2.00
3.00	Physical Therapy	601,927	0	601,927	13,689	615,616		3.00
4.00	Occupational Therapy	201,576	0	201,576	4,584	206,160		4.00
5.00	Speech Pathology	73,464	0	73,464	1,671	75,135		5.00
6.00	Medical Social Services	13,386	0	13,386	304	13,690		6.00
7.00	Home Health Aide	312,096	0	312,096	7,098	319,194		7.00
8.00	Supplies (see instructions)	62,902	0	62,902	1,431	64,333		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	2,573,714	0	2,573,714	58,528	2,632,242		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	6,038,136	0	6,038,136	134,263	6,038,136		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.				0.022742			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0080

Period:

Worksheet H-2

HHA CCN: 16-7154

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/29/2021 4:35 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		BLDG & FIXT (SQUARE FEET)	SOUTH 1970 BLUFF BLDG (SQUARE FEET)	MAT BUILDING (SQUARE FEET)	CHILD CARE (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	1.03	2.00		
1.00	Administrative and General	0	750	0	0	2,750	390,011	1.00
2.00	Skilled Nursing Care	0	6,938	0	0	24,787	793,035	2.00
3.00	Physical Therapy	0	0	0	0	0	315,044	3.00
4.00	Occupational Therapy	0	0	0	0	0	103,878	4.00
5.00	Speech Pathology	0	0	0	0	0	38,588	5.00
6.00	Medical Social Services	0	0	0	0	0	6,952	6.00
7.00	Home Health Aide	0	0	0	0	0	160,243	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	7,300	0	0	14,057	535,565	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	14,988	0	0	41,594	2,343,316	20.00
21.00	Total cost to be allocated	0	455,287	0	0	46,743	375,868	21.00
22.00	Unit cost multiplier	0.000000	30.376768	0.000000	0.000000	1.123792	0.160400	22.00
Cost Center Description		Reconciliation	A&G-INFO SVCS (ACCUM. COST)	A&G-PURCH (GROSS CHAR GES)	A&G-ADMIT/REG (GROSS CHAR GES)	Reconciliation	A&G-ALL OTHER (ACCUM. COST)	
		5A.02	5.02	5.03	5.04	5A.06	5.06	
1.00	Administrative and General	0	88,431	0	0	0	93,552	1.00
2.00	Skilled Nursing Care	0	1,525,222	1,877,767	1,877,767	0	1,621,572	2.00
3.00	Physical Therapy	0	518,076	764,435	764,435	0	551,344	3.00
4.00	Occupational Therapy	0	172,547	396,775	396,775	0	184,234	4.00
5.00	Speech Pathology	0	63,355	74,823	74,823	0	67,343	5.00
6.00	Medical Social Services	0	11,483	22,662	22,662	0	12,245	6.00
7.00	Home Health Aide	0	270,417	129,595	129,595	0	286,631	7.00
8.00	Supplies (see instructions)	0	53,936	110,120	110,120	0	57,530	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	2,046,585	3,635,496	3,635,496	0	2,180,637	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)		4,750,052	7,011,673	7,011,673		5,055,088	20.00
21.00	Total cost to be allocated		275,090	8,666	21,280		441,997	21.00
22.00	Unit cost multiplier		0.057913	0.001236	0.003035		0.087436	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0080

Period:

Worksheet H-2

HHA CCN: 16-7154

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)		HOUSEKEEPING (SQUARE FEET)		DIETARY (MEALS SERVED)		CAFETERIA (FTES)		NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		6.00	8.00	9.00	10.00	11.00	13.00						
1.00	Administrative and General	750	0	750	0	7	0	1.00					
2.00	Skilled Nursing Care	6,938	963	6,938	0	0	20,058	2.00					
3.00	Physical Therapy	0	0	0	0	0	0	3.00					
4.00	Occupational Therapy	0	0	0	0	0	0	4.00					
5.00	Speech Pathology	0	0	0	0	0	0	5.00					
6.00	Medical Social Services	0	0	0	0	0	0	6.00					
7.00	Home Health Aide	0	0	0	0	0	0	7.00					
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00					
9.00	Drugs	0	0	0	0	0	0	9.00					
10.00	DME	7,300	0	7,300	0	12	0	10.00					
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00					
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00					
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00					
14.00	Clinic	0	0	0	0	0	0	14.00					
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00					
16.00	Day Care Program	0	0	0	0	0	0	16.00					
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00					
18.00	Homemaker Service	0	0	0	0	0	0	18.00					
19.00	All Others (specify)	0	0	0	0	0	0	19.00					
19.50	Telemedicine	0	0	0	0	0	0	19.50					
20.00	Total (sum of lines 1-19)	14,988	963	14,988	0	19	20,058	20.00					
21.00	Total cost to be allocated	248,398	779	88,891	0	42,486	127,061	21.00					
22.00	Unit cost multiplier	16.573125	0.808930	5.930811	0.000000	2,236.105263	6.334679	22.00					
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)		PHARMACY (COSTED REQUIS.)		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		SOCIAL SERVICE (TIME SPENT)		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)			
		14.00	15.00	16.00	17.00	19.00							
1.00	Administrative and General	0	0	0	0	0	1.00						
2.00	Skilled Nursing Care	0	0	1,877,767	218	0	2.00						
3.00	Physical Therapy	0	0	764,435	0	0	3.00						
4.00	Occupational Therapy	0	0	396,775	0	0	4.00						
5.00	Speech Pathology	0	0	74,823	0	0	5.00						
6.00	Medical Social Services	0	0	22,662	0	0	6.00						
7.00	Home Health Aide	0	0	129,595	0	0	7.00						
8.00	Supplies (see instructions)	0	0	110,120	0	0	8.00						
9.00	Drugs	0	0	0	0	0	9.00						
10.00	DME	0	0	3,635,496	0	0	10.00						
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00						
12.00	Respiratory Therapy	0	0	0	0	0	12.00						
13.00	Private Duty Nursing	0	0	0	0	0	13.00						
14.00	Clinic	0	0	0	0	0	14.00						
15.00	Health Promotion Activities	0	0	0	0	0	15.00						
16.00	Day Care Program	0	0	0	0	0	16.00						
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00						
18.00	Homemaker Service	0	0	0	0	0	18.00						
19.00	All Others (specify)	0	0	0	0	0	19.00						
19.50	Telemedicine	0	0	0	0	0	19.50						
20.00	Total (sum of lines 1-19)	0	0	7,011,673	218	0	20.00						
21.00	Total cost to be allocated	0	0	21,792	11,644	0	21.00						
22.00	Unit cost multiplier	0.000000	0.000000	0.003108	53.412844	0.000000	22.00						

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet H-3

HHA CCN: 16-7154

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/29/2021 4:35 pm

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,111,766		2,111,766	11,454	184.37	1.00
2.00	Physical Therapy	3.00	615,616	0	615,616	3,597	171.15	2.00
3.00	Occupational Therapy	4.00	206,160	0	206,160	1,770	116.47	3.00
4.00	Speech Pathology	5.00	75,135	0	75,135	362	207.56	4.00
5.00	Medical Social Services	6.00	13,690		13,690	103	132.91	5.00
6.00	Home Health Aide	7.00	319,194		319,194	3,664	87.12	6.00
7.00	Total (sum of lines 1-6)		3,341,561	0	3,341,561	20,950		7.00
				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		99914	0	1,366			8.00
8.01	Skilled Nursing Care		99916	0	4,004			8.01
8.02	Skilled Nursing Care		19340	0	8			8.02
9.00	Physical Therapy		99914	0	538			9.00
9.01	Physical Therapy		99916	0	1,570			9.01
9.02	Physical Therapy		19340	0	9			9.02
10.00	Occupational Therapy		99914	0	333			10.00
10.01	Occupational Therapy		99916	0	773			10.01
10.02	Occupational Therapy		19340	0	0			10.02
11.00	Speech Pathology		99914	0	55			11.00
11.01	Speech Pathology		99916	0	155			11.01
11.02	Speech Pathology		19340	0	0			11.02
12.00	Medical Social Services		99914	0	4			12.00
12.01	Medical Social Services		99916	0	56			12.01
12.02	Medical Social Services		19340	0	0			12.02
13.00	Home Health Aide		99914	0	93			13.00
13.01	Home Health Aide		99916	0	786			13.01
13.02	Home Health Aide		19340	0	0			13.02
14.00	Total (sum of lines 8-13)			0	9,750			14.00
		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	64,333	0	64,333	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
				Program Visits		Cost of Services		
				Part B		Part B		
				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	5,378		0	991,542		1.00
2.00	Physical Therapy	0	2,117		0	362,325		2.00
3.00	Occupational Therapy	0	1,106		0	128,816		3.00
4.00	Speech Pathology	0	210		0	43,588		4.00
5.00	Medical Social Services	0	60		0	7,975		5.00
6.00	Home Health Aide	0	879		0	76,578		6.00
7.00	Total (sum of lines 1-6)	0	9,750		0	1,610,824		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet H-3

HHA CCN: 16-7154

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/29/2021 4:35 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1			
		6.00	7.00	8.00	9.00	10.00	11.00		
	Limitation Cost Computation								
8.00	Skilled Nursing Care								8.00
8.01	Skilled Nursing Care								8.01
8.02	Skilled Nursing Care								8.02
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
9.02	Physical Therapy								9.02
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
10.02	Occupational Therapy								10.02
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
11.02	Speech Pathology								11.02
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
12.02	Medical Social Services								12.02
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
13.02	Home Health Aide								13.02
14.00	Total (sum of lines 8-13)								14.00
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	57,339	0	0	0	0		15.00
16.00	Cost of Drugs		0	0		0	0		16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
		Cost Per Visit Computation							
1.00	Skilled Nursing Care	991,542							1.00
2.00	Physical Therapy	362,325							2.00
3.00	Occupational Therapy	128,816							3.00
4.00	Speech Pathology	43,588							4.00
5.00	Medical Social Services	7,975							5.00
6.00	Home Health Aide	76,578							6.00
7.00	Total (sum of lines 1-6)	1,610,824							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
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
9.02	Physical Therapy								9.02
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
10.02	Occupational Therapy								10.02
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
11.02	Speech Pathology								11.02
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
12.02	Medical Social Services								12.02
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
13.02	Home Health Aide								13.02
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet H-3

HHA CCN: 16-7154

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/29/2021 4:35 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.651559	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.200537	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.366827	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	2.028323	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.453058	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0080 HHA CCN: 16-7154	Period: From 07/01/2019 To 06/30/2020	Worksheet H-4 Part I-II Date/Time Prepared: 1/29/2021 4:35 pm	
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	2,419,825	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)	1,757,969	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)	2,419,825	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	2,419,825	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	1,656,610	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	73,549	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	23,780	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	13,363	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	13,899	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	1,781,201	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	1,781,201	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	1,781,201	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	1,781,201	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	1,781,201	31.00
31.01	Sequestration adjustment (see instructions)		0	30,246	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	1,750,955	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

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

Provider CCN: 16-0080

Period:

Worksheet H-5

HHA CCN: 16-7154

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

1/29/2021 4:35 pm

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,750,955	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,750,955	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		1,750,955	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 16-0080

Period:

Worksheet I-1

Component CCN: 16-2313

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/29/2021 4:35 pm

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	268,303	HOURS OF SERVICE	10,387.00	4.99
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00
4.00	TECHNICIANS	124,336	HOURS OF SERVICE	9,508.00	4.57
5.00	SOCIAL WORKERS	28,966	HOURS OF SERVICE	1,101.00	0.53
6.00	DIETICIANS	20,442	HOURS OF SERVICE	858.00	0.41
7.00	PHYSICIANS	0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	85,540	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	527,587			9.00
10.00	EMPLOYEE BENEFITS	146,604	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	1,911	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	147,352	REQUISITIONS		14.00
15.00	DRUGS	816,700	REQUISITIONS		15.00
16.00	OTHER	158,873	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,799,027			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	152,917	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	30,451	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	106,675	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	419,759	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	113,285	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS		24.00
25.00	PHARMACY	0	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	220,787	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,842,901			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0	30.00
30.97	CARDIAC REHABILITATION	0	CHARGES	0	30.97
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,842,901			31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 16-0080

Period:

Worksheet I-2

Component CCN: 16-2313

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/29/2021 4:35 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	266,202	32,362	268,303	173,744	253,279	728,402	1.00
MAINTENANCE								
2.00	Hemodialysis	266,202	32,362	268,303	173,744	253,279	728,402	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						88,298	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	266,202	32,362	268,303	173,744	253,279	728,402	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	147,352	0	1,869,644	884,959	2,754,603		1.00
MAINTENANCE								
2.00	Hemodialysis	147,352	0	1,869,644	884,959	2,754,603		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	147,352	0	1,869,644	884,959	2,754,603		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,754,603		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080
Component CCN: 16-2313Period:
From 07/01/2019
To 06/30/2020Worksheet I-3
Date/Time Prepared:
1/29/2021 4:35 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis	
		Building (Square Feet)	Equipment (%) of Time	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	266,202	32,362	268,303	173,744	253,279	1.00
MAINTENANCE							
2.00	Hemodialysis	153,066	1,911.00	10,387.00	11,467.00	572,587	2.00
2.01	AKI-Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	153,066	1,911.00	10,387.00	11,467.00	572,587	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.739132	16.934589	25.830654	15.151653	0.442342	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	728,402	147,352	0	1,869,644	884,959	1.00
MAINTENANCE							
2.00	Hemodialysis	816,699	147,352	0			2.00
2.01	AKI-Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI-Intermittent Peritoneal	0	0	0			3.01
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	816,699	147,352	0		1,869,644	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.891886	1.000000	0.000000		0.473330	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 16-0080

Period:

Worksheet I-4

Component CCN: 16-2313

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/29/2021 4:35 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	8,583	2,754,603	320.94	6,243	2,003,628
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	0	0	0.00	0	0
10.00	Home Program - CCPD	0	0	0.00	0	0
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	8,583	2,754,603		6,243	2,003,628
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	8,583				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	1,439,822	230.63			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			
10.00	Home Program - CCPD	0	0.00			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,439,822				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 16-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet I-5 Date/Time Prepared: 1/29/2021 4:35 pm
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	2,003,628		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	1,439,822	1,395,103	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,439,822	1,395,103	2.03
2.04	Outlier payments	19,441		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	334	324	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	334	324	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	366,798	355,406	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	366,798	355,406	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	355,730	8.00
9.00	Program payment (see instructions)	0	1,115,823	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	2,842,901		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	2,754,603		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.968941		14.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0

Hospice CCN: 16-1527

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/29/2021 4:35 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		31,065	31,065	0	31,065	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	3,739	108,336	112,075	0	112,075	3.00
4.00	ADMINISTRATIVE & GENERAL*	169,150	8,644	177,794	21,024	198,818	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	23,914	23,914	0	23,914	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	33,530	33,530	0	33,530	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	82,898	82,898	0	82,898	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	13,054	0	13,054	0	13,054	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		291,758	291,758	0	291,758	25.00
26.00	PHYSICIAN SERVICES**	0	375	375	0	375	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	232,328	0	232,328	0	232,328	28.00
29.00	LPN/LVN**	101,719	0	101,719	0	101,719	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	11,766	0	11,766	0	11,766	34.00
35.00	DIETARY COUNSELING**	0	239	239	0	239	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	26,430	0	26,430	0	26,430	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	2,644	2,644	0	2,644	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	21	21	0	21	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	272	272	0	272	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	558,186	583,696	1,141,882	21,024	1,162,906	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0

Hospice CCN: 16-1527

From 07/01/2019

To 06/30/2020

Date/Time Prepared:
1/29/2021 4:35 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	31,065	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	112,075	3.00
4.00	ADMINISTRATIVE & GENERAL*	-10,356	188,462	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	23,914	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	33,530	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	82,898	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	13,054	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	291,758	25.00
26.00	PHYSICIAN SERVICES**	0	375	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	232,328	28.00
29.00	LPN/LVN**	0	101,719	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	11,766	34.00
35.00	DIETARY COUNSELING**	0	239	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	26,430	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	2,644	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	21	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	272	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-10,356	1,152,550	100.00

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

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

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

Provider CCN: 16-0080

Period:

Worksheet 0-2

Hospice CCN: 16-1527

From 07/01/2019

To 06/30/2020

Date/Time Prepared:
1/29/2021 4:35 pm

				Hospice I		1/20/2021 4:00 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	375	375	0	375	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	232,075	0	232,075	0	232,075	28.00
29.00	LPN/LVN	101,608	0	101,608	0	101,608	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	11,753	0	11,753	0	11,753	34.00
35.00	DIETARY COUNSELING	0	239	239	0	239	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	26,430	0	26,430	0	26,430	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	2,641	2,641	0	2,641	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	21	21	0	21	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	272	272	0	272	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	371,866	3,548	375,414	0	375,414	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	375	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	232,075	28.00
29.00	LPN/LVN	0	101,608	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	11,753	34.00
35.00	DIETARY COUNSELING	0	239	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	26,430	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	2,641	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	21	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	272	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	375,414	100.00

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

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

Provider CCN: 16-0080

Period:

Worksheet 0-3

Hospice CCN: 16-1527

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/29/2021 4:35 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		291,758	291,758	0	291,758	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	253	0	253	0	253	28.00
29.00	LPN/LVN	111	0	111	0	111	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	13	0	13	0	13	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	3	3	0	3	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	377	291,761	292,138	0	292,138	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	291,758	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	253	28.00
29.00	LPN/LVN	0	111	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	13	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	3	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	292,138	100.00

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

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

Provider CCN: 16-0080

Period:

Worksheet 0-5

Hospice CCN: 16-1527

From 07/01/2019

To 06/30/2020

Date/Time Prepared:
1/29/2021 4:35 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	25,942	25,942	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	31,065	0	31,065	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	112,075	89,533	201,608	3.00
4.00	ADMINISTRATIVE & GENERAL	188,462	202,249	390,711	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	14,153	14,153	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	5,065	5,065	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	46,516	46,516	9.00
10.00	ROUTINE MEDICAL SUPPLIES	23,914	0	23,914	10.00
11.00	MEDICAL RECORDS	0	6,214	6,214	11.00
12.00	STAFF TRANSPORTATION	33,530	0	33,530	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	82,898	0	82,898	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	13,054	0	13,054	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	97,482	97,482	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	375,414	0	375,414	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	292,138	0	292,138	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	1,152,550	487,154	1,639,704	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/29/2021 4:35 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	25,942	25,942					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	31,065		31,065				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	201,608	0	0	201,608			3.00
4.00	ADMINISTRATIVE & GENERAL	390,711	0	0	0	390,711		4.00
5.00	PLANT OPERATION & MAINTENANCE	14,153	0	0	0	14,153		5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0		6.00
7.00	HOUSEKEEPING	5,065	0	0	0	5,065		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	46,516	0	0	0	46,516		9.00
10.00	ROUTINE MEDICAL SUPPLIES	23,914	0	0	0	23,914		10.00
11.00	MEDICAL RECORDS	6,214	0	0	0	6,214		11.00
12.00	STAFF TRANSPORTATION	33,530	0	0	0	33,530		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0		13.00
14.00	PHARMACY	82,898	0	0	0	82,898		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	13,054	0	0	0	13,054		15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	97,482		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	375,414			201,389	576,803		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	292,138	25,942	31,065	219	349,364		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	1,639,704	25,942	31,065	201,608	1,639,704		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:
1/29/2021 4:35 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	390,711						4.00
5.00	PLANT OPERATION & MAINTENANCE	4,427	18,580					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	1,584	0			6,649		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	14,551	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	7,481	0			0		10.00
11.00	MEDICAL RECORDS	1,944	0			0		11.00
12.00	STAFF TRANSPORTATION	10,489	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	25,932	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	4,084	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	30,494	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	180,437						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	109,288	18,580		0	6,649	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	390,711	18,580		0	6,649	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/29/2021 4:35 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	61,067					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	31,395				10.00
11.00	MEDICAL RECORDS	0		8,158			11.00
12.00	STAFF TRANSPORTATION	0			44,019		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	61,000	31,361	8,149	43,971	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	67	34	9	48	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	61,067	31,395	8,158	44,019	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/29/2021 4:35 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	108,830					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	17,138				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				127,976		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	108,711	17,119	0		1,027,551	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	119	19	0	0	484,177	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	127,976	127,976	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	108,830	17,138	0	127,976	1,639,704	100.00

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

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	854					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		31,065				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	558,184			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-390,711	1,248,993	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	14,153	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	5,065	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	46,516	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	23,914	10.00
11.00	MEDICAL RECORDS	0	0	0	0	6,214	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	33,530	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	82,898	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	13,054	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	97,482	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			557,577	0	576,803	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	854	31,065	607	0	349,364	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	25,942	31,065	201,608		390,711	100.00
101.00	UNIT COST MULTIPLIER	30.377049	1.000000	0.361186		0.312821	101.00

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

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	854					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		854			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		9,182	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					9,172	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	854	0	854	0	10	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	18,580	0	6,649	0	61,067	100.00
101.00	UNIT COST MULTIPLIER	21.756440	0.000000	7.785714	0.000000	6.650730	101.00

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

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,109						10.00
11.00	MEDICAL RECORDS		10,109					11.00
12.00	STAFF TRANSPORTATION			116,112				12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	0		13.00
14.00	PHARMACY				0	0	90,731	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	10,098	10,098	115,986	0	0	90,632	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	11	11	126	0	0	99	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM			0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	0	61.00
62.00	FUNDRAISING			0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	0	66.00
67.00	ADVERTISING			0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	0	68.00
69.00	THRIFT STORE			0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	0	71.00
99.00	NEGATIVE COST CENTER							99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	31,395	8,158	44,019	0	0	108,830	100.00
101.00	UNIT COST MULTIPLIER	3.105648	0.807004	0.379108	0.000000	0.000000	1.199480	101.00

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

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/29/2021 4:35 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	10,109				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			100		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	10,098	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	11	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	100		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	17,138	0	127,976		100.00
101.00	UNIT COST MULTIPLIER	1.695321	0.000000	1,279.760000		101.00

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

Provider CCN: 16-0080

Period:

Worksheet 0-7

Hospice CCN: 16-1527

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

Date/Time Prepared:
1/29/2021 4:35 pm

Hospice I

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
		0	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.651559	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.200537	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.366827	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.453058	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.134237	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	2.028323	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.97	CARDIAC REHABILITATION	76.97	0.229346	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 16-0080

Period:

Worksheet 0-8

Hospice CCN: 16-1527

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/29/2021 4:35 pm

		Hospice I		
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0 1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0 2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00 3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	4.00
5.00	Program cost (line 3 times line 4)	0	0	5.00
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,027,551 6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			10,098 7.00
8.00	Total average cost per diem (line 6 divided by line 7)			101.76 8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	9,392	9	9.00
10.00	Program cost (line 8 times line 9)	955,730	916	10.00
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			484,177 11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			11 12.00
13.00	Total average cost per diem (line 11 divided by line 12)			44,016.09 13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	11	0	14.00
15.00	Program cost (line 13 times line 14)	484,177	0	15.00
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			0 16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0 17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00 18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0	19.00
20.00	Program cost (line 18 times line 19)	0	0	20.00
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,511,728 21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			10,109 22.00
23.00	Average cost per diem (line 21 divided by line 22)			149.54 23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 1/29/2021 4:35 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		780,744	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		11,078	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)		27.64	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		791,822	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