

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: 16-0057	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 9/3/2021 1:25 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 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.		Date: 9/3/2021 Time: 1:25 pm
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GREAT RIVER MEDICAL CENTER (16-0057) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) JEREMY ALEXANDER
 Officer or Administrator of Provider(s)

CFO
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	507,996	-17,254	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	75,878	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	-7,530	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	576,344	-17,254	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 16-0057		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 9/3/2021 1:25 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1221 SOUTH GEAR AVENUE			PO Box:				1.00		
2.00	City: WEST BURLINGTON			State: IA		Zip Code: 52655		County: DES MOINES		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		GREAT RIVER MEDICAL CENTER	160057	99916	1	07/01/1965	N	P	P
4.00	Subprovider - IPF		GREAT RIVER MEDICAL CENTER	16T057	99916	5	07/01/1985	N	P	P
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF		GREAT RIVER MEDICAL CENTER	165110	99916		05/01/1977	N	P	P
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF		GREAT RIVER MEDICAL CENTER	167136	99916		11/08/1984	N	P	P
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC		GREAT RIVER MEDICAL CENTER	161567	99916		03/06/2002			
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021		20.00
21.00	Type of Control (see instructions)						2			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
9/3/2021 1:25 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	
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.	995	0	0	0	3,708	0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	38	0	0	0	344		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0057		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 9/3/2021 1:25 pm			
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code					
		1.00	2.00	3.00					
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00		
		Y/N	IME	Direct GME	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00		
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06		
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
		1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20		
						1.00			
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings									
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))					
		1.00	2.00	3.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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To 06/30/2021Worksheet 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			
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00		
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00	
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y	75.00		
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		Y	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
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: 16-0057	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 9/3/2021 1:25 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:	1,570,289	19,124	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0937	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0057		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 9/3/2021 1:25 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: GREAT RIVER HEALTH SYSTEM		Contractor's Name: WPS		Contractor's Number: 05001				141.00
142.00	Street: 1221 S. GEAR AVENUE		PO Box:						142.00
143.00	City: WEST BURLINGTON		State: IA		Zip Code: 52655				143.00
									1.00
144.00	Are provider based physicians' costs included in Worksheet A?								Y
									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				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00
									1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
									1.00
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
									1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0057	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 9/3/2021 1:25 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	01/26/2021
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		
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	08/11/2021	08/11/2021
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		
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		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
9/3/2021 1:25 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	SIGELMAN		41.00
42.00	Enter the employer/company name of the cost report preparer.	CLIFTONLARSONALLEN			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	612-376-4528	JILL.SIGELMAN@CLACONNECT.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
9/3/2021 1:25 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.	REIMBURSEMENT PRINCIPAL	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
9/3/2021 1:25 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	124	45,260	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		124	45,260	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		136	49,640	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	11	4,015		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	160	58,400		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	6	2,190			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		313				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
9/3/2021 1:25 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)	9,088	500	18,417			1.00
2.00	HMO and other (see instructions)	2,839	3,437				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	234	344				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)	9,088	500	18,417			7.00
8.00	INTENSIVE CARE UNIT	990	28	1,634			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		666	1,206			13.00
14.00	Total (see instructions)	10,078	1,194	21,257	0.00	773.66	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,576	38	2,544	0.00	13.33	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	3,154	0	3,856	0.00	16.75	19.00
20.00	NURSING FACILITY		20,508	33,406	0.00	83.74	20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	5,312	3,454	12,046	0.00	18.21	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	416	0	1,399	0.00	26.06	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	931.75	27.00
28.00	Observation Bed Days		453	2,508			28.00
29.00	Ambulance Trips	611					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	72	185			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
9/3/2021 1:25 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	2,238	173	4,666	1.00
2.00 HMO and other (see instructions)			519	822		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				25		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,238	173	4,666	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	131	3	220	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
9/3/2021 1:25 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	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	71,220,861	0	71,220,861	2,644,689.01	26.93
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	920,507	25,280	945,787	33,381.05	28.33
10.00	Excluded area salaries (see instructions)		10,063,732	72,731	10,136,463	355,213.69	28.54
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		3,234,852	0	3,234,852	13,892.43	232.85
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		19,208,059	0	19,208,059		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,308,439	0	3,308,439		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		521,816	0	521,816		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
9/3/2021 1:25 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	450,808	0	450,808	13,160.77	34.25	26.00
27.00	Administrative & General	5.00	8,427,602	-1,346,193	7,081,409	266,132.03	26.61	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,239,452	0	2,239,452	81,898.05	27.34	30.00
31.00	Laundry & Linen Service	8.00	84,158	0	84,158	5,883.50	14.30	31.00
32.00	Housekeeping	9.00	1,799,427	0	1,799,427	115,663.74	15.56	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,503,316	0	1,503,316	86,298.03	17.42	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,190,343	0	2,190,343	74,315.82	29.47	38.00
39.00	Central Services and Supply	14.00	693,540	0	693,540	40,657.98	17.06	39.00
40.00	Pharmacy	15.00	2,192,817	0	2,192,817	51,193.89	42.83	40.00
41.00	Medical Records & Medical Records Library	16.00	1,206,186	0	1,206,186	51,397.20	23.47	41.00
42.00	Social Service	17.00	994,345	0	994,345	31,522.90	31.54	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
9/3/2021 1:25 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)	71,220,861	0	71,220,861	2,644,689.01	26.93	1.00
2.00	Excluded area salaries (see instructions)	10,984,239	98,011	11,082,250	388,594.74	28.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)	60,236,622	-98,011	60,138,611	2,256,094.27	26.66	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,234,852	0	3,234,852	13,892.43	232.85	4.00
5.00	Subtotal wage-related costs (see inst.)	19,729,875	0	19,729,875	0.00	32.81	5.00
6.00	Total (sum of lines 3 thru 5)	83,201,349	-98,011	83,103,338	2,269,986.70	36.61	6.00
7.00	Total overhead cost (see instructions)	21,781,994	-1,346,193	20,435,801	818,123.91	24.98	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
9/3/2021 1:25 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	3,307,875	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	293,726	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)	10,811,861	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	281,144	9.00
10.00	Dental, Hearing and Vision Plan	498,476	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	117,243	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,519,498	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	5,226,349	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	460,327	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,516,499	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
9/3/2021 1:25 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	0	22,516,499	1.00
2.00	Hospital	0	22,516,499	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 16-0057 Component CCN: 16-7136		Period: From 07/01/2020 To 06/30/2021		Worksheet S-4 Date/Time Prepared: 9/3/2021 1:25 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	608	2,864	607	4,079	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	469.00	85.00	72.00	626.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.99	0.00	0.99	4.00
5.00	Other Administrative Personnel			8.37	0.00	8.37	5.00
6.00	Direct Nursing Service			6.82	0.00	6.82	6.00
7.00	Nursing Supervisor			2.99	0.00	2.99	7.00
8.00	Physical Therapy Service			3.90	0.00	3.90	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.67	0.00	1.67	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.40	0.00	0.40	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.16	0.00	1.16	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			4.10	0.00	4.10	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99916			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,484	180	44	0	1,708	21.00
22.00	Skilled Nursing Visit Charges	259,700	31,500	7,700	0	298,900	22.00
23.00	Physical Therapy Visits	1,672	208	53	0	1,933	23.00
24.00	Physical Therapy Visit Charges	360,918	40,560	10,140	0	411,618	24.00
25.00	Occupational Therapy Visits	625	167	11	0	803	25.00
26.00	Occupational Therapy Visit Charges	121,095	32,370	1,950	0	155,415	26.00
27.00	Speech Pathology Visits	84	73	1	0	158	27.00
28.00	Speech Pathology Visit Charges	16,380	14,235	195	0	30,810	28.00
29.00	Medical Social Service Visits	18	4	0	0	22	29.00
30.00	Medical Social Service Visit Charges	3,834	852	0	0	4,686	30.00
31.00	Home Health Aide Visits	579	107	2	0	688	31.00
32.00	Home Health Aide Visit Charges	56,742	10,486	196	0	67,424	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,462	739	111	0	5,312	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	818,669	130,003	20,181	0	968,853	35.00
36.00	Total Number of Episodes (standard/non outlier)	475		58	0	533	36.00
37.00	Total Number of Outlier Episodes		34		0	34	37.00
38.00	Total Non-Routine Medical Supply Charges	5,099	61	27	0	5,187	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 16-0057

Period:

Worksheet S-9

Hospice CCN: 16-1567

From 07/01/2020
To 06/30/2021PARTS I THROUGH IV
Date/Time Prepared:
9/3/2021 1:25 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	10,143	155	1,976	12,274	11.00
12.00	Hospice Inpatient Respite Care	154	0	53	207	12.00
13.00	Hospice General Inpatient Care	262	17	142	421	13.00
14.00	Total Hospice Days	10,559	172	2,171	12,902	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet S-10

Date/Time Prepared:
9/3/2021 1:25 pm

				9/3/2021 1:23 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)			0.317505	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			24,678,170	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			79,417,607	6.00
7.00	Medicaid cost (line 1 times line 6)			25,215,487	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)			537,317	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			168,892	9.00
10.00	Stand-alone CHIP charges			699,331	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			222,041	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			53,149	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			590,466	19.00
				Uninsured patients	Insured patients
				1.00	2.00
				Total (col. 1 + col. 2)	
				3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)			1,492,501	3,256,085
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)			473,877	3,256,085
22.00	Payments received from patients for amounts previously written off as charity care			784	11,637
23.00	Cost of charity care (line 21 minus line 22)			473,093	3,244,448
				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	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			4,060,997	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			0	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			0	
28.00	Non-Medicare bad debt expense (see instructions)			4,060,997	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,289,387	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,006,928	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			5,597,394	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
9/3/2021 1:25 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	3,261,208	3,261,208	1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	0	0	963,398	963,398	1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	13,441	13,441	1.02	
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	6,300	6,300	1.03	
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	1.04	
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	1.05	
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	114,364	114,364	1.06	
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	448,304	448,304	1.07	
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	1.08	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,743,785	8,743,785	-3,942,699	4,801,086	2.00	
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	450,808	1,246,753	1,697,561	1,697,561	4.00	
5.01	00590	ADMINISTRATIVE AND GENERAL	227,438	62,841	290,279	-38,694	251,585	5.01
5.02	00550	DATA PROCESSING	1,807,255	9,376,680	11,183,935	0	11,183,935	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	236,823	407,287	644,110	0	644,110	5.03
5.04	00570	ADMITTING	542,393	1,247,431	1,789,824	0	1,789,824	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,016,359	3,092,108	4,108,467	0	4,108,467	5.05
5.06	00591	OTHER A&G	4,597,334	20,457,336	25,054,670	-2,452,115	22,602,555	5.06
7.00	00700	OPERATION OF PLANT	2,239,452	4,587,665	6,827,117	0	6,827,117	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	84,158	384,539	468,697	55,771	524,468	8.00
9.00	00900	HOUSEKEEPING	1,622,794	702,533	2,325,327	226,870	2,552,197	9.00
9.01	00901	HOUSEKEEPING KLEIN	176,633	68,889	245,522	0	245,522	9.01
10.00	01000	DIETARY	1,221,420	1,288,332	2,509,752	0	2,509,752	10.00
10.01	01001	DIETARY KLEIN	281,896	517,814	799,710	0	799,710	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,190,343	1,338,366	3,528,709	0	3,528,709	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	693,540	437,804	1,131,344	0	1,131,344	14.00
15.00	01500	PHARMACY	2,192,817	9,895,329	12,088,146	0	12,088,146	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,206,186	2,711,758	3,917,944	0	3,917,944	16.00
17.00	01700	SOCIAL SERVICE	994,345	319,641	1,313,986	53	1,314,039	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,923,988	3,558,926	12,482,914	1,538,386	14,021,300	30.00
31.00	03100	INTENSIVE CARE UNIT	1,382,020	607,405	1,989,425	0	1,989,425	31.00
41.00	04100	SUBPROVIDER - IRF	849,081	264,689	1,113,770	0	1,113,770	41.00
43.00	04300	NURSERY	299,057	87,384	386,441	0	386,441	43.00
44.00	04400	SKILLED NURSING FACILITY	920,507	357,845	1,278,352	41,936	1,320,288	44.00
45.00	04500	NURSING FACILITY	4,146,279	1,166,565	5,312,844	-34,427	5,278,417	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,542,021	2,056,571	6,598,592	0	6,598,592	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,363,236	1,338,213	2,701,449	6,265	2,707,714	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	579,593	1,114,683	1,694,276	0	1,694,276	55.00
56.00	05600	RADIOISOTOPE	153,233	90,812	244,045	0	244,045	56.00
57.00	05700	CT SCAN	434,555	358,989	793,544	0	793,544	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	294,919	261,644	556,563	0	556,563	58.00
59.00	05900	CARDIAC CATHETERIZATION	728,478	339,586	1,068,064	0	1,068,064	59.00
60.00	06000	LABORATORY	2,327,946	1,550,412	3,878,358	1,952,272	5,830,630	60.00
64.00	06400	INTRAVENOUS THERAPY	425,530	162,397	587,927	0	587,927	64.00
65.00	06500	RESPIRATORY THERAPY	1,145,213	522,406	1,667,619	0	1,667,619	65.00
66.00	06600	PHYSICAL THERAPY	386,704	123,431	510,135	0	510,135	66.00
67.00	06700	OCCUPATIONAL THERAPY	402,858	120,635	523,493	0	523,493	67.00
68.00	06800	SPEECH PATHOLOGY	123,118	18,365	141,483	0	141,483	68.00
69.00	06900	ELECTROCARDIOLOGY	388,058	125,473	513,531	0	513,531	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,675	35,624,135	35,660,810	-22,629,685	13,031,125	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,915,149	4,915,149	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,433,998	15,433,998	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	195,439	61,771	257,210	0	257,210	76.01
76.02	03950	O/P REHAB SERVICES	1,489,607	1,501,745	2,991,352	0	2,991,352	76.02
76.03	03951	SPORTS FITNESS	855,659	298,245	1,153,904	0	1,153,904	76.03
76.04	03952	LIFE CENTER	1,156,524	1,413,994	2,570,518	0	2,570,518	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	663,670	810,621	1,474,291	0	1,474,291	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,902,864	17,364,228	24,267,092	0	24,267,092	90.00
91.00	09100 EMERGENCY	3,253,663	1,565,179	4,818,842	0	4,818,842	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	509,001	170,856	679,857	0	679,857	95.00
101.00	10100 HOME HEALTH AGENCY	1,900,837	748,148	2,648,985	-308,720	2,340,265	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		1,380,440	1,380,440	0	1,380,440	113.00
116.00	11600 HOSPICE	1,401,978	682,434	2,084,412	308,720	2,393,132	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	69,964,305	142,735,118	212,699,423	-119,905	212,579,518	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	281,425	129,056	410,481	0	410,481	194.01
194.02	07952 MARKETING	183,618	796,839	980,457	0	980,457	194.02
194.03	07953 OUTREACH REHAB	487,558	113,999	601,557	0	601,557	194.03
194.04	07954 SWITCHBOARD	0	0	0	38,694	38,694	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	172,200	584,312	756,512	0	756,512	194.05
194.06	07956 OTHER NONREIMB	131,755	32,236	163,991	81,211	245,202	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	TOTAL (SUM OF LINES 118 through 199)	71,220,861	144,391,560	215,612,421	0	215,612,421	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
9/3/2021 1:25 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	606,385	3,867,593	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	0	963,398	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	0	13,441	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	6,300	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	393,579	393,579	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	433,286	433,286	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	114,364	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	132,322	580,626	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	24,424	24,424	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-424	4,800,662	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-663,416	1,034,145	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	-26,046	225,539	5.01
5.02	00550	DATA PROCESSING	-1,803,087	9,380,848	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-203,197	440,913	5.03
5.04	00570	ADMITTING	-808,178	981,646	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-1,392,741	2,715,726	5.05
5.06	00591	OTHER A&G	-6,502,123	16,100,432	5.06
7.00	00700	OPERATION OF PLANT	-328,057	6,499,060	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	175,251	175,251	7.02
7.03	00703	OPERATION OF PLANT MERCY	159,339	159,339	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	26,605	26,605	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	524,468	8.00
9.00	00900	HOUSEKEEPING	-166,195	2,386,002	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	245,522	9.01
10.00	01000	DIETARY	-831,543	1,678,209	10.00
10.01	01001	DIETARY KLEIN	-11	799,699	10.01
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	187,380	3,716,089	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	-191,890	939,454	14.00
15.00	01500	PHARMACY	0	12,088,146	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,288,336	2,629,608	16.00
17.00	01700	SOCIAL SERVICE	-30	1,314,009	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-401,123	13,620,177	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,989,425	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,113,770	41.00
43.00	04300	NURSERY	0	386,441	43.00
44.00	04400	SKILLED NURSING FACILITY	-17,316	1,302,972	44.00
45.00	04500	NURSING FACILITY	602,612	5,881,029	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-43,231	6,555,361	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,906	2,705,808	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-403,661	1,290,615	55.00
56.00	05600	RADIOISOTOPE	0	244,045	56.00
57.00	05700	CT SCAN	-4,000	789,544	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	556,563	58.00
59.00	05900	CARDIAC CATHETERIZATION	-110	1,067,954	59.00
60.00	06000	LABORATORY	-7,644	5,822,986	60.00
64.00	06400	INTRAVENOUS THERAPY	0	587,927	64.00
65.00	06500	RESPIRATORY THERAPY	-5,404	1,662,215	65.00
66.00	06600	PHYSICAL THERAPY	0	510,135	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	523,493	67.00
68.00	06800	SPEECH PATHOLOGY	0	141,483	68.00
69.00	06900	ELECTROCARDIOLOGY	0	513,531	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,031,125	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,915,149	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-15,576,752	-142,754	73.00
76.00	03040	AUDIOLOGY	0	0	76.00
76.01	03280	EKG AND EEG	0	257,210	76.01
76.02	03950	O/P REHAB SERVICES	-19,348	2,972,004	76.02
76.03	03951	SPORTS FITNESS	-470,030	683,874	76.03
76.04	03952	LIFE CENTER	-5,437	2,565,081	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	76.05
76.06	03480	ONCOLOGY	-135,876	1,338,415	76.06
76.07	03954	OP REHAB SERVICES	0	0	76.07
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-14,581,711	9,685,381	90.00
91.00	09100	EMERGENCY	-317,248	4,501,594	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	-21,014	658,843	95.00
101.00	10100	HOME HEALTH AGENCY	-1,121	2,339,144	101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	-1,380,440	0	113.00
116.00	11600	HOSPICE	0	2,393,132	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-44,857,463	167,722,055	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	194.00
194.01	07951	DAYCARE	0	410,481	194.01
194.02	07952	MARKETING	-186,671	793,786	194.02
194.03	07953	OUTREACH REHAB	0	601,557	194.03
194.04	07954	SWITCHBOARD	0	38,694	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	756,512	194.05
194.06	07956	OTHER NONREIMB	0	245,202	194.06
194.07	07957	MEALS ON WHEELS	0	0	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-45,044,134	170,568,287	200.00

RECLASSIFICATIONS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
9/3/2021 1:25 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - COVID SALARIES					
1.00	ADULTS & PEDIATRICS	30.00	1,248,182	290,061		1.00
	0		1,248,182	290,061		
	B - SWITCHBOARD EXPENSE					
1.00	SWITCHBOARD	194.04	30,317	8,377		1.00
	0		30,317	8,377		
	C - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	431,871		1.00
2.00	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	74,638		2.00
3.00	CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	5,600		3.00
4.00	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	3,800		4.00
5.00	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	10,889		5.00
6.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	337,518		6.00
	0		0	864,316		
	D - PHYSICIAN RECRUITMENT					
1.00	OTHER NONREIMB	194.06	67,694	13,517		1.00
	0		67,694	13,517		
	E - SNF EXPENSES					
1.00	SKILLED NURSING FACILITY	44.00	25,280	9,147		1.00
	0		25,280	9,147		
	F - EMPLOYEE BENEFITS					
1.00		0.00	0	0		1.00
	0		0	0		
	G - HOME HEALTH HOSPICE ADMIN					
1.00	HOSPICE	116.00	227,538	81,182		1.00
	0		227,538	81,182		
	H - SUPPLIES AND DRUGS					
1.00	OTHER A&G	5.06	0	31,655		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	55,771		2.00
3.00	HOUSEKEEPING	9.00	0	226,870		3.00
4.00	SOCIAL SERVICE	17.00	0	53		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	143		5.00
6.00	SKILLED NURSING FACILITY	44.00	0	7,509		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,265		7.00
8.00	LABORATORY	60.00	0	1,952,272		8.00
9.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,915,149		9.00
10.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,433,998		10.00
	0		0	22,629,685		
	I - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,829,337		1.00
2.00	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	888,760		2.00
3.00	CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	7,841		3.00
4.00	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	2,500		4.00
5.00	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	103,475		5.00
6.00	CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0	448,304		6.00
	0		0	4,280,217		
500.00	Grand Total: Increases		1,599,011	28,176,502		500.00

RECLASSIFICATIONS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
9/3/2021 1:25 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - COVID SALARIES						
1.00	OTHER A&G	5.06	1,248,182	290,061	0		1.00
	0		1,248,182	290,061			
	B - SWITCHBOARD EXPENSE						
1.00	ADMINISTRATIVE AND GENERAL	5.01	30,317	8,377	0		1.00
	0		30,317	8,377			
	C - PROPERTY INSURANCE						
1.00	OTHER A&G	5.06	0	864,316	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
4.00		0.00	0	0	12		4.00
5.00		0.00	0	0	12		5.00
6.00		0.00	0	0	12		6.00
	0		0	864,316			
	D - PHYSICIAN RECRUITMENT						
1.00	OTHER A&G	5.06	67,694	13,517	0		1.00
	0		67,694	13,517			
	E - SNF EXPENSES						
1.00	NURSING FACILITY	45.00	25,280	9,147	0		1.00
	0		25,280	9,147			
	F - EMPLOYEE BENEFITS						
1.00		0.00	0	0	0		1.00
	0		0	0			
	G - HOME HEALTH HOSPICE ADMIN						
1.00	HOME HEALTH AGENCY	101.00	227,538	81,182	0		1.00
	0		227,538	81,182			
	H - SUPPLIES AND DRUGS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,629,685	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	0		0	22,629,685			
	I - DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,280,217	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
	0		0	4,280,217			
500.00	Grand Total: Decreases		1,599,011	28,176,502			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
9/3/2021 1:25 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	4,946,488	0	0	0	0	1.00	
2.00	Land Improvements	12,460,505	488,175	0	488,175	0	2.00	
3.00	Buildings and Fixtures	127,236,157	169,238	0	169,238	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	63,341,778	87,878	0	87,878	0	5.00	
6.00	Movable Equipment	125,766,261	5,368,828	0	5,368,828	164,475	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	333,751,189	6,114,119	0	6,114,119	164,475	8.00	
9.00	Reconciling Items	-3,383,095	-6,920,189	0	-6,920,189	-7,540,884	9.00	
10.00	Total (line 8 minus line 9)	337,134,284	13,034,308	0	13,034,308	7,705,359	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,946,488	0				1.00	
2.00	Land Improvements	12,948,680	0				2.00	
3.00	Buildings and Fixtures	127,405,395	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	63,429,656	0				5.00	
6.00	Movable Equipment	130,970,614	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	339,700,833	0				8.00	
9.00	Reconciling Items	-2,762,400	0				9.00	
10.00	Total (line 8 minus line 9)	342,463,233	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
9/3/2021 1:25 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-BLDG & FIXT - KLEIN	0	0	0	0	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	0	0	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	0	0	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	0	0	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	8,743,785	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,743,785	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-BLDG & FIXT - KLEIN	0	0				1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	0				1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0				1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0				1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0				1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0				1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0				1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0				1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,743,785				2.00
3.00	Total (sum of lines 1-2)	0	8,743,785				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
9/3/2021 1:25 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	171,118,492	0	171,118,492	0.499670	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	29,573,241	0	29,573,241	0.086354	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	2,218,680	0	2,218,680	0.006479	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1,505,464	0	1,505,464	0.004396	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0.000000	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	4,314,342	0	4,314,342	0.012598	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0.000000	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0.000000	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	133,733,014	0	133,733,014	0.390503	0	2.00
3.00	Total (sum of lines 1-2)	342,463,233	0	342,463,233	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,481,940	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	0	0	888,760	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	0	7,841	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	0	2,500	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	393,579	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	433,286	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	0	103,475	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	580,626	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	24,424	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,463,144	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,379,575	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	-46,218	431,871	0	0	3,867,593	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	74,638	0	0	963,398	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	5,600	0	0	13,441	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	3,800	0	0	6,300	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	393,579	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	433,286	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	10,889	0	0	114,364	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	580,626	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	24,424	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	337,518	0	0	4,800,662	2.00
3.00	Total (sum of lines 1-2)	-46,218	864,316	0	0	11,197,673	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT - KLEIN (chapter 2)			0CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-BLDG & FIXT - CANCER (chapter 2)			0CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-BLDG & FIXT - LAUNDRY (chapter 2)			0CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-BLDG & FIXT - MERCY (chapter 2)			0CAP REL COSTS-BLDG & FIXT - MERCY	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-BLDG & FIXT - EASTMAN (chapter 2)			0CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	0	1.05
1.06	Investment income - CAP REL COSTS-BLDG & FIXT - HHA/HOSP (chapter 2)			0CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	1.06
1.07	Investment income - CAP REL COSTS-BLDG & FIXT - REHAB (chapter 2)			0CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0	1.07
1.08	Investment income - CAP REL COSTS-BLDG & FIXT - WAPELLO (chapter 2)			0CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	0	1.08
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	-13,835,425			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	-2,065,777			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-831,543	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-7	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
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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	
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0 CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT - KLEIN			0 CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-BLDG & FIXT - CANCER			0 CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-BLDG & FIXT - LAUNDRY			0 CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-BLDG & FIXT - MERCY			0 CAP REL COSTS-BLDG & FIXT - MERCY	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-BLDG & FIXT - EASTMAN			0 CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-BLDG & FIXT - HHA/HOSP			0 CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-BLDG & FIXT - REHAB			0 CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-BLDG & FIXT - WAPELLO			0 CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	0	26.08
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0 CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	MISC INCOME - EMPLOYEE BENEFITS	B	-3,334	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	MISC INCOME - DATA PROCESSING	B	-39,384	DATA PROCESSING	5.02	0	33.01
33.02	MISC INCOME - BUSINESS OFFICE	B	-12	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.02
33.03	MISC INCOME - OTHER A&G	B	-8,177,221	OTHER A&G	5.06	0	33.03
33.04	MISC INCOME - OPERATION OF PLANT	B	-4,356	OPERATION OF PLANT	7.00	0	33.04
33.05	MISC INCOME - HOUSEKEEPING	B	-20,491	HOUSEKEEPING	9.00	0	33.05
33.06	MISC INCOME - DIETARY - KLEIN	B	-11	DIETARY KLEIN	10.01	0	33.06
33.07	MISC INCOME - NURSING ADMIN	B	-6,968	NURSING ADMINISTRATION	13.00	0	33.07
33.08	MISC INCOME - ADULTS AND PEDIATRICS	B	-399,340	ADULTS & PEDIATRICS	30.00	0	33.08
33.09	MISC INCOME - NURSERY	B	-3,552	PURCHASING RECEIVING AND STORES	5.03	0	33.09
33.10	MISC INCOME - OR	B	-34,606	OPERATING ROOM	50.00	0	33.10
33.11	MISC INCOME - RAD DIAGN	B	-1,906	RADIOLOGY-DIAGNOSTIC	54.00	0	33.11
33.12	MISC INCOME - LABORATORY	B	-7,132	LABORATORY	60.00	0	33.12
33.13	MISC INCOME - SPORTS FITNESS	B	-470,030	SPORTS FITNESS	76.03	0	33.13
33.14	MISC INCOME - LIFE CENTER	B	-3,231	LIFE CENTER	76.04	0	33.14
33.15	MISC INCOME - CLINICS	B	-56,294	CLINIC	90.00	0	33.15
33.16	MISC INCOME - AMBULANCE	B	-20,969	AMBULANCE SERVICES	95.00	0	33.16
33.17	MISC INCOME - HOME HEALTH AGENCY	B	-274	HOME HEALTH AGENCY	101.00	0	33.17
33.18	MISC INCOME	B	-110	CARDIAC CATHETERIZATION	59.00	0	33.18
33.19	MISC INCOME	B	-2,839	RESPIRATORY THERAPY	65.00	0	33.19
33.20	RENTAL INCOME - FARMLAND	B	-1,800	OTHER A&G	5.06	0	33.20
33.21	RELATED PARTY SERVICE REVENUE	B	-145,884	OPERATION OF PLANT	7.00	0	33.21
33.22	340B INCOME	B	-15,574,952	DRUGS CHARGED TO PATIENTS	73.00	0	33.22

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
9/3/2021 1:25 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		
33.23 RELATED PARTY SERVICE REVENUE	B	-145,704	HOUSEKEEPING	9.00	0	33.23
33.24 INTEREST EXPENSE	A	-1,380,440	INTEREST EXPENSE	113.00	0	33.24
34.00 DIALYSIS DEPRECIATION	A	-22,909	CAP REL COSTS-BLDG & FIXT	1.00	9	34.00
34.01 CAPITALIZED COSTS	A	63,900	CAP REL COSTS-BLDG & FIXT	1.00	9	34.01
34.02 CAPITALIZED INTEREST ON UNNECESSARY	A	-46,218	CAP REL COSTS-BLDG & FIXT	1.00	11	34.02
34.03 USEFUL LIFE ADJUSTMENTS	A	606,985	CAP REL COSTS-BLDG & FIXT	1.00	9	34.03
34.04 ICF DEPRECIATION	A	419,130	NURSING FACILITY	45.00	0	34.04
35.00 DAYCARE DEPRECIATION	A	-26,416	CAP REL COSTS-BLDG & FIXT	1.00	9	35.00
35.01 TV DEPRECIATION EXPENSE	A	-424	CAP REL COSTS-MVBLE EQUIP	2.00	9	35.01
35.02 PHONE COST OFFSET	A	-26,046	ADMINISTRATIVE AND GENERAL	5.01	0	35.02
35.03 CABLE TV	A	-53,901	OPERATION OF PLANT	7.00	0	35.03
35.04 REMOVE MARKUP ON HMES TRANSACTIONS	A	-191,878	CENTRAL SERVICE & SUPPLY	14.00	0	35.04
36.00 AHA/IHA DUES - LOBBYING EXPENSES	A	-26,453	OTHER A&G	5.06	0	36.00
36.01 ALCOHOL	A	-18,220	OTHER A&G	5.06	0	36.01
36.02 ADMINISTRATIVE COST REDUCTIONS	A	-5,875	OTHER A&G	5.06	0	36.02
37.00 AMORTIZATION OF BOND COSTS	A	-73,815	OTHER A&G	5.06	0	37.00
37.01 OFFSET RENTAL COSTS - PETERSON, OTHE	A	-55,620	OPERATION OF PLANT	7.00	0	37.01
37.02 OFFSET RENTAL COSTS - PETERSON, OTHE	A	-3,735	OTHER A&G	5.06	0	37.02
37.03 OFFSET RENTAL COSTS - HCR	A	-19,500	DATA PROCESSING	5.02	0	37.03
37.04 OFFSET RENTAL COSTS - HCR	A	-27,000	PURCHASING RECEIVING AND STORES	5.03	0	37.04
37.05 OFFSET RENTAL COSTS - HCR	A	-92,361	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	37.05
37.06 OFFSET RENTAL COSTS - HCR	A	-114,530	OTHER A&G	5.06	0	37.06
37.07 OFFSET RENTAL COSTS - HCR	A	-68,296	OPERATION OF PLANT	7.00	0	37.07
37.08 OFFSET RENTAL COSTS - HCR	A	-17,370	NURSING ADMINISTRATION	13.00	0	37.08
37.09 OFFSET RENTAL COSTS - HCR	A	-8,625	OPERATING ROOM	50.00	0	37.09
38.00 OFFSET RENTAL COSTS - HCR	A	-512	LABORATORY	60.00	0	38.00
38.01 OFFSET RENTAL COSTS - HCR	A	-19,348	O/P REHAB SERVICES	76.02	0	38.01
38.02 OFFSET RENTAL COSTS - HCR	A	-135,876	ONCOLOGY	76.06	0	38.02
38.03 OFFSET RENTAL COSTS - HCR	A	-1,415,172	CLINIC	90.00	0	38.03
38.04 OFFSET RENTAL COSTS - HCR	A	-2,206	LIFE CENTER	76.04	0	38.04
38.05 OFFSET RENTAL COSTS - HCR	A	-36,126	MEDICAL RECORDS & LIBRARY	16.00	0	38.05
38.06 OFFSET RENTAL COSTS - HCR	A	-3,460	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.06
38.07 OFFSET RENTAL COSTS - HCR	A	-12	CENTRAL SERVICE & SUPPLY	14.00	0	38.07
39.00 OFFSET RENTAL COSTS - HCR	A	-30	SOCIAL SERVICE	17.00	0	39.00
39.01 OFFSET RENTAL COSTS - HCR	A	-1,783	ADULTS & PEDIATRICS	30.00	0	39.01
39.02 OFFSET RENTAL COSTS - HCR	A	-17,316	SKILLED NURSING FACILITY	44.00	0	39.02
39.03 OFFSET RENTAL COSTS - HCR	A	-2,652	NURSING FACILITY	45.00	0	39.03
39.04 OFFSET RENTAL COSTS - HCR	A	-46	RESPIRATORY THERAPY	65.00	0	39.04
40.00 OFFSET RENTAL COSTS - HCR	A	-2,248	EMERGENCY	91.00	0	40.00
41.00 OFFSET RENTAL COSTS - HCR	A	-45	AMBULANCE SERVICES	95.00	0	41.00
41.01 OFFSET RENTAL COSTS - HCR	A	-847	HOME HEALTH AGENCY	101.00	0	41.01
42.00 PHYSICIAN COSTS	A	-362,811	OTHER A&G	5.06	0	42.00
42.01 CONTRIBUTION EXPENSE - ADMINISTRATI	A	-875	OTHER A&G	5.06	0	42.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-45,044,134				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
9/3/2021 1:25 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	5.03	PURCHASING RECEIVING AND STO	HEALTH ENTERPRISES - PURCHAS	5,341	7,630	1.00
2.00	5.06	OTHER A&G	HEALTH ENTERPRISES - A&G	6,800	8,500	2.00
3.00	73.00	DRUGS CHARGED TO PATIENTS	HEALTH ENTERPRISES - PHARMAC	7,200	9,000	3.00
3.01	5.06	OTHER A&G	GRHS HO - OPERATING	9,913,806	7,628,894	3.01
3.02	13.00	NURSING ADMINISTRATION	GRSH HO - NURSING ADMIN	523,560	311,842	3.02
3.03	45.00	NURSING FACILITY	GRHS HO - NURSING ADMIN KLEI	186,134	0	3.03
3.04	1.00	CAP REL COSTS-BLDG & FIXT	GRHS HO - CAPITAL	31,043	0	3.04
3.05	1.07	CAP REL COSTS-BLDG & FIXT -	HCR - REHAB BLDG - CAPITAL	132,322	0	3.05
3.06	1.08	CAP REL COSTS-BLDG & FIXT -	HCR - WAPELLO BLDG - CAPITAL	24,424	0	3.06
3.07	1.04	CAP REL COSTS-BLDG & FIXT -	HCR - MERCY MOB - CAPITAL	393,579	0	3.07
3.08	1.05	CAP REL COSTS-BLDG & FIXT -	HCR - EASTMAN MOB - CAPITAL	433,286	0	3.08
4.00	7.07	OPERATION OF PLANT WAPELLO	HCR - WAPELLO BLDG - PLANT O	26,605	0	4.00
4.01	7.02	OPERATION OF PLANT EASTMAN	HCR - EASTMAN MOB - PLANT OT	175,251	0	4.01
4.02	7.03	OPERATION OF PLANT MERCY	HCR - MERCY MOB - PLANT OT	159,339	0	4.02
4.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	GRHS - HO	0	656,622	4.03
4.04	16.00	MEDICAL RECORDS & LIBRARY	GRHS - HO	0	1,252,203	4.04
4.05	5.02	DATA PROCESSING	GRHS - HO	0	1,744,203	4.05
4.06	5.03	PURCHASING RECEIVING AND STO	GRHS - HO	0	170,356	4.06
4.07	194.02	MARKETING	GRHS - HO	0	186,671	4.07
4.09	5.04	ADMITTING	GRHS - HO	0	808,178	4.09
4.10	5.05	CASHIERING/ACCOUNTS RECEIVAB	GRHS - HO	0	1,300,368	4.10
5.00	0		0	12,018,690	14,084,467	5.00

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

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

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

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

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

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

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

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

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

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
9/3/2021 1:25 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	-2,289	0		1.00
2.00	-1,700	0		2.00
3.00	-1,800	0		3.00
3.01	2,284,912	0		3.01
3.02	211,718	0		3.02
3.03	186,134	0		3.03
3.04	31,043	9		3.04
3.05	132,322	9		3.05
3.06	24,424	9		3.06
3.07	393,579	9		3.07
3.08	433,286	9		3.08
4.00	26,605	0		4.00
4.01	175,251	0		4.01
4.02	159,339	0		4.02
4.03	-656,622	0		4.03
4.04	-1,252,203	0		4.04
4.05	-1,744,203	0		4.05
4.06	-170,356	0		4.06
4.07	-186,671	0		4.07
4.09	-808,178	0		4.09
4.10	-1,300,368	0		4.10
5.00	-2,065,777			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
9/3/2021 1:25 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	55.00	RADIOLOGY-THERAPEUTIC	403,661	403,661	0	0	0	1.00
2.00	57.00	CT SCAN	4,000	4,000	0	0	0	2.00
3.00	65.00	RESPIRATORY THERAPY	2,519	2,519	0	0	0	3.00
4.00	90.00	CLINIC	13,110,245	13,110,245	0	0	0	4.00
5.00	91.00	EMERGENCY	315,000	315,000	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			13,835,425	13,835,425	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	1.00
2.00	57.00	CT SCAN	0	0	0	0	0	2.00
3.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	3.00
4.00	90.00	CLINIC	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	403,661		1.00
2.00	57.00	CT SCAN	0	0	0	4,000		2.00
3.00	65.00	RESPIRATORY THERAPY	0	0	0	2,519		3.00
4.00	90.00	CLINIC	0	0	0	13,110,245		4.00
5.00	91.00	EMERGENCY	0	0	0	315,000		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	13,835,425		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
9/3/2021 1:25 pm

			CAPITAL RELATED COSTS					
Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,867,593	3,867,593				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	963,398	0	963,398			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	13,441	0	0	13,441		1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	6,300	0	0	0	6,300	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	393,579	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	433,286	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	114,364	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	580,626	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	24,424	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,800,662					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,034,145	75,442	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	225,539	2,349	0	0	0	5.01
5.02	00550	DATA PROCESSING	9,380,848	82,399	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	440,913	95,506	0	0	0	5.03
5.04	00570	ADMITTING	981,646	47,784	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,715,726	18,603	0	0	0	5.05
5.06	00591	OTHER A&G	16,100,432	147,629	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	6,499,060	142,851	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	175,251	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	159,339	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	26,605	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	524,468	13,493	0	0	6,300	8.00
9.00	00900	HOUSEKEEPING	2,386,002	19,356	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	245,522	0	0	0	0	9.01
10.00	01000	DIETARY	1,678,209	142,223	0	0	0	10.00
10.01	01001	DIETARY KLEIN	799,699	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,716,089	53,154	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	939,454	71,811	0	0	0	14.00
15.00	01500	PHARMACY	12,088,146	22,628	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,629,608	69,641	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,314,009	16,245	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,620,177	1,107,751	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,989,425	81,610	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	1,113,770	48,941	0	0	0	41.00
43.00	04300	NURSERY	386,441	21,238	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,302,972	0	99,483	0	0	44.00
45.00	04500	NURSING FACILITY	5,881,029	0	861,835	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,555,361	420,098	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,705,808	32,131	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,290,615	0	0	13,441	0	55.00
56.00	05600	RADIOISOTOPE	244,045	46,592	0	0	0	56.00
57.00	05700	CT SCAN	789,544	18,361	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	556,563	27,317	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,067,954	139,785	0	0	0	59.00
60.00	06000	LABORATORY	5,822,986	95,739	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	587,927	49,039	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,662,215	32,803	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	510,135	81,466	1,000	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	523,493	0	871	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	141,483	0	209	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	513,531	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,031,125	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,915,149	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-142,754	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	257,210	40,478	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	2,972,004	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	683,874	0	0	0	0	76.03
76.04	03952	LIFE CENTER	2,565,081	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	1,338,415	0	0	0	0	76.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
		0	1.00	1.01	1.02	1.03	
76.07	03954	OP REHAB SERVICES	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,685,381	254,216	0	0	90.00
91.00	09100	EMERGENCY	4,501,594	168,536	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	658,843	28,957	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	2,339,144	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	2,393,132	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	167,722,055	3,716,172	963,398	13,441	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,939	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	194.00
194.01	07951	DAYCARE	410,481	100,329	0	0	194.01
194.02	07952	MARKETING	793,786	13,089	0	0	194.02
194.03	07953	OUTREACH REHAB	601,557	0	0	0	194.03
194.04	07954	SWITCHBOARD	38,694	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	756,512	0	0	0	194.05
194.06	07956	OTHER NONREIMB	245,202	20,064	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	170,568,287	3,867,593	963,398	13,441	6,300 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	393,579					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	433,286				1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	114,364			1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	580,626		1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	24,424	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER A&G	0	12,363	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,598	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	10,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	417,249	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	242,143	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	151,436	415,325	0	163,377	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
			1.04	1.05	1.06	1.07	1.08	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	58,478	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	55,886	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	393,579	433,286	114,364	580,626	10,112	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	14,312	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	393,579	433,286	114,364	580,626	24,424	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	4.00	5.01	5A.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,800,662					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	31,637	1,141,224				4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	322	5,755	233,965			5.01
5.02	00550	DATA PROCESSING	599,463	21,116	8,530	10,092,356	10,092,356	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,132	2,733	2,437	544,721	34,390	5.03
5.04	00570	ADMITTING	5,577	14,351	3,534	1,052,892	66,473	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	12,499	25,356	5,240	2,777,424	175,350	5.05
5.06	00591	OTHER A&G	18,818	46,102	8,043	16,333,387	1,031,148	5.06
7.00	00700	OPERATION OF PLANT	421,569	35,512	18,035	7,117,027	449,326	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	175,251	11,064	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	159,339	10,060	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	2,437	2,437	154	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	122	122	8	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	26,605	1,680	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,553	0	546,814	34,523	8.00
9.00	00900	HOUSEKEEPING	15,014	46,084	1,462	2,467,918	155,810	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	4,077	0	249,599	15,758	9.01
10.00	01000	DIETARY	24,272	29,316	2,925	1,876,945	118,499	10.00
10.01	01001	DIETARY KLEIN	2,294	8,109	0	810,102	51,145	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	524,938	32,229	8,043	4,334,453	273,651	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	103,826	17,634	1,828	1,134,553	71,629	14.00
15.00	01500	PHARMACY	342,289	22,199	2,193	12,477,455	787,752	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,712	22,289	8,286	2,731,536	172,453	16.00
17.00	01700	SOCIAL SERVICE	0	13,675	1,097	1,345,026	84,917	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,413	142,797	11,089	14,985,227	946,077	30.00
31.00	03100	INTENSIVE CARE UNIT	174,774	18,113	2,315	2,266,237	143,077	31.00
41.00	04100	SUBPROVIDER - IRF	3,078	12,024	487	1,178,300	74,391	41.00
43.00	04300	NURSERY	12,372	3,644	0	423,695	26,750	43.00
44.00	04400	SKILLED NURSING FACILITY	5,517	15,109	1,340	1,424,421	89,929	44.00
45.00	04500	NURSING FACILITY	38,986	75,535	11,455	6,868,840	433,657	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	759,735	60,282	12,917	7,813,991	493,329	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	286,331	22,695	8,896	3,055,861	192,929	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	106,263	8,010	0	1,418,329	89,545	55.00
56.00	05600	RADIOISOTOPE	221,364	2,408	0	514,409	32,477	56.00
57.00	05700	CT SCAN	50,031	7,379	0	865,315	54,631	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	57,708	4,447	0	646,035	40,787	58.00
59.00	05900	CARDIAC CATHETERIZATION	236,262	10,039	7,433	1,461,473	92,269	59.00
60.00	06000	LABORATORY	116,677	42,359	5,362	6,083,123	384,052	60.00
64.00	06400	INTRAVENOUS THERAPY	18,311	5,132	975	661,384	41,756	64.00
65.00	06500	RESPIRATORY THERAPY	58,027	17,752	487	1,771,284	111,828	65.00
66.00	06600	PHYSICAL THERAPY	0	6,612	0	609,325	38,469	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,791	0	530,155	33,471	67.00
68.00	06800	SPEECH PATHOLOGY	8,487	1,732	0	151,911	9,591	68.00
69.00	06900	ELECTROCARDIOLOGY	17,037	5,611	0	536,179	33,851	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,031,125	822,707	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,915,149	310,313	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	-142,754	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	2,477	3,175	122	303,462	19,159	76.01
76.02	03950	O/P REHAB SERVICES	3,887	21,712	17,304	3,014,907	190,343	76.02
76.03	03951	SPORTS FITNESS	2,440	15,397	0	701,711	44,302	76.03
76.04	03952	LIFE CENTER	42,472	19,763	0	3,044,565	192,216	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	20,446	11,104	3,412	1,615,520	101,994	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	4.00	5.01	5A.01	5.02	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	185,935	131,153	2,803	10,989,626	693,819	90.00
91.00	09100	EMERGENCY	66,964	47,004	4,874	4,788,972	302,347	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	57,911	9,498	244	755,453	47,695	95.00
101.00	10100	HOME HEALTH AGENCY	935	16,426	8,286	2,423,269	152,991	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	23,484	23,507	0	2,496,009	157,583	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,788,686	1,115,300	174,013	167,458,470	9,944,125	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	17,939	1,133	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	11,976	11,347	975	535,108	33,784	194.01
194.02	07952	MARKETING	0	478	0	807,353	50,971	194.02
194.03	07953	OUTREACH REHAB	0	5,214	0	606,771	38,308	194.03
194.04	07954	SWITCHBOARD	0	956	58,977	98,627	6,227	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	5,439	0	761,951	0	194.05
194.06	07956	OTHER NONREIMB	0	2,490	0	282,068	17,808	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,800,662	1,141,224	233,965	170,568,287	10,092,356	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER A&G	
			5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	579,111					5.03
5.04	00570	ADMITTING	67	1,119,432				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	358	0	2,953,132			5.05
5.06	00591	OTHER A&G	12,412	0	0	17,376,947	17,376,947	5.06
7.00	00700	OPERATION OF PLANT	772	0	0	7,567,125	858,362	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	186,315	21,134	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	169,399	19,215	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	2,591	294	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	130	15	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	28,285	3,208	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	1,431	0	0	582,768	66,105	8.00
9.00	00900	HOUSEKEEPING	5,872	0	0	2,629,600	298,283	9.00
9.01	00901	HOUSEKEEPING KLEIN	3	0	0	265,360	30,101	9.01
10.00	01000	DIETARY	21,039	0	0	2,016,483	228,736	10.00
10.01	01001	DIETARY KLEIN	9,175	0	0	870,422	98,735	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	382	0	0	4,608,486	522,754	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	305	0	0	1,206,487	136,855	14.00
15.00	01500	PHARMACY	589	0	0	13,265,796	1,504,779	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	90	0	0	2,904,079	329,418	16.00
17.00	01700	SOCIAL SERVICE	63	0	0	1,430,006	162,210	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,656	99,105	252,931	16,284,996	1,847,251	30.00
31.00	03100	INTENSIVE CARE UNIT	220	13,123	33,491	2,456,148	278,608	31.00
41.00	04100	SUBPROVIDER - IRF	91	8,406	21,453	1,282,641	145,494	41.00
43.00	04300	NURSERY	3	3,818	9,744	464,010	52,634	43.00
44.00	04400	SKILLED NURSING FACILITY	3,039	5,135	13,106	1,535,630	174,191	44.00
45.00	04500	NURSING FACILITY	1,447	0	42,888	7,346,832	833,373	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,018	170,699	435,552	8,914,589	1,011,209	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	377	41,735	106,516	3,397,418	385,379	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	79	25,757	65,737	1,599,447	181,430	55.00
56.00	05600	RADIOISOTOPE	1	13,074	33,367	593,328	67,303	56.00
57.00	05700	CT SCAN	0	67,193	171,488	1,158,627	131,427	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	88	40,012	102,117	829,039	94,040	58.00
59.00	05900	CARDIAC CATHETERIZATION	75	27,126	69,229	1,650,172	187,184	59.00
60.00	06000	LABORATORY	49,875	132,862	339,086	6,988,998	792,783	60.00
64.00	06400	INTRAVENOUS THERAPY	43	23,171	59,137	785,491	89,101	64.00
65.00	06500	RESPIRATORY THERAPY	20	23,511	60,005	1,966,648	223,083	65.00
66.00	06600	PHYSICAL THERAPY	51	5,439	13,882	667,166	75,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,950	12,632	581,208	65,928	67.00
68.00	06800	SPEECH PATHOLOGY	9	2,111	5,387	169,009	19,171	68.00
69.00	06900	ELECTROCARDIOLOGY	3	19,472	49,696	639,201	72,506	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	332,610	11,301	28,842	14,226,585	1,613,764	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	125,862	21,227	54,176	5,426,727	615,570	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	148,431	378,820	384,497	43,615	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	11	4,238	10,815	337,685	38,305	76.01
76.02	03950	O/P REHAB SERVICES	89	0	32,520	3,237,859	367,280	76.02
76.03	03951	SPORTS FITNESS	211	326	832	747,382	84,778	76.03
76.04	03952	LIFE CENTER	1,057	19,758	50,425	3,308,021	375,239	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	167	5,061	12,917	1,735,659	196,881	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,106	83,072	212,013	11,980,636	1,358,999	90.00
91.00	09100	EMERGENCY	536	77,960	198,966	5,368,781	608,997	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER A&G	
			5.03	5.04	5.05	5A.05	5.06	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	5	4,666	11,908	819,727	92,984	95.00
101.00	10100	HOME HEALTH AGENCY	351	5,900	15,057	2,597,568	294,650	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,805	10,793	27,547	2,695,737	305,786	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	577,463	1,119,432	2,932,282	167,287,741	17,004,826	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	19,072	2,163	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	1,316	0	0	570,208	64,680	194.01
194.02	07952	MARKETING	325	0	0	858,649	97,399	194.02
194.03	07953	OUTREACH REHAB	0	0	0	645,079	73,173	194.03
194.04	07954	SWITCHBOARD	0	0	0	104,854	11,894	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	2	0	0	761,953	86,431	194.05
194.06	07956	OTHER NONREIMB	5	0	20,850	320,731	36,381	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	579,111	1,119,432	2,953,132	170,568,287	17,376,947	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	
			7.00	7.01	7.02	7.03	7.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT	8,425,487					7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0				7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	207,449			7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	188,614		7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	2,885	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	211,495	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	25,579	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	187,953	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	70,245	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	94,901	0	0	0	0	14.00
15.00	01500	PHARMACY	29,904	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	92,034	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	21,468	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,463,935	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	107,850	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	64,677	0	0	0	0	41.00
43.00	04300	NURSERY	28,067	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	174,506	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	1,511,768	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	561,987	0	2,759	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,462	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	345,529	0	0	0	2,885	55.00
56.00	05600	RADIOISOTOPE	61,573	0	0	0	0	56.00
57.00	05700	CT SCAN	24,264	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,100	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	184,731	0	0	0	0	59.00
60.00	06000	LABORATORY	126,522	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	64,807	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	43,351	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	131,724	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,528	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	367	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	53,493	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	466,518	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	295,815	0	0	116,042	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,209,089	0	204,690	72,572	0	90.00
91.00	09100	EMERGENCY	222,726	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

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Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	
			7.00	7.01	7.02	7.03	7.04	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	38,268	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	101,535	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	97,033	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,193,804	0	207,449	188,614	2,885	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,707	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	132,588	0	0	0	0	194.01
194.02	07952	MARKETING	17,298	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	58,090	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,425,487	0	207,449	188,614	2,885	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.05	7.06	7.07	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB	145					7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0				7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	31,493			7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	860,368		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	2,953,462	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	89,827	0	9.01
10.00	01000	DIETARY	0	0	0	0	4,742	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	8,536	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	2,467	11,381	14.00
15.00	01500	PHARMACY	0	0	0	0	193,474	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	8,536	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	8,536	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	156,716	851,804	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	20,032	113,808	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	28,452	41.00
43.00	04300	NURSERY	0	0	0	2,456	7,587	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	97,027	758,721	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	58,674	65,440	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	8,262	91,046	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,443	0	59.00
60.00	06000	LABORATORY	0	0	0	22	51,214	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,129	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	169	113,808	65.00
66.00	06600	PHYSICAL THERAPY	0	0	13,039	56	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	3,495	8,536	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	30,853	312,972	76.02
76.03	03951	SPORTS FITNESS	0	0	0	29,415	0	76.03
76.04	03952	LIFE CENTER	104	0	0	1,325	34,142	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	7,782	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	41	0	0	32,700	0	90.00
91.00	09100	EMERGENCY	0	0	0	102,023	210,545	91.00

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Cost Center Description			OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.05	7.06	7.07	8.00	9.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	70,182	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	4,917	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	145	0	13,039	671,790	2,953,462	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	18,454	188,578	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	145	0	31,493	860,368	2,953,462	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	
			9.01	10.00	10.01	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN	385,288					9.01
10.00	01000	DIETARY	0	2,437,914				10.00
10.01	01001	DIETARY KLEIN	0	0	969,157			10.01
11.00	01100	CAFETERIA	0	1,552,483	0	1,552,483		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	48,087	5,258,108	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	40,055	158,309	14.00
15.00	01500	PHARMACY	0	0	0	40,489	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	82,810	92,412	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17,928	94,144	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	544,418	0	289,534	1,538,257	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,866	0	39,756	250,671	31.00
41.00	04100	SUBPROVIDER - IRF	0	48,971	0	23,493	148,123	41.00
43.00	04300	NURSERY	0	0	0	7,981	0	43.00
44.00	04400	SKILLED NURSING FACILITY	38,529	0	96,916	0	168,587	44.00
45.00	04500	NURSING FACILITY	346,759	0	872,241	0	887,055	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	82	0	128,847	812,385	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	44,971	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,096	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,082	0	56.00
57.00	05700	CT SCAN	0	0	0	14,246	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	7,215	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	925	0	22,094	139,264	59.00
60.00	06000	LABORATORY	0	0	0	95,873	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,117	0	10,647	67,120	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	35,257	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,298	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,448	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,716	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,480	72,327	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	8,348	52,660	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	48,420	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	36,823	0	76.03
76.04	03952	LIFE CENTER	0	0	0	40,839	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	22,944	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	273,807	60,084	90.00
91.00	09100	EMERGENCY	0	10,112	0	95,640	602,950	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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9/3/2021 1:25 pm

Cost Center Description			HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	
			9.01	10.00	10.01	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	18,045	113,760	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	4,999	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,131	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	385,288	2,177,105	969,157	1,545,268	5,258,108	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	7,215	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	260,809	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	385,288	2,437,914	969,157	1,552,483	5,258,108	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY KLEIN						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	1,650,455					14.00
15.00	01500	PHARMACY	1,859	15,036,301				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	284	0	3,509,573			16.00
17.00	01700	SOCIAL SERVICE	198	0	0	1,734,490		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,226	0	300,610	428,734	23,711,481	30.00
31.00	03100	INTENSIVE CARE UNIT	694	0	39,804	38,038	3,358,275	31.00
41.00	04100	SUBPROVIDER - IRF	288	0	25,497	59,222	1,826,858	41.00
43.00	04300	NURSERY	10	0	11,580	28,075	602,400	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	15,577	89,765	2,293,701	44.00
45.00	04500	NURSING FACILITY	0	0	50,972	777,666	12,626,666	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,214	0	517,422	0	12,808,242	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,190	0	126,594	0	4,122,128	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	250	0	78,128	0	2,322,073	55.00
56.00	05600	RADIOISOTOPE	2	0	39,657	0	765,945	56.00
57.00	05700	CT SCAN	0	0	203,815	0	1,532,379	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	277	0	121,366	0	1,088,037	58.00
59.00	05900	CARDIAC CATHETERIZATION	238	0	82,279	0	2,288,330	59.00
60.00	06000	LABORATORY	157,450	0	403,005	0	8,615,867	60.00
64.00	06400	INTRAVENOUS THERAPY	135	0	70,285	0	1,093,832	64.00
65.00	06500	RESPIRATORY THERAPY	63	0	71,316	0	2,453,695	65.00
66.00	06600	PHYSICAL THERAPY	162	0	16,498	0	911,622	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	15,014	0	670,126	67.00
68.00	06800	SPEECH PATHOLOGY	27	0	6,403	0	196,693	68.00
69.00	06900	ELECTROCARDIOLOGY	8	0	59,064	0	854,586	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,050,013	0	34,278	0	16,924,640	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	397,336	0	64,388	0	6,504,021	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,036,301	450,229	0	15,914,642	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	36	0	12,854	0	515,412	76.01
76.02	03950	O/P REHAB SERVICES	282	0	38,650	0	4,036,316	76.02
76.03	03951	SPORTS FITNESS	667	0	989	0	900,054	76.03
76.04	03952	LIFE CENTER	3,336	0	59,930	0	4,289,454	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	529	0	15,352	0	2,391,004	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,650	0	251,978	0	15,451,246	90.00
91.00	09100	EMERGENCY	1,694	0	236,472	0	7,459,940	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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9/3/2021 1:25 pm

Cost Center Description			CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	15	0	14,153	0	1,096,952	95.00
101.00	10100	HOME HEALTH AGENCY	1,108	0	17,895	280,422	3,368,359	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,012	0	32,739	32,568	3,183,923	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,645,253	15,036,301	3,484,793	1,734,490	166,178,899	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	44,942	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	4,156	0	0	0	771,632	194.01
194.02	07952	MARKETING	1,025	0	0	0	981,586	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	718,252	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	116,748	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	6	0	0	0	848,390	194.05
194.06	07956	OTHER NONREIMB	15	0	24,780	0	647,029	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	260,809	194.07
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,650,455	15,036,301	3,509,573	1,734,490	170,568,287	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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9/3/2021 1:25 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-BLDG & FIXT - KLEIN		1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER		1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY		1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY		1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN		1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP		1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB		1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00500	ADMINISTRATIVE AND GENERAL		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00591	OTHER A&G		5.06
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT KLEIN		7.01
7.02	00702	OPERATION OF PLANT EASTMAN		7.02
7.03	00703	OPERATION OF PLANT MERCY		7.03
7.04	00704	OPERATION OF PLANT CANCER		7.04
7.05	00705	OPERATION OF PLANT REHAB		7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE		7.06
7.07	00707	OPERATION OF PLANT WAPELLO		7.07
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING KLEIN		9.01
10.00	01000	DIETARY		10.00
10.01	01001	DIETARY KLEIN		10.01
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 23,711,481	30.00
31.00	03100	INTENSIVE CARE UNIT	0 3,358,275	31.00
41.00	04100	SUBPROVIDER - IRF	0 1,826,858	41.00
43.00	04300	NURSERY	0 602,400	43.00
44.00	04400	SKILLED NURSING FACILITY	0 2,293,701	44.00
45.00	04500	NURSING FACILITY	0 12,626,666	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 12,808,242	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 4,122,128	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0 2,322,073	55.00
56.00	05600	RADIOISOTOPE	0 765,945	56.00
57.00	05700	CT SCAN	0 1,532,379	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0 1,088,037	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 2,288,330	59.00
60.00	06000	LABORATORY	0 8,615,867	60.00
64.00	06400	INTRAVENOUS THERAPY	0 1,093,832	64.00
65.00	06500	RESPIRATORY THERAPY	0 2,453,695	65.00
66.00	06600	PHYSICAL THERAPY	0 911,622	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 670,126	67.00
68.00	06800	SPEECH PATHOLOGY	0 196,693	68.00
69.00	06900	ELECTROCARDIOLOGY	0 854,586	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 16,924,640	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 6,504,021	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 15,914,642	73.00
76.00	03040	AUDIOLOGY	0 0	76.00
76.01	03280	EKG AND EEG	0 515,412	76.01
76.02	03950	O/P REHAB SERVICES	0 4,036,316	76.02
76.03	03951	SPORTS FITNESS	0 900,054	76.03
76.04	03952	LIFE CENTER	0 4,289,454	76.04
76.05	03580	RECREATIONAL THERAPY	0 0	76.05
76.06	03480	ONCOLOGY	0 2,391,004	76.06
76.07	03954	OP REHAB SERVICES	0 0	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	15,451,246	90.00
91.00	09100	EMERGENCY	0	7,459,940	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	1,096,952	95.00
101.00	10100	HOME HEALTH AGENCY	0	3,368,359	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	3,183,923	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	166,178,899	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	44,942	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	194.00
194.01	07951	DAYCARE	0	771,632	194.01
194.02	07952	MARKETING	0	981,586	194.02
194.03	07953	OUTREACH REHAB	0	718,252	194.03
194.04	07954	SWITCHBOARD	0	116,748	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	848,390	194.05
194.06	07956	OTHER NONREIMB	0	647,029	194.06
194.07	07957	MEALS ON WHEELS	0	260,809	194.07
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	170,568,287	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
				0	1.00	1.01	1.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	75,442	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	2,349	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	82,399	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	95,506	0	0	0	5.03
5.04	00570	ADMITTING	0	47,784	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	18,603	0	0	0	5.05
5.06	00591	OTHER A&G	0	147,629	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	142,851	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	13,493	0		6,300	8.00
9.00	00900	HOUSEKEEPING	0	19,356	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	142,223	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	53,154	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	71,811	0	0	0	14.00
15.00	01500	PHARMACY	0	22,628	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	69,641	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	16,245	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,107,751	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	81,610	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	48,941	0	0	0	41.00
43.00	04300	NURSERY	0	21,238	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	99,483	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	861,835	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	420,098	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	32,131	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	13,441	0	55.00
56.00	05600	RADIOISOTOPE	0	46,592	0	0	0	56.00
57.00	05700	CT SCAN	0	18,361	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,317	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	139,785	0	0	0	59.00
60.00	06000	LABORATORY	0	95,739	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	49,039	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	32,803	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	81,466	1,000	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	871	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	209	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	40,478	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
				1.00	1.01	1.02	1.03	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	254,216	0	0	0	90.00
91.00	09100	EMERGENCY	0	168,536	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	28,957	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,716,172	963,398	13,441	6,300	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,939	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	100,329	0	0	0	194.01
194.02	07952	MARKETING	0	13,089	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	20,064	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,867,593	963,398	13,441	6,300	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	
		MERCY	EASTMAN	HHA/HOSP	REHAB	WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00591	OTHER A&G	0	12,363	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	5,598	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	417,249	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	76.05
76.06	03480	ONCOLOGY	242,143	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	151,436	415,325	0	163,377	90.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
			1.04	1.05	1.06	1.07	1.08	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	58,478	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	55,886	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	393,579	433,286	114,364	580,626	10,112	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	14,312	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	393,579	433,286	114,364	580,626	24,424	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	
			2.00	2A	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	31,637	107,079	107,079			4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	322	2,671	540	3,211		5.01
5.02	00550	DATA PROCESSING	599,463	681,862	1,981	117	683,960	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,132	98,638	256	33	2,331	5.03
5.04	00570	ADMITTING	5,577	53,361	1,347	48	4,505	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	12,499	31,102	2,379	72	11,885	5.05
5.06	00591	OTHER A&G	18,818	178,810	4,326	110	69,822	5.06
7.00	00700	OPERATION OF PLANT	421,569	564,420	3,332	248	30,454	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	750	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	682	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	33	10	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	2	1	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	114	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	19,793	240	0	2,340	8.00
9.00	00900	HOUSEKEEPING	15,014	34,370	4,324	20	10,560	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	383	0	1,068	9.01
10.00	01000	DIETARY	24,272	166,495	2,751	40	8,031	10.00
10.01	01001	DIETARY KLEIN	2,294	2,294	761	0	3,466	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	524,938	578,092	3,024	110	18,547	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	103,826	175,637	1,655	25	4,855	14.00
15.00	01500	PHARMACY	342,289	364,917	2,083	30	53,391	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,712	71,353	2,091	114	11,688	16.00
17.00	01700	SOCIAL SERVICE	0	16,245	1,283	15	5,755	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,413	1,211,164	13,399	152	64,122	30.00
31.00	03100	INTENSIVE CARE UNIT	174,774	256,384	1,699	32	9,697	31.00
41.00	04100	SUBPROVIDER - IRF	3,078	52,019	1,128	7	5,042	41.00
43.00	04300	NURSERY	12,372	33,610	342	0	1,813	43.00
44.00	04400	SKILLED NURSING FACILITY	5,517	105,000	1,418	18	6,095	44.00
45.00	04500	NURSING FACILITY	38,986	900,821	7,087	157	29,392	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	759,735	1,185,431	5,656	177	33,436	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	286,331	318,462	2,129	122	13,076	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	106,263	119,704	752	0	6,069	55.00
56.00	05600	RADIOISOTOPE	221,364	267,956	226	0	2,201	56.00
57.00	05700	CT SCAN	50,031	68,392	692	0	3,703	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	57,708	85,025	417	0	2,764	58.00
59.00	05900	CARDIAC CATHETERIZATION	236,262	376,047	942	102	6,254	59.00
60.00	06000	LABORATORY	116,677	212,416	3,974	74	26,030	60.00
64.00	06400	INTRAVENOUS THERAPY	18,311	67,350	482	13	2,830	64.00
65.00	06500	RESPIRATORY THERAPY	58,027	90,830	1,666	7	7,579	65.00
66.00	06600	PHYSICAL THERAPY	0	92,578	620	0	2,607	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	871	543	0	2,269	67.00
68.00	06800	SPEECH PATHOLOGY	8,487	8,696	162	0	650	68.00
69.00	06900	ELECTROCARDIOLOGY	17,037	17,037	526	0	2,294	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	55,760	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	21,032	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	2,477	42,955	298	2	1,299	76.01
76.02	03950	O/P REHAB SERVICES	3,887	3,887	2,037	237	12,901	76.02
76.03	03951	SPORTS FITNESS	2,440	2,440	1,445	0	3,003	76.03
76.04	03952	LIFE CENTER	42,472	459,721	1,854	0	13,028	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	20,446	262,589	1,042	47	6,913	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	2A	4.00	5.01	5.02	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	185,935	1,170,289	12,306	38	47,025	90.00
91.00	09100	EMERGENCY	66,964	235,500	4,410	67	20,492	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	57,911	86,868	891	3	3,233	95.00
101.00	10100	HOME HEALTH AGENCY	935	59,413	1,541	114	10,369	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	23,484	79,370	2,206	0	10,680	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,788,686	11,019,964	104,646	2,386	673,913	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,939	0	0	77	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	11,976	112,305	1,065	13	2,290	194.01
194.02	07952	MARKETING	0	13,089	45	0	3,455	194.02
194.03	07953	OUTREACH REHAB	0	0	489	0	2,596	194.03
194.04	07954	SWITCHBOARD	0	0	90	812	422	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	510	0	0	194.05
194.06	07956	OTHER NONREIMB	0	34,376	234	0	1,207	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,800,662	11,197,673	107,079	3,211	683,960	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER A&G	OPERATION OF PLANT	
			5.03	5.04	5.05	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	101,258					5.03
5.04	00570	ADMITTING	12	59,273				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	63	0	45,501			5.05
5.06	00591	OTHER A&G	2,170	0	0	255,238		5.06
7.00	00700	OPERATION OF PLANT	135	0	0	12,607	611,196	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	310	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	282	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	4	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	47	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	250	0	0	971	15,342	8.00
9.00	00900	HOUSEKEEPING	1,027	0	0	4,381	1,856	9.00
9.01	00901	HOUSEKEEPING KLEIN	1	0	0	442	0	9.01
10.00	01000	DIETARY	3,678	0	0	3,359	13,634	10.00
10.01	01001	DIETARY KLEIN	1,604	0	0	1,450	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	67	0	0	7,678	5,096	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	53	0	0	2,010	6,884	14.00
15.00	01500	PHARMACY	103	0	0	22,101	2,169	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16	0	0	4,838	6,676	16.00
17.00	01700	SOCIAL SERVICE	11	0	0	2,382	1,557	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	289	5,237	3,883	27,153	106,196	30.00
31.00	03100	INTENSIVE CARE UNIT	38	693	514	4,092	7,824	31.00
41.00	04100	SUBPROVIDER - IRF	16	444	329	2,137	4,692	41.00
43.00	04300	NURSERY	1	202	150	773	2,036	43.00
44.00	04400	SKILLED NURSING FACILITY	531	271	201	2,558	12,659	44.00
45.00	04500	NURSING FACILITY	253	0	658	12,240	109,664	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	178	9,135	6,851	14,852	40,767	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66	2,206	1,635	5,660	3,080	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14	1,361	1,009	2,665	25,065	55.00
56.00	05600	RADIOISOTOPE	0	691	512	988	4,467	56.00
57.00	05700	CT SCAN	0	3,551	2,633	1,930	1,760	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15	2,115	1,568	1,381	2,619	58.00
59.00	05900	CARDIAC CATHETERIZATION	13	1,434	1,063	2,749	13,401	59.00
60.00	06000	LABORATORY	8,720	7,021	5,206	11,644	9,178	60.00
64.00	06400	INTRAVENOUS THERAPY	7	1,225	908	1,309	4,701	64.00
65.00	06500	RESPIRATORY THERAPY	3	1,243	921	3,276	3,145	65.00
66.00	06600	PHYSICAL THERAPY	9	287	213	1,111	9,555	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	262	194	968	111	67.00
68.00	06800	SPEECH PATHOLOGY	1	112	83	282	27	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,029	763	1,065	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	58,163	597	443	23,701	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,005	1,122	832	9,041	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,844	5,816	641	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	2	224	166	563	3,880	76.01
76.02	03950	O/P REHAB SERVICES	16	0	499	5,394	0	76.02
76.03	03951	SPORTS FITNESS	37	17	13	1,245	0	76.03
76.04	03952	LIFE CENTER	185	1,044	774	5,511	33,842	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	29	267	198	2,892	21,459	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	368	4,390	3,255	19,960	87,709	90.00
91.00	09100	EMERGENCY	94	4,120	3,054	8,944	16,157	91.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER A&G	OPERATION OF PLANT	
			5.03	5.04	5.05	5.06	7.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1	247	183	1,366	2,776	95.00
101.00	10100	HOME HEALTH AGENCY	61	312	231	4,328	7,366	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	665	570	423	4,491	7,039	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100,970	59,273	45,181	249,772	594,389	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	32	1,720	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	230	0	0	950	9,618	194.01
194.02	07952	MARKETING	57	0	0	1,431	1,255	194.02
194.03	07953	OUTREACH REHAB	0	0	0	1,075	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	175	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	1,269	0	194.05
194.06	07956	OTHER NONREIMB	1	0	320	534	4,214	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	101,258	59,273	45,501	255,238	611,196	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
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To 06/30/2021Worksheet B
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Cost Center Description			OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	
			7.01	7.02	7.03	7.04	7.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN	0					7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	1,060				7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	964			7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	47		7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	3	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	14	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	47	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	2	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	593	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,046	371	0	1	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

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To 06/30/2021Worksheet B
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Cost Center Description			OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	
			7.01	7.02	7.03	7.04	7.05	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,060	964	47	3	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,060	964	47	3	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

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Cost Center Description			OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING KLEIN	
			7.06	7.07	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0					7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	161				7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	38,936			8.00
9.00	00900	HOUSEKEEPING	0	0	0	56,538		9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	4,065	0	5,959	9.01
10.00	01000	DIETARY	0	0	0	91	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	163	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	112	218	0	14.00
15.00	01500	PHARMACY	0	0	0	3,704	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	163	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	163	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	7,092	16,307	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	907	2,179	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	545	0	41.00
43.00	04300	NURSERY	0	0	111	145	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	596	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	5,363	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	4,391	14,524	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,655	1,253	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	374	1,743	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	970	0	0	59.00
60.00	06000	LABORATORY	0	0	1	980	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	96	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	8	2,179	0	65.00
66.00	06600	PHYSICAL THERAPY	0	67	3	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	158	163	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	1,396	5,991	0	76.02
76.03	03951	SPORTS FITNESS	0	0	1,331	0	0	76.03
76.04	03952	LIFE CENTER	0	0	60	654	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	352	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	1,480	0	0	90.00
91.00	09100	EMERGENCY	0	0	4,617	4,030	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

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Cost Center Description			OPERATION OF PLANT HHA/HOSPICE 7.06	OPERATION OF PLANT WAPELLO 7.07	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING KLEIN 9.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,343	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	223	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	67	30,402	56,538	5,959	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	94	8,534	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	161	38,936	56,538	5,959	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
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Cost Center Description			DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY	198,079					10.00
10.01	01001	DIETARY KLEIN	0	9,575				10.01
11.00	01100	CAFETERIA	126,137	0	126,137			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,907	616,684		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	3,254	18,567	213,270	14.00
15.00	01500	PHARMACY	0	0	3,290	0	240	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	6,728	10,838	37	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,457	11,041	26	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,234	0	23,524	180,411	675	30.00
31.00	03100	INTENSIVE CARE UNIT	1,045	0	3,230	29,399	90	31.00
41.00	04100	SUBPROVIDER - IRF	3,979	0	1,909	17,372	37	41.00
43.00	04300	NURSERY	0	0	648	0	1	43.00
44.00	04400	SKILLED NURSING FACILITY	0	958	0	19,772	0	44.00
45.00	04500	NURSING FACILITY	0	8,617	0	104,036	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7	0	10,469	95,279	415	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,654	0	154	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,227	0	32	55.00
56.00	05600	RADIOISOTOPE	0	0	332	0	0	56.00
57.00	05700	CT SCAN	0	0	1,157	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	586	0	36	58.00
59.00	05900	CARDIAC CATHETERIZATION	75	0	1,795	16,333	31	59.00
60.00	06000	LABORATORY	0	0	7,790	0	20,346	60.00
64.00	06400	INTRAVENOUS THERAPY	335	0	865	7,872	17	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,865	0	8	65.00
66.00	06600	PHYSICAL THERAPY	0	0	593	0	21	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	524	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	139	0	3	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	933	8,483	1	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	135,683	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	51,344	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	678	6,176	5	76.01
76.02	03950	O/P REHAB SERVICES	0	0	3,934	0	36	76.02
76.03	03951	SPORTS FITNESS	0	0	2,992	0	86	76.03
76.04	03952	LIFE CENTER	0	0	3,318	0	431	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	1,864	0	68	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	22,246	7,047	859	90.00
91.00	09100	EMERGENCY	822	0	7,771	70,716	219	91.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	1,466	13,342	2	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	406	0	143	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	254	0	0	0	1,552	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	176,888	9,575	125,551	616,684	212,598	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	537	194.01
194.02	07952	MARKETING	0	0	586	0	132	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	1	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	2	194.06
194.07	07957	MEALS ON WHEELS	21,191	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	198,079	9,575	126,137	616,684	213,270	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
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To 06/30/2021Worksheet B
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY KLEIN						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICE & SUPPLY						14.00
15.00	01500	PHARMACY	452,028					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	114,542				16.00
17.00	01700	SOCIAL SERVICE	0	0	39,935			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	9,798	9,871	1,723,507	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,297	876	319,996	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	831	1,364	91,851	0	41.00
43.00	04300	NURSERY	0	377	646	40,855	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	508	2,067	152,652	0	44.00
45.00	04500	NURSING FACILITY	0	1,661	17,905	1,197,854	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	17,020	0	1,438,602	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,126	0	358,278	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,546	0	162,608	0	55.00
56.00	05600	RADIOISOTOPE	0	1,293	0	278,666	0	56.00
57.00	05700	CT SCAN	0	6,643	0	90,461	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,956	0	100,482	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,682	0	423,891	0	59.00
60.00	06000	LABORATORY	0	13,135	0	326,515	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,291	0	90,301	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,324	0	116,054	0	65.00
66.00	06600	PHYSICAL THERAPY	0	538	0	108,202	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	489	0	6,231	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	209	0	10,364	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,925	0	34,056	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,117	0	275,464	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,099	0	107,475	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	452,028	14,674	0	481,003	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	419	0	56,988	0	76.01
76.02	03950	O/P REHAB SERVICES	0	1,260	0	37,588	0	76.02
76.03	03951	SPORTS FITNESS	0	32	0	12,641	0	76.03
76.04	03952	LIFE CENTER	0	1,953	0	522,377	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	500	0	298,813	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	8,213	0	1,386,603	0	90.00
91.00	09100	EMERGENCY	0	7,707	0	388,720	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	461	0	110,839	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	583	6,456	92,666	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,067	750	109,290	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	452,028	113,734	39,935	10,951,893	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	19,768	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	127,008	0	194.01
194.02	07952	MARKETING	0	0	0	20,050	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	4,160	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	1,499	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	1,780	0	194.05
194.06	07956	OTHER NONREIMB	0	808	0	50,324	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	21,191	0	194.07
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	452,028	114,542	39,935	11,197,673	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00500	ADMINISTRATIVE AND GENERAL	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00591	OTHER A&G	5.06
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT KLEIN	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	7.02
7.03	00703	OPERATION OF PLANT MERCY	7.03
7.04	00704	OPERATION OF PLANT CANCER	7.04
7.05	00705	OPERATION OF PLANT REHAB	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING KLEIN	9.01
10.00	01000	DIETARY	10.00
10.01	01001	DIETARY KLEIN	10.01
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03040	AUDIOLOGY	76.00
76.01	03280	EKG AND EEG	76.01
76.02	03950	O/P REHAB SERVICES	76.02
76.03	03951	SPORTS FITNESS	76.03
76.04	03952	LIFE CENTER	76.04
76.05	03580	RECREATIONAL THERAPY	76.05
76.06	03480	ONCOLOGY	76.06
76.07	03954	OP REHAB SERVICES	76.07
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description		Total	
		26.00	
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	110,839
101.00	10100	HOME HEALTH AGENCY	92,666
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	
116.00	11600	HOSPICE	109,290
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,951,893
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,768
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0
194.01	07951	DAYCARE	127,008
194.02	07952	MARKETING	20,050
194.03	07953	OUTREACH REHAB	4,160
194.04	07954	SWITCHBOARD	1,499
194.05	07955	HENRY COUNTY HEALTH CENTER	1,780
194.06	07956	OTHER NONREIMB	50,324
194.07	07957	MEALS ON WHEELS	21,191
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118 through 201)	11,197,673

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	431,403					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	0	142,636				1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	29,164			1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	0	16,346		1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	40,583	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,415	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	262	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	9,191	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	10,653	0	0	0	0	5.03
5.04	00570	ADMITTING	5,330	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,075	0	0	0	0	5.05
5.06	00591	OTHER A&G	16,467	0	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	15,934	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	1,505	0	0	16,346	0	8.00
9.00	00900	HOUSEKEEPING	2,159	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	15,864	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,929	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	8,010	0	0	0	0	14.00
15.00	01500	PHARMACY	2,524	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,768	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,812	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	123,562	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,103	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	5,459	0	0	0	0	41.00
43.00	04300	NURSERY	2,369	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	14,729	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	127,599	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	46,859	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,584	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	29,164	0	0	55.00
56.00	05600	RADIOISOTOPE	5,197	0	0	0	0	56.00
57.00	05700	CT SCAN	2,048	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,047	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,592	0	0	0	0	59.00
60.00	06000	LABORATORY	10,679	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	5,470	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,659	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,087	148	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	129	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	31	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	4,515	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	24,968	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	28,356	0	0	0	15,615	90.00
91.00	09100	EMERGENCY	18,799	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,230	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	414,513	142,636	29,164	16,346	40,583	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,001	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	11,191	0	0	0	0	194.01
194.02	07952	MARKETING	1,460	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	2,238	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,867,593	963,398	13,441	6,300	393,579	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.965151	6.754242	0.460876	0.385415	9.698125	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.05	1.06	1.07	1.08	2.00	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	44,508					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	16,760				1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	54,794			1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	4,548		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					4,135,332	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	27,252	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	277	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	516,383	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	2,698	5.03
5.04	00570	ADMITTING	0	0	0	0	4,804	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	10,767	5.05
5.06	00591	OTHER A&G	1,270	0	0	0	16,210	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	363,143	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	12,933	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	20,908	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	1,976	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	452,186	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	89,437	14.00
15.00	01500	PHARMACY	0	0	0	0	294,851	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,475	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	89,081	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	150,552	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	2,651	41.00
43.00	04300	NURSERY	0	0	0	0	10,657	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	4,752	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	33,583	45.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	575	0	0	0	654,444	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	246,648	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	91,536	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	190,685	56.00
57.00	05700	CT SCAN	0	0	0	0	43,097	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	49,710	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	203,518	59.00
60.00	06000	LABORATORY	0	0	0	0	100,507	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	15,773	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	49,985	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,883	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	7,311	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	14,676	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	2,134	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	3,348	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	2,102	76.03
76.04	03952	LIFE CENTER	0	0	39,376	0	36,586	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	17,612	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	MVBLE EQUIP	
			(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	
1.05	1.06	1.07	1.08	2.00				
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	42,663	0	15,418	0	160,166	90.00
91.00	09100	EMERGENCY	0	0	0	0	57,683	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	49,885	95.00
101.00	10100	HOME HEALTH AGENCY	0	8,570	0	0	805	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	8,190	0	0	20,229	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,508	16,760	54,794	1,883	4,125,016	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	10,316	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	2,665	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	433,286	114,364	580,626	24,424	4,800,662	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.735014	6.823628	10.596525	5.370273	1.160889	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
			4.00	5.01	5A.02	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	126,519					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	638	1,920				5.01
5.02	00550	DATA PROCESSING	2,341	70	-10,092,356	159,856,734		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	303	20	0	544,721	22,615,231	5.03
5.04	00570	ADMITTING	1,591	29	0	1,052,892	2,618	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,811	43	0	2,777,424	13,972	5.05
5.06	00591	OTHER A&G	5,111	66	0	16,333,387	484,714	5.06
7.00	00700	OPERATION OF PLANT	3,937	148	0	7,117,027	30,153	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	175,251	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	159,339	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	20	0	2,437	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	1	0	122	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	26,605	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	283	0	0	546,814	55,887	8.00
9.00	00900	HOUSEKEEPING	5,109	12	0	2,467,918	229,305	9.00
9.01	00901	HOUSEKEEPING KLEIN	452	0	0	249,599	125	9.01
10.00	01000	DIETARY	3,250	24	0	1,876,945	821,599	10.00
10.01	01001	DIETARY KLEIN	899	0	0	810,102	358,319	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,573	66	0	4,334,453	14,906	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	1,955	15	0	1,134,553	11,909	14.00
15.00	01500	PHARMACY	2,461	18	0	12,477,455	22,993	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,471	68	0	2,731,536	3,509	16.00
17.00	01700	SOCIAL SERVICE	1,516	9	0	1,345,026	2,449	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,831	91	0	14,985,227	64,651	30.00
31.00	03100	INTENSIVE CARE UNIT	2,008	19	0	2,266,237	8,588	31.00
41.00	04100	SUBPROVIDER - IRF	1,333	4	0	1,178,300	3,565	41.00
43.00	04300	NURSERY	404	0	0	423,695	128	43.00
44.00	04400	SKILLED NURSING FACILITY	1,675	11	0	1,424,421	118,678	44.00
45.00	04500	NURSING FACILITY	8,374	94	0	6,868,840	56,496	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,683	106	0	7,813,991	39,754	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,516	73	0	3,055,861	14,718	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	888	0	0	1,418,329	3,092	55.00
56.00	05600	RADIOISOTOPE	267	0	0	514,409	25	56.00
57.00	05700	CT SCAN	818	0	0	865,315	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	493	0	0	646,035	3,428	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,113	61	0	1,461,473	2,946	59.00
60.00	06000	LABORATORY	4,696	44	0	6,083,123	1,947,702	60.00
64.00	06400	INTRAVENOUS THERAPY	569	8	0	661,384	1,672	64.00
65.00	06500	RESPIRATORY THERAPY	1,968	4	0	1,771,284	781	65.00
66.00	06600	PHYSICAL THERAPY	733	0	0	609,325	2,003	66.00
67.00	06700	OCCUPATIONAL THERAPY	642	0	0	530,155	0	67.00
68.00	06800	SPEECH PATHOLOGY	192	0	0	151,911	334	68.00
69.00	06900	ELECTROCARDIOLOGY	622	0	0	536,179	105	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,031,125	12,988,943	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,915,149	4,915,149	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	142,754	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	352	1	0	303,462	444	76.01
76.02	03950	O/P REHAB SERVICES	2,407	142	0	3,014,907	3,487	76.02
76.03	03951	SPORTS FITNESS	1,707	0	0	701,711	8,249	76.03
76.04	03952	LIFE CENTER	2,191	0	0	3,044,565	41,269	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	1,231	28	0	1,615,520	6,539	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,540	23	0	10,989,626	82,258	90.00

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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
			4.00	5.01	5A.02	5.02	5.03	
91.00	09100	EMERGENCY	5,211	40	0	4,788,972	20,950	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,053	2	0	755,453	183	95.00
101.00	10100	HOME HEALTH AGENCY	1,821	68	0	2,423,269	13,710	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,606	0	0	2,496,009	148,590	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	123,645	1,428	-9,949,602	157,508,868	22,550,895	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	17,939	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	1,258	8	0	535,108	51,406	194.01
194.02	07952	MARKETING	53	0	0	807,353	12,674	194.02
194.03	07953	OUTREACH REHAB	578	0	0	606,771	0	194.03
194.04	07954	SWITCHBOARD	106	484	0	98,627	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	603	0	-761,951	0	72	194.05
194.06	07956	OTHER NONREIMB	276	0	0	282,068	184	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,141,224	233,965		10,092,356	579,111	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.020179	121.856771		0.063134	0.025607	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	107,079	3,211		683,960	101,258	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.846347	1.672396		0.004279	0.004477	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

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Cost Center Description			ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	509,928,256					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	527,111,065				5.05
5.06	00591	OTHER A&G	0	0	-17,376,947	153,191,340		5.06
7.00	00700	OPERATION OF PLANT	0	0	0	7,567,125	711,145	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	186,315	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	169,399	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	2,591	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	130	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	28,285	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	582,768	17,851	8.00
9.00	00900	HOUSEKEEPING	0	0	0	2,629,600	2,159	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	265,360	0	9.01
10.00	01000	DIETARY	0	0	0	2,016,483	15,864	10.00
10.01	01001	DIETARY KLEIN	0	0	0	870,422	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,608,486	5,929	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	1,206,487	8,010	14.00
15.00	01500	PHARMACY	0	0	0	13,265,796	2,524	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,904,079	7,768	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,430,006	1,812	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,150,214	45,150,214	0	16,284,996	123,562	30.00
31.00	03100	INTENSIVE CARE UNIT	5,978,372	5,978,372	0	2,456,148	9,103	31.00
41.00	04100	SUBPROVIDER - IRF	3,829,525	3,829,525	0	1,282,641	5,459	41.00
43.00	04300	NURSERY	1,739,314	1,739,314	0	464,010	2,369	43.00
44.00	04400	SKILLED NURSING FACILITY	2,339,601	2,339,601	0	1,535,630	14,729	44.00
45.00	04500	NURSING FACILITY	0	7,655,825	0	7,346,832	127,599	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	77,703,877	77,703,877	0	8,914,589	47,434	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,013,872	19,013,872	0	3,397,418	3,584	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,734,488	11,734,488	0	1,599,447	29,164	55.00
56.00	05600	RADIOISOTOPE	5,956,295	5,956,295	0	593,328	5,197	56.00
57.00	05700	CT SCAN	30,611,997	30,611,997	0	1,158,627	2,048	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,228,637	18,228,637	0	829,039	3,047	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,357,966	12,357,966	0	1,650,172	15,592	59.00
60.00	06000	LABORATORY	60,529,467	60,529,467	0	6,988,998	10,679	60.00
64.00	06400	INTRAVENOUS THERAPY	10,556,492	10,556,492	0	785,491	5,470	64.00
65.00	06500	RESPIRATORY THERAPY	10,711,305	10,711,305	0	1,966,648	3,659	65.00
66.00	06600	PHYSICAL THERAPY	2,477,968	2,477,968	0	667,166	11,118	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,254,959	2,254,959	0	581,208	129	67.00
68.00	06800	SPEECH PATHOLOGY	961,685	961,685	0	169,009	31	68.00
69.00	06900	ELECTROCARDIOLOGY	8,871,201	8,871,201	0	639,201	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,148,446	5,148,446	0	14,226,585	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,670,747	9,670,747	0	5,426,727	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,622,196	67,622,196	0	384,497	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	1,930,626	1,930,626	0	337,685	4,515	76.01
76.02	03950	O/P REHAB SERVICES	0	5,805,082	0	3,237,859	0	76.02
76.03	03951	SPORTS FITNESS	148,503	148,503	0	747,382	0	76.03
76.04	03952	LIFE CENTER	9,001,250	9,001,250	0	3,308,021	39,376	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	2,305,730	2,305,730	0	1,735,659	24,968	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07

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Cost Center Description			ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	37,845,871	37,845,871	0	11,980,636	102,052	90.00
91.00	09100	EMERGENCY	35,516,961	35,516,961	0	5,368,781	18,799	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,125,658	2,125,658	0	819,727	3,230	95.00
101.00	10100	HOME HEALTH AGENCY	2,687,761	2,687,761	0	2,597,568	8,570	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,917,272	4,917,272	0	2,695,737	8,190	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	509,928,256	523,389,163	-17,376,947	149,910,794	691,590	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	19,072	2,001	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	570,208	11,191	194.01
194.02	07952	MARKETING	0	0	0	858,649	1,460	194.02
194.03	07953	OUTREACH REHAB	0	0	0	645,079	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	104,854	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	761,953	0	194.05
194.06	07956	OTHER NONREIMB	0	3,721,902	0	320,731	4,903	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,119,432	2,953,132		17,376,947	8,425,487	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002195	0.005602		0.113433	11.847776	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	59,273	45,501		255,238	611,196	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000116	0.000086		0.001666	0.859453	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	OPERATION OF PLANT REHAB (SQUARE FEET)	
			7.01	7.02	7.03	7.04	7.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN	142,636					7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	43,238				7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	40,583			7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	29,164		7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	54,794	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,729	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	127,599	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	575	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	29,164	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	148	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	129	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	31	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	39,376	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	24,968	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	42,663	15,615	0	15,418	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			OPERATION OF PLANT KLEIN (SQUARE FEET) 7.01	OPERATION OF PLANT EASTMAN (SQUARE FEET) 7.02	OPERATION OF PLANT MERCY (SQUARE FEET) 7.03	OPERATION OF PLANT CANCER (SQUARE FEET) 7.04	OPERATION OF PLANT REHAB (SQUARE FEET) 7.05	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	142,636	43,238	40,583	29,164	54,794	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	207,449	188,614	2,885	145	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	4.797840	4.647611	0.098923	0.002646	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,060	964	47	3	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.024515	0.023754	0.001612	0.000055	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
			7.06	7.07	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	16,760					7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	4,548				7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	614,383			8.00
9.00	00900	HOUSEKEEPING	0	0	0	186,849		9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	64,145	0	100	9.01
10.00	01000	DIETARY	0	0	0	300	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	540	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	1,762	720	0	14.00
15.00	01500	PHARMACY	0	0	0	12,240	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	540	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	540	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	111,910	53,889	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	14,305	7,200	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,800	0	41.00
43.00	04300	NURSERY	0	0	1,754	480	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	10	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	90	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	69,286	48,000	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	41,899	4,140	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5,900	5,760	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	15,312	0	0	59.00
60.00	06000	LABORATORY	0	0	16	3,240	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,520	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	121	7,200	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,883	40	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	2,496	540	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	22,032	19,800	0	76.02
76.03	03951	SPORTS FITNESS	0	0	21,005	0	0	76.03
76.04	03952	LIFE CENTER	0	0	946	2,160	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	5,557	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	23,351	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
			7.06	7.07	8.00	9.00	9.01	
91.00	09100	EMERGENCY	0	0	72,854	13,320	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,570	0	0	4,440	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,190	0	3,511	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,760	1,883	479,722	186,849	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	2,665	134,661	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	31,493	860,368	2,953,462	385,288	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	6.924582	1.400377	15.806678	3,852.880000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	161	38,936	56,538	5,959	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.035400	0.063374	0.302587	59.590000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	
			10.00	10.01	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY	355,850					10.00
10.01	01001	DIETARY KLEIN	0	100				10.01
11.00	01100	CAFETERIA	226,608	0	93,175			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,886	1,041,130		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	2,404	31,346	20,416,550	14.00
15.00	01500	PHARMACY	0	0	2,430	0	22,993	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,970	18,298	3,509	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,076	18,641	2,449	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,466	0	17,377	304,582	64,651	30.00
31.00	03100	INTENSIVE CARE UNIT	1,878	0	2,386	49,634	8,588	31.00
41.00	04100	SUBPROVIDER - IRF	7,148	0	1,410	29,329	3,565	41.00
43.00	04300	NURSERY	0	0	479	0	128	43.00
44.00	04400	SKILLED NURSING FACILITY	0	10	0	33,381	0	44.00
45.00	04500	NURSING FACILITY	0	90	0	175,641	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12	0	7,733	160,856	39,754	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,699	0	14,718	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	906	0	3,092	55.00
56.00	05600	RADIOISOTOPE	0	0	245	0	25	56.00
57.00	05700	CT SCAN	0	0	855	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	433	0	3,428	58.00
59.00	05900	CARDIAC CATHETERIZATION	135	0	1,326	27,575	2,946	59.00
60.00	06000	LABORATORY	0	0	5,754	0	1,947,702	60.00
64.00	06400	INTRAVENOUS THERAPY	601	0	639	13,290	1,672	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,116	0	781	65.00
66.00	06600	PHYSICAL THERAPY	0	0	438	0	2,003	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	387	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	103	0	334	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	689	14,321	105	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,988,943	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,915,149	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	501	10,427	444	76.01
76.02	03950	O/P REHAB SERVICES	0	0	2,906	0	3,487	76.02
76.03	03951	SPORTS FITNESS	0	0	2,210	0	8,249	76.03
76.04	03952	LIFE CENTER	0	0	2,451	0	41,269	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	1,377	0	6,539	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description		DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	
		10.00	10.01	11.00	13.00	14.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	16,433	11,897	82,258
91.00	09100	EMERGENCY	1,476	0	5,740	119,387	20,950
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	1,083	22,525	183
101.00	10100	HOME HEALTH AGENCY	0	0	300	0	13,710
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	457	0	0	0	148,590
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	317,781	100	92,742	1,041,130	20,352,214
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0
194.01	07951	DAYCARE	0	0	0	0	51,406
194.02	07952	MARKETING	0	0	433	0	12,674
194.03	07953	OUTREACH REHAB	0	0	0	0	0
194.04	07954	SWITCHBOARD	0	0	0	0	0
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	72
194.06	07956	OTHER NONREIMB	0	0	0	0	184
194.07	07957	MEALS ON WHEELS	38,069	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	2,437,914	969,157	1,552,483	5,258,108	1,650,455
203.00		Unit cost multiplier (Wkst. B, Part I)	6.850960	9,691.570000	16.662012	5.050386	0.080839
204.00		Cost to be allocated (per Wkst. B, Part II)	198,079	9,575	126,137	616,684	213,270
205.00		Unit cost multiplier (Wkst. B, Part II)	0.556636	95.750000	1.353764	0.592322	0.010446
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER			1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY			1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY			1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN			1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP			1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB			1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO			1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00500	ADMINISTRATIVE AND GENERAL			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00591	OTHER A&G			5.06
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	OPERATION OF PLANT KLEIN			7.01
7.02	00702	OPERATION OF PLANT EASTMAN			7.02
7.03	00703	OPERATION OF PLANT MERCY			7.03
7.04	00704	OPERATION OF PLANT CANCER			7.04
7.05	00705	OPERATION OF PLANT REHAB			7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE			7.06
7.07	00707	OPERATION OF PLANT WAPELLO			7.07
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING KLEIN			9.01
10.00	01000	DIETARY			10.00
10.01	01001	DIETARY KLEIN			10.01
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICE & SUPPLY			14.00
15.00	01500	PHARMACY	15,433,998		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	527,111,065	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	45,150,214	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,978,372	31.00
41.00	04100	SUBPROVIDER - IRF	0	3,829,525	41.00
43.00	04300	NURSERY	0	1,739,314	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,339,601	44.00
45.00	04500	NURSING FACILITY	0	7,655,825	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	77,703,877	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,013,872	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,734,488	55.00
56.00	05600	RADIOISOTOPE	0	5,956,295	56.00
57.00	05700	CT SCAN	0	30,611,997	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,228,637	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,357,966	59.00
60.00	06000	LABORATORY	0	60,529,467	60.00
64.00	06400	INTRAVENOUS THERAPY	0	10,556,492	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,711,305	65.00
66.00	06600	PHYSICAL THERAPY	0	2,477,968	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,254,959	67.00
68.00	06800	SPEECH PATHOLOGY	0	961,685	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,871,201	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,148,446	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,670,747	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,433,998	67,622,196	73.00
76.00	03040	AUDIOLOGY	0	0	76.00
76.01	03280	EKG AND EEG	0	1,930,626	76.01
76.02	03950	O/P REHAB SERVICES	0	5,805,082	76.02
76.03	03951	SPORTS FITNESS	0	148,503	76.03
76.04	03952	LIFE CENTER	0	9,001,250	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	76.05
76.06	03480	ONCOLOGY	0	2,305,730	76.06
76.07	03954	OP REHAB SERVICES	0	0	76.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	37,845,871	0
91.00	09100	EMERGENCY	0	35,516,961	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	2,125,658	0
101.00	10100	HOME HEALTH AGENCY	0	2,687,761	12,046
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			
116.00	11600	HOSPICE	0	4,917,272	1,399
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,433,998	523,389,163	74,508
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0
194.01	07951	DAYCARE	0	0	0
194.02	07952	MARKETING	0	0	0
194.03	07953	OUTREACH REHAB	0	0	0
194.04	07954	SWITCHBOARD	0	0	0
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0
194.06	07956	OTHER NONREIMB	0	3,721,902	0
194.07	07957	MEALS ON WHEELS	0	0	0
200.00		Cross Foot Adjustments			
201.00		Negative Cost Centers			
202.00		Cost to be allocated (per Wkst. B, Part I)	15,036,301	3,509,573	1,734,490
203.00		Unit cost multiplier (Wkst. B, Part I)	0.974232	0.006658	23.279245
204.00		Cost to be allocated (per Wkst. B, Part II)	452,028	114,542	39,935
205.00		Unit cost multiplier (Wkst. B, Part II)	0.029288	0.000217	0.535983
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			

Worksheet C
Part I
Date/Time Prepared:
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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
9/3/2021 1:25 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	39,434,417		39,434,417			30.00
31.00	03100	INTENSIVE CARE UNIT	5,978,372		5,978,372			31.00
41.00	04100	SUBPROVIDER - IRF	3,829,525		3,829,525			41.00
43.00	04300	NURSERY	1,739,314		1,739,314			43.00
44.00	04400	SKILLED NURSING FACILITY	2,339,601		2,339,601			44.00
45.00	04500	NURSING FACILITY	7,655,825		7,655,825			45.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,573,383	51,130,494	77,703,877	0.164834	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,576,881	15,436,991	19,013,872	0.216796	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	176,517	11,557,971	11,734,488	0.197884	0.000000	55.00
56.00	05600	RADIOISOTOPE	452,489	5,503,806	5,956,295	0.128594	0.000000	56.00
57.00	05700	CT SCAN	6,279,637	24,332,360	30,611,997	0.050058	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,275,479	15,953,158	18,228,637	0.059688	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,033,266	6,324,700	12,357,966	0.185170	0.000000	59.00
60.00	06000	LABORATORY	16,992,612	43,536,855	60,529,467	0.142342	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,250,882	8,305,610	10,556,492	0.103617	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	6,694,970	4,016,335	10,711,305	0.229075	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,305,811	172,157	2,477,968	0.367891	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,100,167	154,792	2,254,959	0.297179	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	895,933	65,752	961,685	0.204530	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,560,685	6,310,516	8,871,201	0.096333	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,099,698	2,048,749	5,148,447	3.287329	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,290,985	3,379,763	9,670,748	0.672546	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,689,014	56,933,182	67,622,196	0.235346	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.01	03280	EKG AND EEG	159,807	1,770,819	1,930,626	0.266966	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	0	5,805,082	5,805,082	0.695307	0.000000	76.02
76.03	03951	SPORTS FITNESS	78	148,425	148,503	6.060847	0.000000	76.03
76.04	03952	LIFE CENTER	103,068	8,898,182	9,001,250	0.476540	0.000000	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0.000000	0.000000	76.05
76.06	03480	ONCOLOGY	64,370	2,241,359	2,305,729	1.036984	0.000000	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0.000000	0.000000	76.07
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	44,304	37,801,567	37,845,871	0.408268	0.000000	90.00
91.00	09100	EMERGENCY	6,856,474	28,660,487	35,516,961	0.210039	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	958,032	4,757,765	5,715,797	0.497217	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	2,125,658	2,125,658	0.516053	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,687,761	2,687,761			101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	194,630	4,722,642	4,917,272			116.00
200.00		Subtotal (see instructions)	168,606,226	354,782,938	523,389,164			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	168,606,226	354,782,938	523,389,164			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.164834			50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.216796			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197884			55.00
56.00	05600	RADIOISOTOPE	0.128594			56.00
57.00	05700	CT SCAN	0.050058			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059688			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.185170			59.00
60.00	06000	LABORATORY	0.142342			60.00
64.00	06400	INTRAVENOUS THERAPY	0.103617			64.00
65.00	06500	RESPIRATORY THERAPY	0.229075			65.00
66.00	06600	PHYSICAL THERAPY	0.367891			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.297179			67.00
68.00	06800	SPEECH PATHOLOGY	0.204530			68.00
69.00	06900	ELECTROCARDIOLOGY	0.096333			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.287329			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.672546			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235346			73.00
76.00	03040	AUDIOLOGY	0.000000			76.00
76.01	03280	EKG AND EEG	0.266966			76.01
76.02	03950	O/P REHAB SERVICES	0.695307			76.02
76.03	03951	SPORTS FITNESS	6.060847			76.03
76.04	03952	LIFE CENTER	0.476540			76.04
76.05	03580	RECREATIONAL THERAPY	0.000000			76.05
76.06	03480	ONCOLOGY	1.036984			76.06
76.07	03954	OP REHAB SERVICES	0.000000			76.07
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.408268			90.00
91.00	09100	EMERGENCY	0.210039			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.497217			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.516053			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,711,481		23,711,481	0	23,711,481	30.00
31.00	03100	INTENSIVE CARE UNIT	3,358,275		3,358,275	0	3,358,275	31.00
41.00	04100	SUBPROVIDER - IRF	1,826,858		1,826,858	0	1,826,858	41.00
43.00	04300	NURSERY	602,400		602,400	0	602,400	43.00
44.00	04400	SKILLED NURSING FACILITY	2,293,701		2,293,701	0	2,293,701	44.00
45.00	04500	NURSING FACILITY	12,626,666		12,626,666	0	12,626,666	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,808,242		12,808,242	0	12,808,242	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,122,128		4,122,128	0	4,122,128	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,322,073		2,322,073	0	2,322,073	55.00
56.00	05600	RADIOISOTOPE	765,945		765,945	0	765,945	56.00
57.00	05700	CT SCAN	1,532,379		1,532,379	0	1,532,379	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,088,037		1,088,037	0	1,088,037	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,288,330		2,288,330	0	2,288,330	59.00
60.00	06000	LABORATORY	8,615,867		8,615,867	0	8,615,867	60.00
64.00	06400	INTRAVENOUS THERAPY	1,093,832		1,093,832	0	1,093,832	64.00
65.00	06500	RESPIRATORY THERAPY	2,453,695	0	2,453,695	0	2,453,695	65.00
66.00	06600	PHYSICAL THERAPY	911,622	0	911,622	0	911,622	66.00
67.00	06700	OCCUPATIONAL THERAPY	670,126	0	670,126	0	670,126	67.00
68.00	06800	SPEECH PATHOLOGY	196,693	0	196,693	0	196,693	68.00
69.00	06900	ELECTROCARDIOLOGY	854,586		854,586	0	854,586	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,924,640		16,924,640	0	16,924,640	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,504,021		6,504,021	0	6,504,021	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,914,642		15,914,642	0	15,914,642	73.00
76.00	03040	AUDIOLOGY	0		0	0	0	76.00
76.01	03280	EKG AND EEG	515,412		515,412	0	515,412	76.01
76.02	03950	O/P REHAB SERVICES	4,036,316		4,036,316	0	4,036,316	76.02
76.03	03951	SPORTS FITNESS	900,054		900,054	0	900,054	76.03
76.04	03952	LIFE CENTER	4,289,454		4,289,454	0	4,289,454	76.04
76.05	03580	RECREATIONAL THERAPY	0		0	0	0	76.05
76.06	03480	ONCOLOGY	2,391,004		2,391,004	0	2,391,004	76.06
76.07	03954	OP REHAB SERVICES	0		0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	15,451,246		15,451,246	0	15,451,246	90.00
91.00	09100	EMERGENCY	7,459,940		7,459,940	0	7,459,940	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,841,990		2,841,990	0	2,841,990	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,096,952		1,096,952	0	1,096,952	95.00
101.00	10100	HOME HEALTH AGENCY	3,368,359		3,368,359	0	3,368,359	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,183,923		3,183,923		3,183,923	116.00
200.00		Subtotal (see instructions)	169,020,889	0	169,020,889	0	169,020,889	200.00
201.00		Less Observation Beds	2,841,990		2,841,990		2,841,990	201.00
202.00		Total (see instructions)	166,178,899	0	166,178,899	0	166,178,899	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
9/3/2021 1:25 pm

			Title XIX		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	39,434,417		39,434,417		30.00
31.00	03100	INTENSIVE CARE UNIT	5,978,372		5,978,372		31.00
41.00	04100	SUBPROVIDER - IRF	3,829,525		3,829,525		41.00
43.00	04300	NURSERY	1,739,314		1,739,314		43.00
44.00	04400	SKILLED NURSING FACILITY	2,339,601		2,339,601		44.00
45.00	04500	NURSING FACILITY	7,655,825		7,655,825		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,573,383	51,130,494	77,703,877	0.164834	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,576,881	15,436,991	19,013,872	0.216796	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	176,517	11,557,971	11,734,488	0.197884	0.000000
56.00	05600	RADIOISOTOPE	452,489	5,503,806	5,956,295	0.128594	0.000000
57.00	05700	CT SCAN	6,279,637	24,332,360	30,611,997	0.050058	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,275,479	15,953,158	18,228,637	0.059688	0.000000
59.00	05900	CARDIAC CATHETERIZATION	6,033,266	6,324,700	12,357,966	0.185170	0.000000
60.00	06000	LABORATORY	16,992,612	43,536,855	60,529,467	0.142342	0.000000
64.00	06400	INTRAVENOUS THERAPY	2,250,882	8,305,610	10,556,492	0.103617	0.000000
65.00	06500	RESPIRATORY THERAPY	6,694,970	4,016,335	10,711,305	0.229075	0.000000
66.00	06600	PHYSICAL THERAPY	2,305,811	172,157	2,477,968	0.367891	0.000000
67.00	06700	OCCUPATIONAL THERAPY	2,100,167	154,792	2,254,959	0.297179	0.000000
68.00	06800	SPEECH PATHOLOGY	895,933	65,752	961,685	0.204530	0.000000
69.00	06900	ELECTROCARDIOLOGY	2,560,685	6,310,516	8,871,201	0.096333	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,099,698	2,048,749	5,148,447	3.287329	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,290,985	3,379,763	9,670,748	0.672546	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	10,689,014	56,933,182	67,622,196	0.235346	0.000000
76.00	03040	AUDIOLOGY	0	0	0	0.000000	0.000000
76.01	03280	EKG AND EEG	159,807	1,770,819	1,930,626	0.266966	0.000000
76.02	03950	O/P REHAB SERVICES	0	5,805,082	5,805,082	0.695307	0.000000
76.03	03951	SPORTS FITNESS	78	148,425	148,503	6.060847	0.000000
76.04	03952	LIFE CENTER	103,068	8,898,182	9,001,250	0.476540	0.000000
76.05	03580	RECREATIONAL THERAPY	0	0	0	0.000000	0.000000
76.06	03480	ONCOLOGY	64,370	2,241,359	2,305,729	1.036984	0.000000
76.07	03954	OP REHAB SERVICES	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	44,304	37,801,567	37,845,871	0.408268	0.000000
91.00	09100	EMERGENCY	6,856,474	28,660,487	35,516,961	0.210039	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	958,032	4,757,765	5,715,797	0.497217	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	2,125,658	2,125,658	0.516053	0.000000
101.00	10100	HOME HEALTH AGENCY	0	2,687,761	2,687,761		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	194,630	4,722,642	4,917,272		116.00
200.00		Subtotal (see instructions)	168,606,226	354,782,938	523,389,164		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	168,606,226	354,782,938	523,389,164		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.164834			50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.216796			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197884			55.00
56.00	05600	RADIOISOTOPE	0.128594			56.00
57.00	05700	CT SCAN	0.050058			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059688			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.185170			59.00
60.00	06000	LABORATORY	0.142342			60.00
64.00	06400	INTRAVENOUS THERAPY	0.103617			64.00
65.00	06500	RESPIRATORY THERAPY	0.229075			65.00
66.00	06600	PHYSICAL THERAPY	0.367891			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.297179			67.00
68.00	06800	SPEECH PATHOLOGY	0.204530			68.00
69.00	06900	ELECTROCARDIOLOGY	0.096333			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.287329			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.672546			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235346			73.00
76.00	03040	AUDIOLOGY	0.000000			76.00
76.01	03280	EKG AND EEG	0.266966			76.01
76.02	03950	O/P REHAB SERVICES	0.695307			76.02
76.03	03951	SPORTS FITNESS	6.060847			76.03
76.04	03952	LIFE CENTER	0.476540			76.04
76.05	03580	RECREATIONAL THERAPY	0.000000			76.05
76.06	03480	ONCOLOGY	1.036984			76.06
76.07	03954	OP REHAB SERVICES	0.000000			76.07
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.408268			90.00
91.00	09100	EMERGENCY	0.210039			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.497217			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.516053			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

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

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part II
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,808,242	1,438,602	11,369,640	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,122,128	358,278	3,763,850	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,322,073	162,608	2,159,465	0	0	55.00
56.00	05600	RADIOISOTOPE	765,945	278,666	487,279	0	0	56.00
57.00	05700	CT SCAN	1,532,379	90,461	1,441,918	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,088,037	100,482	987,555	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,288,330	423,891	1,864,439	0	0	59.00
60.00	06000	LABORATORY	8,615,867	326,515	8,289,352	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,093,832	90,301	1,003,531	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,453,695	116,054	2,337,641	0	0	65.00
66.00	06600	PHYSICAL THERAPY	911,622	108,202	803,420	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	670,126	6,231	663,895	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	196,693	10,364	186,329	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	854,586	34,056	820,530	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,924,640	275,464	16,649,176	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,504,021	107,475	6,396,546	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,914,642	481,003	15,433,639	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	515,412	56,988	458,424	0	0	76.01
76.02	03950	O/P REHAB SERVICES	4,036,316	37,588	3,998,728	0	0	76.02
76.03	03951	SPORTS FITNESS	900,054	12,641	887,413	0	0	76.03
76.04	03952	LIFE CENTER	4,289,454	522,377	3,767,077	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	2,391,004	298,813	2,092,191	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	15,451,246	1,386,603	14,064,643	0	0	90.00
91.00	09100	EMERGENCY	7,459,940	388,720	7,071,220	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,841,990	206,576	2,635,414	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,096,952	110,839	986,113	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,368,359	92,666	3,275,693	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,183,923	109,290	3,074,633	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	124,601,508	7,631,754	116,969,754	0	0	200.00
201.00		Less Observation Beds	2,841,990	206,576	2,635,414	0	0	201.00
202.00		Total (line 200 minus line 201)	121,759,518	7,425,178	114,334,340	0	0	202.00

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

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part II
Date/Time Prepared:
9/3/2021 1:25 pm

			Title XIX		Hospital	PPS
Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	12,808,242	77,703,877	0.164834	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,122,128	19,013,872	0.216796	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,322,073	11,734,488	0.197884	55.00
56.00	05600	RADIOISOTOPE	765,945	5,956,295	0.128594	56.00
57.00	05700	CT SCAN	1,532,379	30,611,997	0.050058	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,088,037	18,228,637	0.059688	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,288,330	12,357,966	0.185170	59.00
60.00	06000	LABORATORY	8,615,867	60,529,467	0.142342	60.00
64.00	06400	INTRAVENOUS THERAPY	1,093,832	10,556,492	0.103617	64.00
65.00	06500	RESPIRATORY THERAPY	2,453,695	10,711,305	0.229075	65.00
66.00	06600	PHYSICAL THERAPY	911,622	2,477,968	0.367891	66.00
67.00	06700	OCCUPATIONAL THERAPY	670,126	2,254,959	0.297179	67.00
68.00	06800	SPEECH PATHOLOGY	196,693	961,685	0.204530	68.00
69.00	06900	ELECTROCARDIOLOGY	854,586	8,871,201	0.096333	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,924,640	5,148,447	3.287329	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,504,021	9,670,748	0.672546	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,914,642	67,622,196	0.235346	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	76.00
76.01	03280	EKG AND EEG	515,412	1,930,626	0.266966	76.01
76.02	03950	O/P REHAB SERVICES	4,036,316	5,805,082	0.695307	76.02
76.03	03951	SPORTS FITNESS	900,054	148,503	6.060847	76.03
76.04	03952	LIFE CENTER	4,289,454	9,001,250	0.476540	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0.000000	76.05
76.06	03480	ONCOLOGY	2,391,004	2,305,729	1.036984	76.06
76.07	03954	OP REHAB SERVICES	0	0	0.000000	76.07
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	15,451,246	37,845,871	0.408268	90.00
91.00	09100	EMERGENCY	7,459,940	35,516,961	0.210039	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,841,990	5,715,797	0.497217	92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	1,096,952	2,125,658	0.516053	95.00
101.00	10100	HOME HEALTH AGENCY	3,368,359	2,687,761	1.253221	101.00
	SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	3,183,923	4,917,272	0.647498	116.00
200.00		Subtotal (sum of lines 50 thru 199)	124,601,508	462,412,110		200.00
201.00		Less Observation Beds	2,841,990	0		201.00
202.00		Total (line 200 minus line 201)	121,759,518	462,412,110		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
9/3/2021 1:25 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,723,507	0	1,723,507	20,925	82.37	30.00
31.00	INTENSIVE CARE UNIT	319,996		319,996	1,634	195.84	31.00
41.00	SUBPROVIDER - IRF	91,851	0	91,851	2,544	36.10	41.00
43.00	NURSERY	40,855		40,855	1,206	33.88	43.00
44.00	SKILLED NURSING FACILITY	152,652		152,652	3,856	39.59	44.00
45.00	NURSING FACILITY	1,197,854		1,197,854	33,406	35.86	45.00
200.00	Total (lines 30 through 199)	3,526,715		3,526,715	63,571		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	9,088	748,579				
31.00	INTENSIVE CARE UNIT	990	193,882				
41.00	SUBPROVIDER - IRF	1,576	56,894				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	3,154	124,867				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	14,808	1,124,222				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
9/3/2021 1:25 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	1,438,602	77,703,877	0.018514	13,451,792	249,046	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	358,278	19,013,872	0.018843	1,987,820	37,456	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	162,608	11,734,488	0.013857	113,104	1,567	55.00
56.00	05600 RADIOISOTOPE	278,666	5,956,295	0.046785	242,189	11,331	56.00
57.00	05700 CT SCAN	90,461	30,611,997	0.002955	3,597,078	10,629	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	100,482	18,228,637	0.005512	1,186,888	6,542	58.00
59.00	05900 CARDIAC CATHETERIZATION	423,891	12,357,966	0.034301	2,229,193	76,464	59.00
60.00	06000 LABORATORY	326,515	60,529,467	0.005394	8,694,114	46,896	60.00
64.00	06400 INTRAVENOUS THERAPY	90,301	10,556,492	0.008554	963,178	8,239	64.00
65.00	06500 RESPIRATORY THERAPY	116,054	10,711,305	0.010835	4,051,106	43,894	65.00
66.00	06600 PHYSICAL THERAPY	108,202	2,477,968	0.043666	688,312	30,056	66.00
67.00	06700 OCCUPATIONAL THERAPY	6,231	2,254,959	0.002763	595,688	1,646	67.00
68.00	06800 SPEECH PATHOLOGY	10,364	961,685	0.010777	199,969	2,155	68.00
69.00	06900 ELECTROCARDIOLOGY	34,056	8,871,201	0.003839	2,546,810	9,777	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	275,464	5,148,447	0.053504	1,421,951	76,080	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	107,475	9,670,748	0.011113	2,879,228	31,997	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	481,003	67,622,196	0.007113	5,300,073	37,699	73.00
76.00	03040 AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280 EKG AND EEG	56,988	1,930,626	0.029518	117,734	3,475	76.01
76.02	03950 O/P REHAB SERVICES	37,588	5,805,082	0.006475	0	0	76.02
76.03	03951 SPORTS FITNESS	12,641	148,503	0.085123	78	7	76.03
76.04	03952 LIFE CENTER	522,377	9,001,250	0.058034	41,340	2,399	76.04
76.05	03580 RECREATIONAL THERAPY	0	0	0.000000	0	0	76.05
76.06	03480 ONCOLOGY	298,813	2,305,729	0.129596	9,372	1,215	76.06
76.07	03954 OP REHAB SERVICES	0	0	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,386,603	37,845,871	0.036638	40,914	1,499	90.00
91.00	09100 EMERGENCY	388,720	35,516,961	0.010945	3,907,628	42,769	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	206,576	5,715,797	0.036141	594,702	21,493	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	7,318,959	452,681,419		54,860,261	754,331	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0057		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 9/3/2021 1:25 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	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	20,925	0.00	9,088	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	1,634	0.00	990	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	2,544	0.00	1,576	41.00		
43.00	04300	NURSERY		0	1,206	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY		0	3,856	0.00	3,154	44.00		
45.00	04500	NURSING FACILITY		0	33,406	0.00	0	45.00		
200.00		Total (lines 30 through 199)		0	63,571		14,808	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
44.00	04400	SKILLED NURSING FACILITY	0						44.00	
45.00	04500	NURSING FACILITY	0						45.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
9/3/2021 1:25 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	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		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description			Title XVIII			Hospital	PPS	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	77,703,877	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	19,013,872	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,734,488	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,956,295	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	30,611,997	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,228,637	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	12,357,966	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	60,529,467	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	10,556,492	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,711,305	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,477,968	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,254,959	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	961,685	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,871,201	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,148,447	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,670,748	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	67,622,196	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG	0	0	0	1,930,626	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	5,805,082	0.000000	76.02
76.03	03951	SPORTS FITNESS	0	0	0	148,503	0.000000	76.03
76.04	03952	LIFE CENTER	0	0	0	9,001,250	0.000000	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0.000000	76.05
76.06	03480	ONCOLOGY	0	0	0	2,305,729	0.000000	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	37,845,871	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	35,516,961	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,715,797	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	452,681,419		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
9/3/2021 1:25 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	13,451,792	0	13,560,323	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,987,820	0	4,211,147	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	113,104	0	6,214,638	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	242,189	0	2,803,668	0	56.00
57.00	05700	CT SCAN	0.000000	3,597,078	0	9,112,668	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,186,888	0	5,339,522	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,229,193	0	3,192,197	0	59.00
60.00	06000	LABORATORY	0.000000	8,694,114	0	7,271,945	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	963,178	0	2,989,493	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,051,106	0	1,517,364	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	688,312	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	595,688	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	199,969	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,546,810	0	3,397,737	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,421,951	0	1,008,311	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,879,228	0	1,217,597	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	5,300,073	0	32,401,672	0	73.00
76.00	03040	AUDIOLOGY	0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0.000000	117,734	0	523,566	0	76.01
76.02	03950	O/P REHAB SERVICES	0.000000	0	0	57,738	0	76.02
76.03	03951	SPORTS FITNESS	0.000000	78	0	0	0	76.03
76.04	03952	LIFE CENTER	0.000000	41,340	0	3,066,348	0	76.04
76.05	03580	RECREATIONAL THERAPY	0.000000	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0.000000	9,372	0	1,177,409	0	76.06
76.07	03954	OP REHAB SERVICES	0.000000	0	0	0	0	76.07
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	40,914	0	5,172,487	0	90.00
91.00	09100	EMERGENCY	0.000000	3,907,628	0	6,666,146	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	594,702	0	2,010,530	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		54,860,261	0	112,912,506	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
9/3/2021 1:25 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	0.164834	13,560,323	0	0	2,235,202	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.216796	4,211,147	0	0	912,960	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197884	6,214,638	7	0	1,229,777	55.00	
56.00	05600	RADIOISOTOPE	0.128594	2,803,668	0	0	360,535	56.00	
57.00	05700	CT SCAN	0.050058	9,112,668	0	0	456,162	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059688	5,339,522	0	0	318,705	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.185170	3,192,197	0	0	591,099	59.00	
60.00	06000	LABORATORY	0.142342	7,271,945	4	0	1,035,103	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.103617	2,989,493	10	0	309,762	64.00	
65.00	06500	RESPIRATORY THERAPY	0.229075	1,517,364	0	0	347,590	65.00	
66.00	06600	PHYSICAL THERAPY	0.367891	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.297179	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.204530	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.096333	3,397,737	0	0	327,314	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.287329	1,008,311	0	0	3,314,650	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.672546	1,217,597	0	0	818,890	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235346	32,401,672	232	285,614	7,625,604	73.00	
76.00	03040	AUDIOLOGY	0.000000	0	0	0	0	76.00	
76.01	03280	EKG AND EEG	0.266966	523,566	0	0	139,774	76.01	
76.02	03950	O/P REHAB SERVICES	0.695307	57,738	0	0	40,146	76.02	
76.03	03951	SPORTS FITNESS	6.060847	0	0	0	0	76.03	
76.04	03952	LIFE CENTER	0.476540	3,066,348	14	0	1,461,237	76.04	
76.05	03580	RECREATIONAL THERAPY	0.000000	0	0	0	0	76.05	
76.06	03480	ONCOLOGY	1.036984	1,177,409	16	0	1,220,954	76.06	
76.07	03954	OP REHAB SERVICES	0.000000	0	0	0	0	76.07	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.408268	5,172,487	129	2,911	2,111,761	90.00	
91.00	09100	EMERGENCY	0.210039	6,666,146	0	0	1,400,151	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.497217	2,010,530	0	0	999,670	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.516053		0			95.00	
200.00		Subtotal (see instructions)		112,912,506	412	288,525	27,257,046	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		112,912,506	412	288,525	27,257,046	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
9/3/2021 1:25 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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	1	0		60.00
64.00	06400	INTRAVENOUS THERAPY	1	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55	67,218		73.00
76.00	03040	AUDIOLOGY	0	0		76.00
76.01	03280	EKG AND EEG	0	0		76.01
76.02	03950	O/P REHAB SERVICES	0	0		76.02
76.03	03951	SPORTS FITNESS	0	0		76.03
76.04	03952	LIFE CENTER	7	0		76.04
76.05	03580	RECREATIONAL THERAPY	0	0		76.05
76.06	03480	ONCOLOGY	17	0		76.06
76.07	03954	OP REHAB SERVICES	0	0		76.07
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	53	1,188		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	135	68,406		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	135	68,406		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:

Worksheet D

Component CCN: 16-T057

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
9/3/2021 1:25 pm

				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,438,602	77,703,877	0.018514	31,776	588	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	358,278	19,013,872	0.018843	37,544	707	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	162,608	11,734,488	0.013857	36	0	55.00
56.00	05600	RADIOISOTOPE	278,666	5,956,295	0.046785	5,679	266	56.00
57.00	05700	CT SCAN	90,461	30,611,997	0.002955	62,271	184	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	100,482	18,228,637	0.005512	41,754	230	58.00
59.00	05900	CARDIAC CATHETERIZATION	423,891	12,357,966	0.034301	6,948	238	59.00
60.00	06000	LABORATORY	326,515	60,529,467	0.005394	194,483	1,049	60.00
64.00	06400	INTRAVENOUS THERAPY	90,301	10,556,492	0.008554	2,300	20	64.00
65.00	06500	RESPIRATORY THERAPY	116,054	10,711,305	0.010835	53,030	575	65.00
66.00	06600	PHYSICAL THERAPY	108,202	2,477,968	0.043666	520,121	22,712	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,231	2,254,959	0.002763	481,300	1,330	67.00
68.00	06800	SPEECH PATHOLOGY	10,364	961,685	0.010777	245,755	2,649	68.00
69.00	06900	ELECTROCARDIOLOGY	34,056	8,871,201	0.003839	12,131	47	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	275,464	5,148,447	0.053504	38,415	2,055	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	107,475	9,670,748	0.011113	2,888	32	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	481,003	67,622,196	0.007113	98,836	703	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	56,988	1,930,626	0.029518	2,752	81	76.01
76.02	03950	O/P REHAB SERVICES	37,588	5,805,082	0.006475	0	0	76.02
76.03	03951	SPORTS FITNESS	12,641	148,503	0.085123	0	0	76.03
76.04	03952	LIFE CENTER	522,377	9,001,250	0.058034	718	42	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0.000000	0	0	76.05
76.06	03480	ONCOLOGY	298,813	2,305,729	0.129596	71	9	76.06
76.07	03954	OP REHAB SERVICES	0	0	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,386,603	37,845,871	0.036638	1,056	39	90.00
91.00	09100	EMERGENCY	388,720	35,516,961	0.010945	15,985	175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,715,797	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	7,112,383	452,681,419		1,855,849	33,731	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 9/3/2021 1:25 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 9/3/2021 1:25 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	77,703,877	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	19,013,872	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,734,488	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,956,295	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	30,611,997	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,228,637	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	12,357,966	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	60,529,467	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	10,556,492	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,711,305	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,477,968	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,254,959	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	961,685	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,871,201	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,148,447	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,670,748	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	67,622,196	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG	0	0	0	1,930,626	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	5,805,082	0.000000	76.02
76.03	03951	SPORTS FITNESS	0	0	0	148,503	0.000000	76.03
76.04	03952	LIFE CENTER	0	0	0	9,001,250	0.000000	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0.000000	76.05
76.06	03480	ONCOLOGY	0	0	0	2,305,729	0.000000	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	37,845,871	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	35,516,961	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,715,797	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	452,681,419		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 9/3/2021 1:25 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		31,776	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		37,544	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		36	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		5,679	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		62,271	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		41,754	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		6,948	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		194,483	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		2,300	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		53,030	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		520,121	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		481,300	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		245,755	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		12,131	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		38,415	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		2,888	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		98,836	0	0	0	73.00
76.00	03040	AUDIOLOGY	0.000000		0	0	0	0	76.00
76.01	03280	EKG AND EEG	0.000000		2,752	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0.000000		0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0.000000		0	0	0	0	76.03
76.04	03952	LIFE CENTER	0.000000		718	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0.000000		0	0	0	0	76.05
76.06	03480	ONCOLOGY	0.000000		71	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0.000000		0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		1,056	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000		15,985	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,855,849	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
9/3/2021 1:25 pm

			Title XIX		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,723,507	0	1,723,507	20,925	82.37	30.00
31.00	INTENSIVE CARE UNIT	319,996		319,996	1,634	195.84	31.00
41.00	SUBPROVIDER - IRF	91,851	0	91,851	2,544	36.10	41.00
43.00	NURSERY	40,855		40,855	1,206	33.88	43.00
44.00	SKILLED NURSING FACILITY	152,652		152,652	3,856	39.59	44.00
45.00	NURSING FACILITY	1,197,854		1,197,854	33,406	35.86	45.00
200.00	Total (lines 30 through 199)	3,526,715		3,526,715	63,571		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	500	41,185				30.00
31.00	INTENSIVE CARE UNIT	28	5,484				31.00
41.00	SUBPROVIDER - IRF	38	1,372				41.00
43.00	NURSERY	666	22,564				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	20,508	735,417				45.00
200.00	Total (lines 30 through 199)	21,740	806,022				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,438,602	77,703,877	0.018514	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	358,278	19,013,872	0.018843	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	162,608	11,734,488	0.013857	0	55.00
56.00	05600	RADIOISOTOPE	278,666	5,956,295	0.046785	0	56.00
57.00	05700	CT SCAN	90,461	30,611,997	0.002955	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	100,482	18,228,637	0.005512	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	423,891	12,357,966	0.034301	0	59.00
60.00	06000	LABORATORY	326,515	60,529,467	0.005394	0	60.00
64.00	06400	INTRAVENOUS THERAPY	90,301	10,556,492	0.008554	0	64.00
65.00	06500	RESPIRATORY THERAPY	116,054	10,711,305	0.010835	0	65.00
66.00	06600	PHYSICAL THERAPY	108,202	2,477,968	0.043666	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,231	2,254,959	0.002763	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,364	961,685	0.010777	0	68.00
69.00	06900	ELECTROCARDIOLOGY	34,056	8,871,201	0.003839	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	275,464	5,148,447	0.053504	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	107,475	9,670,748	0.011113	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	481,003	67,622,196	0.007113	0	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0	76.00
76.01	03280	EKG AND EEG	56,988	1,930,626	0.029518	0	76.01
76.02	03950	O/P REHAB SERVICES	37,588	5,805,082	0.006475	0	76.02
76.03	03951	SPORTS FITNESS	12,641	148,503	0.085123	0	76.03
76.04	03952	LIFE CENTER	522,377	9,001,250	0.058034	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0.000000	0	76.05
76.06	03480	ONCOLOGY	298,813	2,305,729	0.129596	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0.000000	0	76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,386,603	37,845,871	0.036638	0	90.00
91.00	09100	EMERGENCY	388,720	35,516,961	0.010945	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	206,576	5,715,797	0.036141	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	7,318,959	452,681,419		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0057		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 9/3/2021 1:25 pm		
					Title XIX		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00		
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	20,925	0.00	500	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	1,634	0.00	28	31.00			
41.00	04100	SUBPROVIDER - IRF	0	0	2,544	0.00	38	41.00			
43.00	04300	NURSERY	0	0	1,206	0.00	666	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	3,856	0.00	0	44.00			
45.00	04500	NURSING FACILITY	0	0	33,406	0.00	20,508	45.00			
200.00		Total (lines 30 through 199)	0	0	63,571		21,740	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
45.00	04500	NURSING FACILITY	0								45.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
9/3/2021 1:25 pm

			Title XIX		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	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: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
9/3/2021 1:25 pm

			Title XIX		Hospital	PPS		
	Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	77,703,877	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	19,013,872	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,734,488	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,956,295	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	30,611,997	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,228,637	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	12,357,966	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	60,529,467	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	10,556,492	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,711,305	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,477,968	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,254,959	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	961,685	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,871,201	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,148,447	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,670,748	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	67,622,196	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG	0	0	0	1,930,626	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	5,805,082	0.000000	76.02
76.03	03951	SPORTS FITNESS	0	0	0	148,503	0.000000	76.03
76.04	03952	LIFE CENTER	0	0	0	9,001,250	0.000000	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0.000000	76.05
76.06	03480	ONCOLOGY	0	0	0	2,305,729	0.000000	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	37,845,871	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	35,516,961	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,715,797	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	452,681,419		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
76.00	03040 AUDIOLOGY	0.000000	0	0	0	0	0	76.00
76.01	03280 EKG AND EEG	0.000000	0	0	0	0	0	76.01
76.02	03950 O/P REHAB SERVICES	0.000000	0	0	0	0	0	76.02
76.03	03951 SPORTS FITNESS	0.000000	0	0	0	0	0	76.03
76.04	03952 LIFE CENTER	0.000000	0	0	0	0	0	76.04
76.05	03580 RECREATIONAL THERAPY	0.000000	0	0	0	0	0	76.05
76.06	03480 ONCOLOGY	0.000000	0	0	0	0	0	76.06
76.07	03954 OP REHAB SERVICES	0.000000	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES							95.00
200.00	Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057

Period:

Worksheet D

Component CCN: 16-T057

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
9/3/2021 1:25 pm

Title XIX				Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1,438,602	77,703,877	0.018514	0	0 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	358,278	19,013,872	0.018843	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	162,608	11,734,488	0.013857	0	0 55.00
56.00	05600 RADIOISOTOPE	278,666	5,956,295	0.046785	0	0 56.00
57.00	05700 CT SCAN	90,461	30,611,997	0.002955	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	100,482	18,228,637	0.005512	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	423,891	12,357,966	0.034301	0	0 59.00
60.00	06000 LABORATORY	326,515	60,529,467	0.005394	0	0 60.00
64.00	06400 INTRAVENOUS THERAPY	90,301	10,556,492	0.008554	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	116,054	10,711,305	0.010835	0	0 65.00
66.00	06600 PHYSICAL THERAPY	108,202	2,477,968	0.043666	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	6,231	2,254,959	0.002763	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	10,364	961,685	0.010777	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	34,056	8,871,201	0.003839	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	275,464	5,148,447	0.053504	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	107,475	9,670,748	0.011113	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	481,003	67,622,196	0.007113	0	0 73.00
76.00	03040 AUDIOLOGY	0	0	0.000000	0	0 76.00
76.01	03280 EKG AND EEG	56,988	1,930,626	0.029518	0	0 76.01
76.02	03950 O/P REHAB SERVICES	37,588	5,805,082	0.006475	0	0 76.02
76.03	03951 SPORTS FITNESS	12,641	148,503	0.085123	0	0 76.03
76.04	03952 LIFE CENTER	522,377	9,001,250	0.058034	0	0 76.04
76.05	03580 RECREATIONAL THERAPY	0	0	0.000000	0	0 76.05
76.06	03480 ONCOLOGY	298,813	2,305,729	0.129596	0	0 76.06
76.07	03954 OP REHAB SERVICES	0	0	0.000000	0	0 76.07
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,386,603	37,845,871	0.036638	0	0 90.00
91.00	09100 EMERGENCY	388,720	35,516,961	0.010945	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,715,797	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)	7,112,383	452,681,419		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 9/3/2021 1:25 pm	
			Title XIX		Subprovider - IRF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 9/3/2021 1:25 pm	
			Title XIX		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	77,703,877	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	19,013,872	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,734,488	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,956,295	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	30,611,997	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,228,637	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	12,357,966	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	60,529,467	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	10,556,492	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,711,305	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,477,968	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,254,959	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	961,685	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,871,201	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,148,447	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,670,748	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	67,622,196	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG	0	0	0	1,930,626	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	5,805,082	0.000000	76.02
76.03	03951	SPORTS FITNESS	0	0	0	148,503	0.000000	76.03
76.04	03952	LIFE CENTER	0	0	0	9,001,250	0.000000	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0.000000	76.05
76.06	03480	ONCOLOGY	0	0	0	2,305,729	0.000000	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	37,845,871	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	35,516,961	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,715,797	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	452,681,419		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 9/3/2021 1:25 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
76.00	03040	AUDIOLOGY		0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG		0.000000	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES		0.000000	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS		0.000000	0	0	0	0	76.03
76.04	03952	LIFE CENTER		0.000000	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY		0.000000	0	0	0	0	76.05
76.06	03480	ONCOLOGY		0.000000	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES		0.000000	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0057
Component CCN: 16-5110

Period:
From 07/01/2020
To 06/30/2021

Worksheet D
Part IV
Date/Time Prepared:
9/3/2021 1:25 pm

			Title XIX		Skilled Nursing Facility	PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	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: 16-0057 Component CCN: 16-5110		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 9/3/2021 1:25 pm	
			Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	77,703,877	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	19,013,872	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,734,488	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,956,295	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	30,611,997	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,228,637	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	12,357,966	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	60,529,467	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	10,556,492	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,711,305	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,477,968	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,254,959	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	961,685	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,871,201	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,148,447	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,670,748	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	67,622,196	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0.000000	76.00
76.01	03280	EKG AND EEG	0	0	0	1,930,626	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	5,805,082	0.000000	76.02
76.03	03951	SPORTS FITNESS	0	0	0	148,503	0.000000	76.03
76.04	03952	LIFE CENTER	0	0	0	9,001,250	0.000000	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0.000000	76.05
76.06	03480	ONCOLOGY	0	0	0	2,305,729	0.000000	76.06
76.07	03954	OP REHAB SERVICES	0	0	0	0	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	37,845,871	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	35,516,961	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,715,797	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	452,681,419		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0057 Component CCN: 16-5110		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 9/3/2021 1:25 pm	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0.000000	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0.000000	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0.000000	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0.000000	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0.000000	0	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0.000000	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0.000000	0	0	0	0	0	76.06
76.07	03954	OP REHAB SERVICES	0.000000	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
9/3/2021 1:25 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)	20,925	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	20,925	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)	18,417	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)	9,088	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	23,711,481	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	23,711,481	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	23,711,481	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)	1,133.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	10,298,249	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)	10,298,249	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
9/3/2021 1:25 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	3,358,275	1,634	2,055.25	990	2,034,698
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)					15,399,976
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,732,923
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					942,461
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					754,331
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,696,792
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,036,131
	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)					2,508
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,133.17
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,841,990

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
9/3/2021 1:25 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	1,723,507	23,711,481	0.072687	2,841,990	206,576
91.00	Nursing School cost	0	23,711,481	0.000000	2,841,990	0
92.00	Allied health cost	0	23,711,481	0.000000	2,841,990	0
93.00	All other Medical Education	0	23,711,481	0.000000	2,841,990	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 9/3/2021 1:25 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,544	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,544	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,544	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,576	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,826,858	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,826,858	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,826,858	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)		718.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,131,726	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,131,726	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 9/3/2021 1:25 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					603,317	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,735,043	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)					56,894	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					33,731	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					90,625	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,644,418	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 9/3/2021 1:25 pm	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	91,851	1,826,858	0.050278	0	0 90.00
91.00	Nursing School cost	0	1,826,858	0.000000	0	0 91.00
92.00	Allied health cost	0	1,826,858	0.000000	0	0 92.00
93.00	All other Medical Education	0	1,826,858	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 9/3/2021 1:25 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)		3,856	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,856	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)		3,856	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)		3,154	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,293,701	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,293,701	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,293,701	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 9/3/2021 1:25 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			
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					2,293,701	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					594.84	71.00
72.00	Program routine service cost (line 9 x line 71)					1,876,125	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)					1,876,125	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)					1,876,125	83.00
84.00	Program inpatient ancillary services (see instructions)					352,592	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					2,228,717	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:

Worksheet D-1

Component CCN: 16-5110

From 07/01/2020
To 06/30/2021Date/Time Prepared:
9/3/2021 1:25 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

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
9/3/2021 1:25 pm

Title XIX		Hospital	PPS
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	20,925	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	20,925	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)	18,417	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)	500	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	1,206	15.00
16.00	Nursery days (title V or XIX only)	666	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	23,711,481	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	23,711,481	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	23,711,481	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)	1,133.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	566,585	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)	566,585	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description		Title XIX		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	602,400	1,206	499.50	666	332,667
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,358,275	1,634	2,055.25	28	57,547
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					956,799
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					69,233
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					69,233
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					887,566
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)					2,508
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,133.17
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,841,990

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description		Title XIX		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	1,723,507	23,711,481	0.072687	2,841,990	206,576
91.00	Nursing School cost	0	23,711,481	0.000000	2,841,990	0
92.00	Allied health cost	0	23,711,481	0.000000	2,841,990	0
93.00	All other Medical Education	0	23,711,481	0.000000	2,841,990	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 9/3/2021 1:25 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,544	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,544	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,544	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)		38	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,206	15.00
16.00	Nursery days (title V or XIX only)		666	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,826,858	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,826,858	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,826,858	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)		718.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,288	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)		27,288	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-T057		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 9/3/2021 1:25 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,288	49.00	
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,372	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,372	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,916	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:

Worksheet D-1

Component CCN: 16-T057

From 07/01/2020
To 06/30/2021Date/Time Prepared:
9/3/2021 1:25 pm

Title XIX

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	91,851	1,826,858	0.050278	0	0	90.00
91.00	Nursing School cost	0	1,826,858	0.000000	0	0	91.00
92.00	Allied health cost	0	1,826,858	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,826,858	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 9/3/2021 1:25 pm
		Title XIX	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,856	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,856	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)		3,856	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,206	15.00
16.00	Nursery days (title V or XIX only)		666	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,293,701	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,293,701	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,293,701	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 9/3/2021 1:25 pm	
				Title XIX		Skilled Nursing Facility	PPS
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					2,293,701	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					594.84	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)					152,652	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					39.59	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0057

Period:

Worksheet D-1

Component CCN: 16-5110

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

9/3/2021 1:25 pm

Title XIX

Skilled Nursing

PPS

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0057	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 9/3/2021 1:25 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		18,683,659		30.00
31.00	03100	INTENSIVE CARE UNIT		3,505,248		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.164834	13,451,792	2,217,313	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.216796	1,987,820	430,951	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197884	113,104	22,381	55.00
56.00	05600	RADIOISOTOPE	0.128594	242,189	31,144	56.00
57.00	05700	CT SCAN	0.050058	3,597,078	180,063	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059688	1,186,888	70,843	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.185170	2,229,193	412,780	59.00
60.00	06000	LABORATORY	0.142342	8,694,114	1,237,538	60.00
64.00	06400	INTRAVENOUS THERAPY	0.103617	963,178	99,802	64.00
65.00	06500	RESPIRATORY THERAPY	0.229075	4,051,106	928,007	65.00
66.00	06600	PHYSICAL THERAPY	0.367891	688,312	253,224	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.297179	595,688	177,026	67.00
68.00	06800	SPEECH PATHOLOGY	0.204530	199,969	40,900	68.00
69.00	06900	ELECTROCARDIOLOGY	0.096333	2,546,810	245,342	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.287329	1,421,951	4,674,421	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.672546	2,879,228	1,936,413	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235346	5,300,073	1,247,351	73.00
76.00	03040	AUDIOLOGY	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	0.266966	117,734	31,431	76.01
76.02	03950	O/P REHAB SERVICES	0.695307	0	0	76.02
76.03	03951	SPORTS FITNESS	6.060847	78	473	76.03
76.04	03952	LIFE CENTER	0.476540	41,340	19,700	76.04
76.05	03580	RECREATIONAL THERAPY	0.000000	0	0	76.05
76.06	03480	ONCOLOGY	1.036984	9,372	9,719	76.06
76.07	03954	OP REHAB SERVICES	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.408268	40,914	16,704	90.00
91.00	09100	EMERGENCY	0.210039	3,907,628	820,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.497217	594,702	295,696	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)		54,860,261	15,399,976	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)		54,860,261		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 9/3/2021 1:25 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		2,391,009		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.164834	31,776	5,238	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.216796	37,544	8,139	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.197884	36	7	55.00
56.00	05600 RADIOISOTOPE	0.128594	5,679	730	56.00
57.00	05700 CT SCAN	0.050058	62,271	3,117	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.059688	41,754	2,492	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.185170	6,948	1,287	59.00
60.00	06000 LABORATORY	0.142342	194,483	27,683	60.00
64.00	06400 INTRAVENOUS THERAPY	0.103617	2,300	238	64.00
65.00	06500 RESPIRATORY THERAPY	0.229075	53,030	12,148	65.00
66.00	06600 PHYSICAL THERAPY	0.367891	520,121	191,348	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.297179	481,300	143,032	67.00
68.00	06800 SPEECH PATHOLOGY	0.204530	245,755	50,264	68.00
69.00	06900 ELECTROCARDIOLOGY	0.096333	12,131	1,169	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3.287329	38,415	126,283	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.672546	2,888	1,942	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235346	98,836	23,261	73.00
76.00	03040 AUDIOLOGY	0.000000	0	0	76.00
76.01	03280 EKG AND EEG	0.266966	2,752	735	76.01
76.02	03950 O/P REHAB SERVICES	0.695307	0	0	76.02
76.03	03951 SPORTS FITNESS	6.060847	0	0	76.03
76.04	03952 LIFE CENTER	0.476540	718	342	76.04
76.05	03580 RECREATIONAL THERAPY	0.000000	0	0	76.05
76.06	03480 ONCOLOGY	1.036984	71	74	76.06
76.07	03954 OP REHAB SERVICES	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.408268	1,056	431	90.00
91.00	09100 EMERGENCY	0.210039	15,985	3,357	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.497217	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,855,849	603,317	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,855,849		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 9/3/2021 1:25 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		1,916,498		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.164834	3,186	525	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.216796	23,386	5,070	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.197884	158	31	55.00
56.00	05600 RADIOISOTOPE	0.128594	0	0	56.00
57.00	05700 CT SCAN	0.050058	519	26	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.059688	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.185170	13,032	2,413	59.00
60.00	06000 LABORATORY	0.142342	69,649	9,914	60.00
64.00	06400 INTRAVENOUS THERAPY	0.103617	1,756	182	64.00
65.00	06500 RESPIRATORY THERAPY	0.229075	970	222	65.00
66.00	06600 PHYSICAL THERAPY	0.367891	435,873	160,354	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.297179	402,742	119,686	67.00
68.00	06800 SPEECH PATHOLOGY	0.204530	127,396	26,056	68.00
69.00	06900 ELECTROCARDIOLOGY	0.096333	1,744	168	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3.287329	19	62	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.672546	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235346	107,846	25,381	73.00
76.00	03040 AUDIOLOGY	0.000000	0	0	76.00
76.01	03280 EKG AND EEG	0.266966	688	184	76.01
76.02	03950 O/P REHAB SERVICES	0.695307	0	0	76.02
76.03	03951 SPORTS FITNESS	6.060847	0	0	76.03
76.04	03952 LIFE CENTER	0.476540	2,183	1,040	76.04
76.05	03580 RECREATIONAL THERAPY	0.000000	0	0	76.05
76.06	03480 ONCOLOGY	1.036984	313	325	76.06
76.07	03954 OP REHAB SERVICES	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.408268	2,334	953	90.00
91.00	09100 EMERGENCY	0.210039	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.497217	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,193,794	352,592	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,193,794		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A
Date/Time Prepared:
9/3/2021 1:25 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)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			21,305,189	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)			336,696	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			0	2.04
3.00	Managed Care Simulated Payments			5,084,808	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			129.13	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)			5.41	30.00
31.00	Percentage of Medicaid patient days (see instructions)			21.93	31.00
32.00	Sum of lines 30 and 31			27.34	32.00
33.00	Allowable disproportionate share percentage (see instructions)			11.77	33.00
34.00	Disproportionate share adjustment (see instructions)			626,905	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 9/3/2021 1:25 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)		8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.000078158	0.000223423	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		652,666	1,852,184	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		164,058	1,385,332	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,549,390		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding 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)		23,818,180		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			23,818,180	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,685,081	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			22,214	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)			25,525,475	59.00
60.00	Primary payer payments			14,189	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			25,511,286	61.00
62.00	Deductibles billed to program beneficiaries			2,434,793	62.00
63.00	Coinsurance billed to program beneficiaries			34,960	63.00
64.00	Allowable bad debts (see instructions)			0	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			0	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			23,041,533	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)			-21,265	70.93
70.94	HRR adjustment amount (see instructions)			-218,198	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A
Date/Time Prepared:
9/3/2021 1:25 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	70.98
70.99	HAC adjustment amount (see instructions)			279,082	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			22,522,988	71.00
71.01	Sequestration adjustment (see instructions)			0	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			22,014,992	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)			507,996	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
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 9/3/2021 1:25 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		68,541	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		27,257,046	2.00
3.00	OPPS payments		34,473,796	3.00
4.00	Outlier payment (see instructions)		57,706	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)		68,541	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		288,937	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)		288,937	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)		288,937	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		220,396	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)		68,541	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)		34,531,502	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		36	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,604,190	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)		27,995,817	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)		27,995,817	30.00
31.00	Primary payer payments		15,410	31.00
32.00	Subtotal (line 30 minus line 31)		27,980,407	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		27,980,407	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		27,980,407	40.00
40.01	Sequestration adjustment (see instructions)		0	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		27,997,661	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)		-17,254	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
9/3/2021 1:25 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		22,014,992		27,997,661	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		22,014,992		27,997,661	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		507,996		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		17,254	6.02
7.00	Total Medicare program liability (see instructions)		22,522,988		27,980,407	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 16-0057
 Component CCN: 16-T057

 Period:
 From 07/01/2020
 To 06/30/2021

 Worksheet E-1
 Part I
 Date/Time Prepared:
 9/3/2021 1:25 pm

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		2,855,592		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,855,592		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		75,878		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		2,931,470		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 16-0057
 Component CCN: 16-5110

 Period:
 From 07/01/2020
 To 06/30/2021

 Worksheet E-1
 Part I
 Date/Time Prepared:
 9/3/2021 1:25 pm

		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,505,793		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,505,793		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		7,530		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,498,263		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
9/3/2021 1:25 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: 16-0057 Component CCN: 16-T057	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part III Date/Time Prepared: 9/3/2021 1:25 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)			2,804,194 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0391 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			158,717 3.00
4.00	Outlier Payments			0 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			6.969863 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,962,911 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,962,911 17.00
18.00	Primary payer payments			5,565 18.00
19.00	Subtotal (line 17 less line 18).			2,957,346 19.00
20.00	Deductibles			25,876 20.00
21.00	Subtotal (line 19 minus line 20)			2,931,470 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			2,931,470 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,931,470 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,931,470 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,855,592 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			75,878 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VI Date/Time Prepared: 9/3/2021 1:25 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)			1,750,384 1.00
2.00	Routine service other pass through costs			0 2.00
3.00	Ancillary service other pass through costs			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			1,750,384 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			244,592 7.00
8.00	Allowable bad debts (see instructions)			0 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			0 10.00
11.00	Utilization review			0 11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)			1,505,792 12.00
13.00	Inpatient primary payer payments			0 13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 14.50
14.99	Demonstration payment adjustment amount before sequestration			0 14.99
15.00	Subtotal (see instructions)			1,505,792 15.00
15.01	Sequestration adjustment (see instructions)			7,529 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
15.75	Sequestration for non-claims based amounts (see instructions)			0 15.75
16.00	Interim payments			1,505,793 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)			-7,530 18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2			0 19.00

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

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet G

Date/Time Prepared:
9/3/2021 1:25 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	20,212,446	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	112,024,963	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	3,673,199	0	0	0	7.00
8.00 Prepaid expenses	1,684,184	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)	137,594,792	0	0	0	11.00
FIXED ASSETS					
12.00 Land	4,946,488	0	0	0	12.00
13.00 Land improvements	12,460,505	0	0	0	13.00
14.00 Accumulated depreciation	-8,469,812	0	0	0	14.00
15.00 Buildings	127,735,934	0	0	0	15.00
16.00 Accumulated depreciation	-86,826,277	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	63,353,900	0	0	0	19.00
20.00 Accumulated depreciation	-43,063,710	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	127,992,285	0	0	0	23.00
24.00 Accumulated depreciation	-87,000,527	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	9,146,704	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	120,275,490	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	4,933,973	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	164,598,296	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	169,532,269	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	427,402,551	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	0	0	0	0	37.00
38.00 Salaries, wages, and fees payable	583,380	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	6,590,175	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	80,602,137	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	87,775,692	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	33,403,333	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	835,999	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	34,239,332	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	122,015,024	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	305,387,527	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)	305,387,527	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	427,402,551	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-1

Date/Time Prepared:
9/3/2021 1:25 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		259,585,934		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		14,345,378				2.00
3.00	Total (sum of line 1 and line 2)		273,931,312		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)		273,931,312		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		273,931,312		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			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
9/3/2021 1:25 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	59,125,840		59,125,840	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,839,431		3,839,431	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	2,472,994		2,472,994	7.00
8.00	NURSING FACILITY	7,655,825		7,655,825	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	73,094,090		73,094,090	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	73,094,090		73,094,090	17.00
18.00	Ancillary services	92,342,641	266,246,671	358,589,312	18.00
19.00	Outpatient services	8,952,497	76,744,475	85,696,972	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,687,761	2,687,761	22.00
23.00	AMBULANCE SERVICES	0	2,125,658	2,125,658	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	194,630	4,722,642	4,917,272	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	174,583,858	352,527,207	527,111,065	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		215,612,421		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		215,612,421		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-3

Date/Time Prepared:
9/3/2021 1:25 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	527,111,065	1.00
2.00	Less contractual allowances and discounts on patients' accounts	334,475,699	2.00
3.00	Net patient revenues (line 1 minus line 2)	192,635,366	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	215,612,421	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-22,977,055	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	37,258,199	24.00
24.50	COVID-19 PHE Funding	64,234	24.50
25.00	Total other income (sum of lines 6-24)	37,322,433	25.00
26.00	Total (line 5 plus line 25)	14,345,378	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	14,345,378	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0057

Period:

Worksheet H

HHA CCN: 16-7136

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

9/3/2021 1:25 pm

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures			0		0	0 1.00
2.00 Capital Related - Movable Equipment			0		0	0 2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0 3.00
4.00 Transportation	0	0	0	0	0	0 4.00
5.00 Administrative and General	538,597	165,146	26,425	14,740	111,221	856,129 5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	795,400	243,888	0	0	0	1,039,288 6.00
7.00 Physical Therapy	265,079	81,279	12,638	0	250	359,246 7.00
8.00 Occupational Therapy	99,376	30,471	0	0	0	129,847 8.00
9.00 Speech Pathology	32,370	9,925	0	0	0	42,295 9.00
10.00 Medical Social Services	51,120	15,675	0	0	0	66,795 10.00
11.00 Home Health Aide	118,895	36,456	0	0	0	155,351 11.00
12.00 Supplies (see instructions)	0	0	0	0	0	0 12.00
13.00 Drugs	0	0	0	0	0	0 13.00
14.00 DME	0	0	0	0	0	0 14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	0 15.00
16.00 Respiratory Therapy	0	0	0	0	0	0 16.00
17.00 Private Duty Nursing	0	0	34	0	0	34 17.00
18.00 Clinic	0	0	0	0	0	0 18.00
19.00 Health Promotion Activities	0	0	0	0	0	0 19.00
20.00 Day Care Program	0	0	0	0	0	0 20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0 21.00
22.00 Homemaker Service	0	0	0	0	0	0 22.00
23.00 All Others (specify)	0	0	0	0	0	0 23.00
23.50 Telemedicine	0	0	0	0	0	0 23.50
24.00 Total (sum of lines 1-23)	1,900,837	582,840	39,097	14,740	111,471	2,648,985 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	-308,721	547,408	-1,120	546,288		5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	0	1,039,288	0	1,039,288		6.00
7.00 Physical Therapy	0	359,246	0	359,246		7.00
8.00 Occupational Therapy	0	129,847	0	129,847		8.00
9.00 Speech Pathology	0	42,295	0	42,295		9.00
10.00 Medical Social Services	0	66,795	0	66,795		10.00
11.00 Home Health Aide	0	155,351	0	155,351		11.00
12.00 Supplies (see instructions)	0	0	0	0		12.00
13.00 Drugs	0	0	0	0		13.00
14.00 DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0		15.00
16.00 Respiratory Therapy	0	0	0	0		16.00
17.00 Private Duty Nursing	0	34	0	34		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)	-308,721	2,340,264	-1,120	2,339,144		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 16-0057

Period:

Worksheet H-1

HHA CCN: 16-7136

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
9/3/2021 1:25 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	546,288	0	0	0	0	546,288	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,039,288	0	0	0	0	1,039,288	6.00	
7.00	Physical Therapy	359,246	0	0	0	0	359,246	7.00	
8.00	Occupational Therapy	129,847	0	0	0	0	129,847	8.00	
9.00	Speech Pathology	42,295	0	0	0	0	42,295	9.00	
10.00	Medical Social Services	66,795	0	0	0	0	66,795	10.00	
11.00	Home Health Aide	155,351	0	0	0	0	155,351	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	34	0	0	0	0	34	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	2,339,144	0	0	0	0	2,339,144	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	546,288						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	316,674	1,355,962					6.00	
7.00	Physical Therapy	109,463	468,709					7.00	
8.00	Occupational Therapy	39,565	169,412					8.00	
9.00	Speech Pathology	12,887	55,182					9.00	
10.00	Medical Social Services	20,353	87,148					10.00	
11.00	Home Health Aide	47,336	202,687					11.00	
12.00	Supplies (see instructions)	0	0					12.00	
13.00	Drugs	0	0					13.00	
14.00	DME	0	0					14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00	
16.00	Respiratory Therapy	0	0					16.00	
17.00	Private Duty Nursing	10	44					17.00	
18.00	Clinic	0	0					18.00	
19.00	Health Promotion Activities	0	0					19.00	
20.00	Day Care Program	0	0					20.00	
21.00	Home Delivered Meals Program	0	0					21.00	
22.00	Homemaker Service	0	0					22.00	
23.00	All Others (specify)	0	0					23.00	
23.50	Telemedicine	0	0					23.50	
24.00	Total (sum of lines 1-23)		2,339,144					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-1

HHA CCN: 16-7136

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
9/3/2021 1:25 pmHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Agency 1 Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00						3.00
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	0			4.00	
5.00	Administrative and General	0	0	0	0	-546,288	1,792,856	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	1,039,288	6.00	
7.00	Physical Therapy	0	0	0	0	0	359,246	7.00	
8.00	Occupational Therapy	0	0	0	0	0	129,847	8.00	
9.00	Speech Pathology	0	0	0	0	0	42,295	9.00	
10.00	Medical Social Services	0	0	0	0	0	66,795	10.00	
11.00	Home Health Aide	0	0	0	0	0	155,351	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0		0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	34	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	0	-546,288	1,792,856	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		546,288	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.304703	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2020

Part I

To 06/30/2021

Date/Time Prepared:

9/3/2021 1:25 pm

Home Health

PPS

Agency I

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS				BLDG & FIXT - MERCY		
			BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY			
		0	1.00	1.01	1.02	1.03	1.04		
1.00	Administrative and General	0	0	0	0	0	0	1.00	
2.00	Skilled Nursing Care	1,355,962	0	0	0	0	0	2.00	
3.00	Physical Therapy	468,709	0	0	0	0	0	3.00	
4.00	Occupational Therapy	169,412	0	0	0	0	0	4.00	
5.00	Speech Pathology	55,182	0	0	0	0	0	5.00	
6.00	Medical Social Services	87,148	0	0	0	0	0	6.00	
7.00	Home Health Aide	202,687	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	44	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)	2,339,144	0	0	0	0	0	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
		CAPITAL RELATED COSTS							
Cost Center Description		BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
		1.05	1.06	1.07	1.08	2.00	4.00		
1.00	Administrative and General	0	58,478	0	0	935	4,654	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	6,874	2.00	
3.00	Physical Therapy	0	0	0	0	0	2,291	3.00	
4.00	Occupational Therapy	0	0	0	0	0	857	4.00	
5.00	Speech Pathology	0	0	0	0	0	280	5.00	
6.00	Medical Social Services	0	0	0	0	0	442	6.00	
7.00	Home Health Aide	0	0	0	0	0	1,028	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19) (2)	0	58,478	0	0	935	16,426	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
9/3/2021 1:25 pmHome Health
Agency I

PPS

Cost Center Description		ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5A.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	8,286	72,353	4,568	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,362,836	86,041	0	5,900	15,057	2.00
3.00	Physical Therapy	0	471,000	29,736	0	0	0	3.00
4.00	Occupational Therapy	0	170,269	10,750	0	0	0	4.00
5.00	Speech Pathology	0	55,462	3,502	0	0	0	5.00
6.00	Medical Social Services	0	87,590	5,530	0	0	0	6.00
7.00	Home Health Aide	0	203,715	12,861	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	351	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	44	3	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)	8,286	2,423,269	152,991	351	5,900	15,057	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00
Cost Center Description		Subtotal	OTHER A&G	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	
		5A.05	5.06	7.00	7.01	7.02	7.03	
1.00	Administrative and General	76,921	8,725	101,535	0	0	0	1.00
2.00	Skilled Nursing Care	1,469,834	166,728	0	0	0	0	2.00
3.00	Physical Therapy	500,736	56,800	0	0	0	0	3.00
4.00	Occupational Therapy	181,019	20,534	0	0	0	0	4.00
5.00	Speech Pathology	58,964	6,688	0	0	0	0	5.00
6.00	Medical Social Services	93,120	10,563	0	0	0	0	6.00
7.00	Home Health Aide	216,576	24,567	0	0	0	0	7.00
8.00	Supplies (see instructions)	351	40	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	47	5	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)	2,597,568	294,650	101,535	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
9/3/2021 1:25 pmHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		7.04	7.05	7.06	7.07	8.00	9.00	
1.00	Administrative and General	0	0	0	0	0	70,182	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	70,182	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
		9.01	10.00	10.01	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	4,999	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	1,108	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	4,999	0	1,108	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
9/3/2021 1:25 pmHome Health
Agency I

PPS

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		15.00	16.00	17.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	262,362	0	262,362	1.00
2.00	Skilled Nursing Care	0	17,895	0	1,654,457	0	1,654,457	2.00
3.00	Physical Therapy	0	0	0	557,536	0	557,536	3.00
4.00	Occupational Therapy	0	0	0	201,553	0	201,553	4.00
5.00	Speech Pathology	0	0	0	65,652	0	65,652	5.00
6.00	Medical Social Services	0	0	280,422	384,105	0	384,105	6.00
7.00	Home Health Aide	0	0	0	241,143	0	241,143	7.00
8.00	Supplies (see instructions)	0	0	0	1,499	0	1,499	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	52	0	52	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	17,895	280,422	3,368,359	0	3,368,359	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	139,751	1,794,208					2.00
3.00	Physical Therapy	47,095	604,631					3.00
4.00	Occupational Therapy	17,025	218,578					4.00
5.00	Speech Pathology	5,546	71,198					5.00
6.00	Medical Social Services	32,445	416,550					6.00
7.00	Home Health Aide	20,369	261,512					7.00
8.00	Supplies (see instructions)	127	1,626					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	4	56					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	262,362	3,368,359					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.	0.084469						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
9/3/2021 1:25 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	BLDG & FIXT - EASTMAN (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	1.05	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	
		BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.06	1.07	1.08	2.00			
1.00	Administrative and General	8,570	0	0	805	516	68	1.00
2.00	Skilled Nursing Care	0	0	0	0	762	0	2.00
3.00	Physical Therapy	0	0	0	0	254	0	3.00
4.00	Occupational Therapy	0	0	0	0	95	0	4.00
5.00	Speech Pathology	0	0	0	0	31	0	5.00
6.00	Medical Social Services	0	0	0	0	49	0	6.00
7.00	Home Health Aide	0	0	0	0	114	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	8,570	0	0	805	1,821	68	20.00
21.00	Total cost to be allocated	58,478	0	0	935	16,426	8,286	21.00
22.00	Unit cost multiplier	6.823571	0.000000	0.000000	1.161491	9.020319	121.852941	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2020

Part II

To 06/30/2021

Date/Time Prepared:

9/3/2021 1:25 pm

Home Health
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PPS

Cost Center Description		Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
		5A.02	5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	0	72,353	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,362,836	0	2,687,761	2,687,761	0	2.00
3.00	Physical Therapy	0	471,000	0	0	0	0	3.00
4.00	Occupational Therapy	0	170,269	0	0	0	0	4.00
5.00	Speech Pathology	0	55,462	0	0	0	0	5.00
6.00	Medical Social Services	0	87,590	0	0	0	0	6.00
7.00	Home Health Aide	0	203,715	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	13,710	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	44	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)		2,423,269	13,710	2,687,761	2,687,761		20.00
21.00	Total cost to be allocated		152,991	351	5,900	15,057		21.00
22.00	Unit cost multiplier		0.063134	0.025602	0.002195	0.005602		22.00
Cost Center Description		OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	
		5.06	7.00	7.01	7.02	7.03	7.04	
1.00	Administrative and General	76,921	8,570	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,469,834	0	0	0	0	0	2.00
3.00	Physical Therapy	500,736	0	0	0	0	0	3.00
4.00	Occupational Therapy	181,019	0	0	0	0	0	4.00
5.00	Speech Pathology	58,964	0	0	0	0	0	5.00
6.00	Medical Social Services	93,120	0	0	0	0	0	6.00
7.00	Home Health Aide	216,576	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	351	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	47	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)	2,597,568	8,570	0	0	0	0	20.00
21.00	Total cost to be allocated	294,650	101,535	0	0	0	0	21.00
22.00	Unit cost multiplier	0.113433	11.847725	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
9/3/2021 1:25 pmHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT REHAB (SQUARE FEET)	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
		7.05	7.06	7.07	8.00	9.00	9.01	
1.00	Administrative and General	0	8,570	0	0	4,440	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	8,570	0	0	4,440	0	20.00
21.00	Total cost to be allocated	0	0	0	0	70,182	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	15.806757	0.000000	22.00
Cost Center Description		DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	PHARMACY (COSTED REQUIS.)	
		10.00	10.01	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	300	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	13,710	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	300	0	13,710	0	20.00
21.00	Total cost to be allocated	0	0	4,999	0	1,108	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	16.663333	0.000000	0.080817	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057

Period:

Worksheet H-2

HHA CCN: 16-7136

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
9/3/2021 1:25 pmHome Health
Agency I

PPS

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)		
		16.00	17.00		
1.00	Administrative and General	0	0		1.00
2.00	Skilled Nursing Care	2,687,761	0		2.00
3.00	Physical Therapy	0	0		3.00
4.00	Occupational Therapy	0	0		4.00
5.00	Speech Pathology	0	0		5.00
6.00	Medical Social Services	0	12,046		6.00
7.00	Home Health Aide	0	0		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19)	2,687,761	12,046		20.00
21.00	Total cost to be allocated	17,895	280,422		21.00
22.00	Unit cost multiplier	0.006658	23.279263		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet H-3

HHA CCN: 16-7136

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
9/3/2021 1:25 pm

				Title XVIII		Home Health Agency I	9/3/2021 1:25 pm PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,794,208		1,794,208	4,263	420.88	1.00
2.00	Physical Therapy	3.00	604,631	0	604,631	2,969	203.65	2.00
3.00	Occupational Therapy	4.00	218,578	0	218,578	956	228.64	3.00
4.00	Speech Pathology	5.00	71,198	0	71,198	233	305.57	4.00
5.00	Medical Social Services	6.00	416,550		416,550	11	37,868.18	5.00
6.00	Home Health Aide	7.00	261,512		261,512	3,614	72.36	6.00
7.00	Total (sum of lines 1-6)		3,366,677	0	3,366,677	12,046		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		99916	0	1,708			8.00
9.00	Physical Therapy		99916	0	1,933			9.00
10.00	Occupational Therapy		99916	0	803			10.00
11.00	Speech Pathology		99916	0	158			11.00
12.00	Medical Social Services		99916	0	22			12.00
13.00	Home Health Aide		99916	0	688			13.00
14.00	Total (sum of lines 8-13)			0	5,312			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	1,626	0	1,626	5,186	0.313536	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Part A	Program Visits		Cost of Services			
			Part B					
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Part B	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00	
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	1,708		0	718,863		1.00
2.00	Physical Therapy	0	1,933		0	393,655		2.00
3.00	Occupational Therapy	0	803		0	183,598		3.00
4.00	Speech Pathology	0	158		0	48,280		4.00
5.00	Medical Social Services	0	22		0	833,100		5.00
6.00	Home Health Aide	0	688		0	49,784		6.00
7.00	Total (sum of lines 1-6)	0	5,312		0	2,227,280		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet H-3

HHA CCN: 16-7136

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
9/3/2021 1:25 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B			Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Not Subject to Deductibles & Coinsurance			Subject to Deductibles & Coinsurance
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	5,186	0	0	1,626	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	718,863						1.00
2.00	Physical Therapy	393,655						2.00
3.00	Occupational Therapy	183,598						3.00
4.00	Speech Pathology	48,280						4.00
5.00	Medical Social Services	833,100						5.00
6.00	Home Health Aide	49,784						6.00
7.00	Total (sum of lines 1-6)	2,227,280						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet H-3

HHA CCN: 16-7136

From 07/01/2020

Part II

To 06/30/2021

Date/Time Prepared:

9/3/2021 1:25 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	0.367891	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.297179	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.204530	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	3.287329	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.235346	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0057

Period:

Worksheet H-4

HHA CCN: 16-7136

From 07/01/2020
To 06/30/2021Part I-II
Date/Time Prepared:
9/3/2021 1:25 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	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	975,115	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	92,233	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	17,458	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0	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	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,084,806	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	1,084,806	24.00
25.00	Coinsurance billed to program patients (from your records)			0	25.00
26.00	Net cost (line 24 minus line 25)		0	1,084,806	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)			1,084,806	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	1,084,806	31.00
31.01	Sequestration adjustment (see instructions)		0	836	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	1,083,970	32.00
33.00	Tentative settlement (for contractor use only)		0		33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 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: 16-0057

Period:

Worksheet H-5

HHA CCN: 16-7136

From 07/01/2020
To 06/30/2021Date/Time Prepared:
9/3/2021 1:25 pmHome 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		1,083,970	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		1,083,970	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		1,083,970	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0

Hospice CCN: 16-1567

From 07/01/2020
To 06/30/2021Date/Time Prepared:
9/3/2021 1:25 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	535,734	143,116	678,850	308,721	987,571	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	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		-191	-191	0	-191	25.00
26.00	PHYSICIAN SERVICES**	0	-3,729	-3,729	0	-3,729	26.00
27.00	NURSE PRACTITIONER**	578,329	154,498	732,827	0	732,827	27.00
28.00	REGISTERED NURSE**	0	0	0	0	0	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	192	52	244	0	244	30.00
31.00	OCCUPATIONAL THERAPY**	125	34	159	0	159	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	127,331	34,016	161,347	0	161,347	33.00
34.00	SPIRITUAL COUNSELING**	21,966	5,867	27,833	0	27,833	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**	138,301	36,947	175,248	0	175,248	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	3,241	3,241	0	3,241	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	308,582	308,582	0	308,582	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	1,401,978	682,433	2,084,411	308,721	2,393,132	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: 16-0057

Period:

Worksheet 0

Hospice CCN: 16-1567

From 07/01/2020
To 06/30/2021Date/Time Prepared:
9/3/2021 1:25 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	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	987,571	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	-191	25.00
26.00	PHYSICIAN SERVICES**	0	-3,729	26.00
27.00	NURSE PRACTITIONER**	0	732,827	27.00
28.00	REGISTERED NURSE**	0	0	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	244	30.00
31.00	OCCUPATIONAL THERAPY**	0	159	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	161,347	33.00
34.00	SPIRITUAL COUNSELING**	0	27,833	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	175,248	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	3,241	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	308,582	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	0	2,393,132	100.00

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

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

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

Provider CCN: 16-0057

Period:

Worksheet 0-2

Hospice CCN: 16-1567

From 07/01/2020
To 06/30/2021Date/Time Prepared:
9/3/2021 1:25 pm

				Hospice I		07/2021 - 12/2021	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	-3,729	-3,729	0	-3,729	26.00
27.00	NURSE PRACTITIONER	550,179	146,978	697,157	0	697,157	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	183	49	232	0	232	30.00
31.00	OCCUPATIONAL THERAPY	119	32	151	0	151	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	121,133	32,360	153,493	0	153,493	33.00
34.00	SPIRITUAL COUNSELING	20,897	5,582	26,479	0	26,479	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	131,569	35,148	166,717	0	166,717	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	3,083	3,083	0	3,083	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	293,562	293,562	0	293,562	46.00
100.00	TOTAL *	824,080	513,065	1,337,145	0	1,337,145	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	-3,729	26.00
27.00	NURSE PRACTITIONER	0	697,157	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	232	30.00
31.00	OCCUPATIONAL THERAPY	0	151	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	153,493	33.00
34.00	SPIRITUAL COUNSELING	0	26,479	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	166,717	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	3,083	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	293,562	46.00
100.00	TOTAL *	0	1,337,145	100.00

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

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

Provider CCN: 16-0057

Period:

Worksheet 0-3

Hospice CCN: 16-1567

From 07/01/2020
To 06/30/2021Date/Time Prepared:
9/3/2021 1:25 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		-63	-63	0	-63	25.00		
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00		
27.00	NURSE PRACTITIONER	9,279	2,479	11,758	0	11,758	27.00		
28.00	REGISTERED NURSE	0	0	0	0	0	28.00		
29.00	LPN/LVN	0	0	0	0	0	29.00		
30.00	PHYSICAL THERAPY	3	1	4	0	4	30.00		
31.00	OCCUPATIONAL THERAPY	2	1	3	0	3	31.00		
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00		
33.00	MEDICAL SOCIAL SERVICES	2,043	546	2,589	0	2,589	33.00		
34.00	SPIRITUAL COUNSELING	352	94	446	0	446	34.00		
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00		
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00		
37.00	HOSPICE AIDE & HOME MAKER SERVICES	2,219	593	2,812	0	2,812	37.00		
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00		
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00		
40.00	IMAGING SERVICES	0	0	0	0	0	40.00		
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00		
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00		
42.50	DRUGS CHARGED TO PATIENTS	0	52	52	0	52	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	4,951	4,951	0	4,951	46.00		
100.00	TOTAL *	13,898	8,654	22,552	0	22,552	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	-63	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	11,758	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	4	30.00
31.00	OCCUPATIONAL THERAPY	0	3	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	2,589	33.00
34.00	SPIRITUAL COUNSELING	0	446	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	2,812	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	52	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	4,951	46.00
100.00	TOTAL *	0	22,552	100.00

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

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

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021

Worksheet 0-4

Hospice CCN: 16-1567

Date/Time Prepared:
9/3/2021 1:25 pm

						Hospice I		07/01/2021 1:25 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		-128	-128	0	-128		25.00	
26.00	PHYSICIAN SERVICES	0	0	0	0	0		26.00	
27.00	NURSE PRACTITIONER	18,871	5,041	23,912	0	23,912		27.00	
28.00	REGISTERED NURSE	0	0	0	0	0		28.00	
29.00	LPN/LVN	0	0	0	0	0		29.00	
30.00	PHYSICAL THERAPY	6	2	8	0	8		30.00	
31.00	OCCUPATIONAL THERAPY	4	1	5	0	5		31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0		32.00	
33.00	MEDICAL SOCIAL SERVICES	4,155	1,110	5,265	0	5,265		33.00	
34.00	SPIRITUAL COUNSELING	717	191	908	0	908		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	4,513	1,206	5,719	0	5,719		37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0		38.00	
39.00	PATIENT TRANSPORTATION	0	0	0	0	0		39.00	
40.00	IMAGING SERVICES	0	0	0	0	0		40.00	
41.00	LABS & DIAGNOSTICS	0	0	0	0	0		41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0		42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	106	106	0	106		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	10,069	10,069	0	10,069		46.00	
100.00	TOTAL *	28,266	17,598	45,864	0	45,864		100.00	

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	-128	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	23,912	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	8	30.00
31.00	OCCUPATIONAL THERAPY	0	5	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	5,265	33.00
34.00	SPIRITUAL COUNSELING	0	908	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	5,719	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	106	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	10,069	46.00
100.00	TOTAL *	0	45,864	100.00

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

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

Provider CCN: 16-0057

Period:

Worksheet 0-5

Hospice CCN: 16-1567

From 07/01/2020
To 06/30/2021Date/Time Prepared:
9/3/2021 1:25 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	55,886	55,886	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	23,484	23,484	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	23,507	23,507	3.00
4.00	ADMINISTRATIVE & GENERAL	987,571	505,514	1,493,085	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	97,033	97,033	5.00
6.00	LAUNDRY & LINEN SERVICE	0	4,917	4,917	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	3,131	3,131	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	12,012	12,012	10.00
11.00	MEDICAL RECORDS	0	32,739	32,739	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	32,568	32,568	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,337,145	0	1,337,145	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	22,552	0	22,552	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	45,864	0	45,864	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	2,393,132	790,791	3,183,923	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
9/3/2021 1:25 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	55,886	55,886					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,484		23,484				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	23,507	0	0	23,507			3.00
4.00	ADMINISTRATIVE & GENERAL	1,493,085	0	0	0	1,493,085		4.00
5.00	PLANT OPERATION & MAINTENANCE	97,033	0	0	0	97,033		5.00
6.00	LAUNDRY & LINEN SERVICE	4,917	0	0	0	4,917		6.00
7.00	HOUSEKEEPING	0	0	0	0	0		7.00
8.00	DIETARY	3,131	0	0	0	3,131		8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	12,012	0	0	0	12,012		10.00
11.00	MEDICAL RECORDS	32,739	0	0	0	32,739		11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0		13.00
14.00	PHARMACY	0	0	0	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0			32,568	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	1,337,145			22,363	1,359,508		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	22,552	18,421	7,741	377	49,091		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	45,864	37,465	15,743	767	99,839		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	0					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	3,183,923	55,886	23,484	23,507	3,183,923		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
9/3/2021 1:25 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	1,493,085						4.00
5.00	PLANT OPERATION & MAINTENANCE	85,684	182,717					5.00
6.00	LAUNDRY & LINEN SERVICE	4,342	0		9,259			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	2,765	0			0	5,896	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,607	0			0		10.00
11.00	MEDICAL RECORDS	28,910	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	28,759	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,200,506						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	43,350	60,227		3,052	0	1,943	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	88,162	122,490		6,207	0	3,953	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	1,493,085	182,717		9,259	0	5,896	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
9/3/2021 1:25 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	22,619				10.00
11.00	MEDICAL RECORDS	0		61,649			11.00
12.00	STAFF TRANSPORTATION	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						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	21,518	58,648	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	363	989	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	738	2,012	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	22,619	61,649	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
9/3/2021 1:25 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	0					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				61,327		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0		2,640,180	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	20,214	179,229	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	41,113	364,514	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	0	61,327	3,183,923	100.00

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

Provider CCN: 16-0057

Period:
From 07/01/2020
To 06/30/2021Worksheet 0-6
Part II
Date/Time Prepared:
9/3/2021 1:25 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	628					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		628				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	12,902			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-1,493,085	1,690,838	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	97,033	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	4,917	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	3,131	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	12,012	10.00
11.00	MEDICAL RECORDS	0	0	0	0	32,739	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	32,568	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			12,274	0	1,359,508	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	207	207	207	0	49,091	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	421	421	421	0	99,839	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)	55,886	23,484	23,507		1,493,085	100.00
101.00	UNIT COST MULTIPLIER	88.990446	37.394904	1.821966		0.883044	101.00

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

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
9/3/2021 1:25 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	628					5.00
6.00	LAUNDRY & LINEN SERVICE	0	628				6.00
7.00	HOUSEKEEPING	0		628			7.00
8.00	DIETARY	0		0	628		8.00
9.00	NURSING ADMINISTRATION	0		0		12,902	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					12,274	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	207	207	207	207	207	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	421	421	421	421	421	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)	182,717	9,259	0	5,896	0	100.00
101.00	UNIT COST MULTIPLIER	290.950637	14.743631	0.000000	9.388535	0.000000	101.00

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

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
9/3/2021 1:25 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	12,902						10.00
11.00	MEDICAL RECORDS		12,902					11.00
12.00	STAFF TRANSPORTATION				12,902			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	12,902		13.00
14.00	PHARMACY				0	0	12,902	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	12,274	12,274	12,274	12,274	12,274	12,274	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	207	207	207	207	207	207	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	421	421	421	421	421	421	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM				0	0	0	60.00
61.00	VOLUNTEER PROGRAM				0	0	0	61.00
62.00	FUNDRAISING				0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM				0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES				0	0	0	65.00
66.00	RESIDENTIAL CARE				0	0	0	66.00
67.00	ADVERTISING				0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING				0	0	0	68.00
69.00	THRIFT STORE				0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)				0	0	0	71.00
99.00	NEGATIVE COST CENTER							99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	22,619	61,649		0	0	0	100.00
101.00	UNIT COST MULTIPLIER	1.753139	4.778251		0.000000	0.000000	0.000000	101.00

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

Provider CCN: 16-0057

Period:

Worksheet 0-6

Hospice CCN: 16-1567

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
9/3/2021 1:25 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	12,902				15.00
16.00	OTHER GENERAL SERVICE		12,902			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			628		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	12,274	12,274			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	207	207	207		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	421	421	421		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0		61,327		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	97.654459		101.00

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

Provider CCN: 16-0057

Period:

Worksheet 0-7

Hospice CCN: 16-1567

From 07/01/2020
To 06/30/2021

Date/Time Prepared:
9/3/2021 1:25 pm

					Hospice I		
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS	0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.367891	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.297179	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.204530	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.235346	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.142342	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	3.287329	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.197884	0	0	0	9.00
10.00	AUDIOLOGY	76.00	0.000000	0	0	0	10.00
10.01	EKG AND EEG	76.01	0.266966	0	0	0	10.01
10.02	O/P REHAB SERVICES	76.02	0.695307	0	0	0	10.02
10.03	SPORTS FITNESS	76.03	6.060847	0	0	0	10.03
10.04	LIFE CENTER	76.04	0.476540	0	0	0	10.04
10.05	RECREATIONAL THERAPY	76.05	0.000000	0	0	0	10.05
10.06	ONCOLOGY	76.06	1.036984	0	0	0	10.06
10.07	OP REHAB SERVICES	76.07	0.000000	0	0	0	10.07
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	AUDIOLOGY	0	0	0	0	0	10.00
10.01	EKG AND EEG	0	0	0	0	0	10.01
10.02	O/P REHAB SERVICES	0	0	0	0	0	10.02
10.03	SPORTS FITNESS	0	0	0	0	0	10.03
10.04	LIFE CENTER	0	0	0	0	0	10.04
10.05	RECREATIONAL THERAPY	0	0	0	0	0	10.05
10.06	ONCOLOGY	0	0	0	0	0	10.06
10.07	OP REHAB SERVICES	0	0	0	0	0	10.07
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 16-0057

Period:

Worksheet 0-8

Hospice CCN: 16-1567

From 07/01/2020
To 06/30/2021Date/Time Prepared:
9/3/2021 1:25 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)			2,640,180	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			12,274	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			215.10	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	10,143	155		9.00
10.00	Program cost (line 8 times line 9)	2,181,759	33,341		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)			179,229	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			207	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			865.84	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	154	0		14.00
15.00	Program cost (line 13 times line 14)	133,339	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)			364,514	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			421	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			865.83	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	262	17		19.00
20.00	Program cost (line 18 times line 19)	226,847	14,719		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,183,923	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			12,902	22.00
23.00	Average cost per diem (line 21 divided by line 22)			246.78	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0057	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 9/3/2021 1:25 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,619,253	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		65,828	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)		55.44	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,685,081	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