

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 1/24/2022 3:51 pm
--	-----------------------	---	--

PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report Date: 1/24/2022 Time: 3:51 pm 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MERCYONE DUBUQUE MEDICAL CENTER (16-0069) 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) KIM DUWE
 Officer or Administrator of Provider(s)

VP FINANCE EASTERN IA REGION
 Title
 01/24/2022 03:51:24 PM
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	19,044	17,793	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	3,168	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	22,212	17,793	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 16-0069		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 1/24/2022 3:51 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 250 MERCY DRIVE			PO Box:				1.00			
2.00	City: DUBUQUE			State: IA		Zip Code: 52001		County: DUBUQUE			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		MERCYONE DUBUQUE MEDICAL CENTER	160069	20220	1	07/01/1966	N	P	O	
4.00	Subprovider - IPF										
5.00	Subprovider - IRF		MERCYONE DUBUQUE MEDICAL CENTER	16T069	20220	5	07/01/1984	N	P	O	
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF		MERCYONE DUBUQUE MEDICAL CENTER	165116	20220		11/29/1983	N	P	O	
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTG										
12.00	Hospital-Based HHA		MERCYONE HOMECARE DUBUQUE	167145	20220		07/01/1987	N	P	N	
13.00	Separately Certified ASC										
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										
17.10	Hospital-Based (CORF) 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)						1				21.00
						1.00	2.00	3.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? 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	Y		22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	

Worksheet S-2
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

MCRIF32 - 16.13.172.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0069		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 1/24/2022 3:51 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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00
						0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 1/24/2022 3:51 pm	
				1.00	
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N 80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N 81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N 85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N 86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N 87.00	
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N Y 90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N N 91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N 92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N N 93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N N 94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00 0.00 95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N N 96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00 0.00 97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			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: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 1/24/2022 3:51 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.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	11,087	62,239	22,120118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1432	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 1/24/2022 3:51 pm
---	--	--	-----------------------	---	---

1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: TRINITY HEALTH	Contractor's Name: WPS GHA		Contractor's Number: 08001		141.00	
142.00	Street: 20555 VICTOR PARKWAY	PO Box:				142.00	
143.00	City: LIVONIA	State: MI		Zip Code: 48152		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
						1.00	
						2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	
		0	1.00	2.00	3.00	4.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	166.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						170.00
				1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0069		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part II Date/Time Prepared: 1/24/2022 3:51 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	11/01/2021	Y	11/01/2021
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		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.			Y		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 1/24/2022 3:51 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:	REHAB 118 USED RUN DATE 12/16/21	Y	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?		Y		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.		Y		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.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
			1.00	2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NORMA	SAJNER		41.00
42.00	Enter the employer/company name of the cost report preparer.	TRINITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(734) 343-0263	SAJNERN@TRINITY-HEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
1/24/2022 3:51 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.	REGIONAL DIRECTOR IOWA REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
1/24/2022 3:51 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	153	55,845	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)		153	55,845	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		161	58,765	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	2,140		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		179				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		7	2,555			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
1/24/2022 3:51 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)	16,996	787	28,502			1.00
2.00 HMO and other (see instructions)	1,289	4,151				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	162	40				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	16,996	787	28,502			7.00
8.00 INTENSIVE CARE UNIT	1,110	34	1,763			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		71	1,433			13.00
14.00 Total (see instructions)	18,106	892	31,698	0.00	935.58	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	1,573	28	1,944	0.00	10.87	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	187	0	225	0.00	2.95	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	7,307	772	11,001	0.00	35.77	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)			8			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	985.17	27.00
28.00 Observation Bed Days		201	897			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			280			30.00
31.00 Employee discount days - IRF			23			31.00
32.00 Labor & delivery days (see instructions)	0	55	215			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			21			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
1/24/2022 3:51 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	3,856	229	7,424	1.00
2.00 HMO and other (see instructions)			229	1,200		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				4		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,856	229	7,424	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	106	5	134	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
1/24/2022 3:51 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	58,487,130	-157,101	58,330,029	2,109,966.29	27.65
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		94,236	0	94,236	2,112.52	44.61
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	163,509	0	163,509	7,531.55	21.71
10.00	Excluded area salaries (see instructions)		9,881,020	571,376	10,452,396	386,249.26	27.06
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,543,458	0	2,543,458	58,790.93	43.26
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		1,231,427	0	1,231,427	8,303.22	148.31
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		6,452,979	0	6,452,979	136,343.23	47.33
14.02	Related organization salaries		493,870	0	493,870	5,504.36	89.72
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)		18,274,336	0	18,274,336		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,150,203	0	4,150,203		
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		31,042	0	31,042		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,560,445	0	1,560,445		
25.51	Related organization wage-related (core)		71,155	0	71,155		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
1/24/2022 3:51 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	1,952,377	-287,312	1,665,065	79,719.69	20.89	26.00
27.00	Administrative & General	5.00	3,534,583	-61,202	3,473,381	137,443.21	25.27	27.00
28.00	Administrative & General under contract (see inst.)		609,503	0	609,503	8,132.37	74.95	28.00
29.00	Maintenance & Repairs	6.00	102,496	0	102,496	2,977.83	34.42	29.00
30.00	Operation of Plant	7.00	940,044	-7,140	932,904	32,856.34	28.39	30.00
31.00	Laundry & Linen Service	8.00	518,364	-17,289	501,075	30,934.05	16.20	31.00
32.00	Housekeeping	9.00	1,044,892	0	1,044,892	63,980.99	16.33	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,529,438	-31,437	1,498,001	86,738.42	17.27	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	2,567,986	-326,227	2,241,759	63,179.25	35.48	38.00
39.00	Central Services and Supply	14.00	439,150	0	439,150	25,194.49	17.43	39.00
40.00	Pharmacy	15.00	2,550,424	-281,499	2,268,925	52,221.14	43.45	40.00
41.00	Medical Records & Medical Records Library	16.00	1,089,981	-17,646	1,072,335	39,498.00	27.15	41.00
42.00	Social Service	17.00	0	301,033	301,033	11,784.97	25.54	42.00
43.00	Other General Service	18.00	328,636	0	328,636	18,023.54	18.23	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
1/24/2022 3:51 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)	59,002,397	-157,101	58,845,296	2,115,986.14	27.81	1.00
2.00	Excluded area salaries (see instructions)	10,044,529	571,376	10,615,905	393,780.81	26.96	2.00
3.00	Subtotal salaries (line 1 minus line 2)	48,957,868	-728,477	48,229,391	1,722,205.33	28.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,721,734	0	10,721,734	208,941.74	51.31	4.00
5.00	Subtotal wage-related costs (see inst.)	19,905,936	0	19,905,936	0.00	41.27	5.00
6.00	Total (sum of lines 3 thru 5)	79,585,538	-728,477	78,857,061	1,931,147.07	40.83	6.00
7.00	Total overhead cost (see instructions)	17,207,874	-728,719	16,479,155	652,684.29	25.25	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
1/24/2022 3:51 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,813,081	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,781,846	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	93,467	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)	9,412,848	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,757,156	9.00
10.00	Dental, Hearing and Vision Plan	410,100	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	63,298	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)	485,113	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	745,965	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	4,022,149	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-70,669	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	876,584	22.00
23.00	Tuition Reimbursement	64,643	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,455,581	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
1/24/2022 3:51 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	2,543,458	22,455,581	1.00
2.00	Hospital	2,543,458	21,344,039	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	249,875	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	62,947	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	798,720	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 16-0069 Component CCN: 16-7145		Period: From 07/01/2020 To 06/30/2021		Worksheet S-4 Date/Time Prepared: 1/24/2022 3:51 pm		
						Home Health Agency I		PPS		
						1.00				
0.00	County				DUBUQUE				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	381	300	209	890	1.00
2.00	Unduplicated Census Count (see instructions)				0.00	537.00	18.00	247.00	796.00	2.00
						Number of Employees (Full Time Equivalent)				
				Enter the number of hours in your normal work week		Staff	Contract	Total		
				0		1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES										
3.00	Administrator and Assistant Administrator(s)				40.00	0.00	0.00	0.00	3.00	
4.00	Director(s) and Assistant Director(s)					0.00	0.00	0.00	4.00	
5.00	Other Administrative Personnel					9.74	0.00	9.74	5.00	
6.00	Direct Nursing Service					8.75	0.00	8.75	6.00	
7.00	Nursing Supervisor					0.00	0.00	0.00	7.00	
8.00	Physical Therapy Service					2.93	0.00	2.93	8.00	
9.00	Physical Therapy Supervisor					0.00	0.00	0.00	9.00	
10.00	Occupational Therapy Service					0.89	0.00	0.89	10.00	
11.00	Occupational Therapy Supervisor					0.00	0.00	0.00	11.00	
12.00	Speech Pathology Service					0.09	0.00	0.09	12.00	
13.00	Speech Pathology Supervisor					0.00	0.00	0.00	13.00	
14.00	Medical Social Service					0.00	0.00	0.00	14.00	
15.00	Medical Social Service Supervisor					0.00	0.00	0.00	15.00	
16.00	Home Health Aide					0.74	0.00	0.74	16.00	
17.00	Home Health Aide Supervisor					0.00	0.00	0.00	17.00	
18.00	DME					12.74	0.00	12.74	18.00	
HOME HEALTH AGENCY CBSA CODES										
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					4			19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).				20220				20.00	
20.01					99914				20.01	
20.02					99916				20.02	
20.03					99952				20.03	
				Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
				Without Outliers	With Outliers					
				1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA										
21.00	Skilled Nursing Visits				3,686	306	56	46	4,094	21.00
22.00	Skilled Nursing Visit Charges				538,859	43,659	8,542	6,600	597,660	22.00
23.00	Physical Therapy Visits				1,898	70	11	10	1,989	23.00
24.00	Physical Therapy Visit Charges				368,840	13,650	2,145	1,950	386,585	24.00
25.00	Occupational Therapy Visits				722	68	3	6	799	25.00
26.00	Occupational Therapy Visit Charges				140,125	13,260	585	975	154,945	26.00
27.00	Speech Pathology Visits				25	18	1	0	44	27.00
28.00	Speech Pathology Visit Charges				4,875	3,510	195	0	8,580	28.00
29.00	Medical Social Service Visits				0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges				0	0	0	0	0	30.00
31.00	Home Health Aide Visits				217	155	0	3	375	31.00
32.00	Home Health Aide Visit Charges				18,431	13,105	0	255	31,791	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)				6,548	617	71	65	7,301	33.00
34.00	Other Charges				5,993	718	34	28	6,773	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)				1,077,123	87,902	11,501	9,808	1,186,334	35.00
36.00	Total Number of Episodes (standard/non outlier)				573		33	7	613	36.00
37.00	Total Number of Outlier Episodes					25		0	25	37.00
38.00	Total Non-Routine Medical Supply Charges				11,059	16,671	207	9	27,946	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 1/24/2022 3:51 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)		0.268779	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		8,571,731	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		38,755,980	6.00
7.00	Medicaid cost (line 1 times line 6)		10,416,794	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		1,845,063	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		306,450	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		623,552	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,845,063	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	2,852,483	233,220	3,085,703
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	766,688	233,220	999,908
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	766,688	233,220	999,908
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		2,832,201	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		274,225	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		421,884	27.01
28.00	Non-Medicare bad debt expense (see instructions)		2,410,317	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		795,502	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,795,410	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,640,473	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0069

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

Worksheet A

Date/Time Prepared:
1/24/2022 3:51 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	2,586,510	2,586,510	1.00
1.01	00101	CAP REL COSTS-47 BLDG		0	0	1,302,655	1,302,655	1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA		0	0	296,816	296,816	1.02
1.03	00103	CAP REL COSTS-ASBURY		0	0	13,517	13,517	1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG		0	0	4,771	4,771	1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER		0	0	270,901	270,901	1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES		0	0	3,591	3,591	1.06
1.07	00107	CAP REL COSTS-PARKING DECK		0	0	51,345	51,345	1.07
1.08	00108	CAP REL COSTS-97 BLDG		0	0	888,450	888,450	1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC		0	0	3,408	3,408	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC		0	0	11,019	11,019	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY		0	0	61,792	61,792	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME		0	0	42,998	42,998	1.12
1.13	00113	CAP REL COSTS-CANCER CENTER		0	0	909,239	909,239	1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,140,888	7,140,888	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	867,880	920,379	1,788,259	9,803,954	11,592,213	4.00
4.01	00401	CHILD CARE	1,084,497	464,223	1,548,720	-306,129	1,242,591	4.01
5.01	01160	COMMUNICATIONS	230,607	411,764	642,371	-55,823	586,548	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	191,895	556,329	748,224	-246,452	501,772	5.02
5.03	00580	PFS/COLLECTION	697,135	4,055,500	4,752,635	-176,978	4,575,657	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,414,946	16,371,928	18,786,874	-2,546,977	16,239,897	5.06
6.00	00600	MAINTENANCE & REPAIRS	102,496	135,403	237,899	-29,127	208,772	6.00
7.00	00700	OPERATION OF PLANT	940,044	4,422,210	5,362,254	-301,403	5,060,851	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	518,364	483,252	1,001,616	-229,001	772,615	8.00
9.00	00900	HOUSEKEEPING	1,044,892	812,634	1,857,526	-298,370	1,559,156	9.00
10.00	01000	DIETARY	1,529,438	1,493,737	3,023,175	-454,546	2,568,629	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,567,986	789,404	3,357,390	-827,533	2,529,857	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	439,150	243,688	682,838	-139,391	543,447	14.00
15.00	01500	PHARMACY	2,550,424	8,124,868	10,675,292	-8,550,264	2,125,028	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,089,981	629,508	1,719,489	-233,980	1,485,509	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	341,072	341,072	17.00
18.00	01850	CENTRAL STERILIZATION	328,636	444,666	773,302	-385,765	387,537	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	632,000	632,000	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,865,059	6,240,192	18,105,251	-3,983,728	14,121,523	30.00
31.00	03100	INTENSIVE CARE UNIT	1,587,824	638,382	2,226,206	-423,202	1,803,004	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	733,544	274,876	1,008,420	-166,315	842,105	41.00
43.00	04300	NURSERY	426,104	198,228	624,332	261,264	885,596	43.00
44.00	04400	SKILLED NURSING FACILITY	163,509	45,368	208,877	-29,303	179,574	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,285,648	18,142,005	21,427,653	-14,204,978	7,222,675	50.00
51.00	05100	RECOVERY ROOM	1,805,452	691,407	2,496,859	-450,511	2,046,348	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,011,448	1,011,448	52.00
53.00	05300	ANESTHESIOLOGY	108,344	971,129	1,079,473	-849,618	229,855	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,576,680	1,610,745	3,187,425	-1,071,549	2,115,876	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	535,569	259,545	795,114	-214,318	580,796	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	306,147	107,970	414,117	-60,346	353,771	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,244,287	8,151,863	10,396,150	-850,882	9,545,268	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	596,214	596,214	-1,194	595,020	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,000,004	609,838	1,609,842	-249,334	1,360,508	65.00
66.00	06600	PHYSICAL THERAPY	2,584,647	766,965	3,351,612	-476,034	2,875,578	66.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0069

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

Worksheet A

Date/Time Prepared:
1/24/2022 3:51 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	
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	886,670	3,857,466	4,744,136	-3,581,707	1,162,429	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	229,809	118,668	348,477	-88,520	259,957	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,647,836	5,647,836	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,482,077	11,482,077	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,708,295	7,708,295	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	172,640	88,745	261,385	-74,757	186,628	76.00
76.01	03951	SHOCK THERAPY	40,430	23,026	63,456	-15,339	48,117	76.01
76.97	07697	CARDIAC REHABILITATION	341,371	84,967	426,338	-151,028	275,310	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	765,018	2,183,552	2,948,570	-1,006,642	1,941,928	90.00
91.00	09100	EMERGENCY	2,082,527	1,916,926	3,999,453	-541,354	3,458,099	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	297,256	297,256	-1,986	295,270	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,074,735	2,279,863	4,354,598	-362,836	3,991,762	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	6,885,376	6,885,376	-6,885,376	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,414,389	97,400,065	148,814,454	-46,750	148,767,704	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	1,503,678	650,998	2,154,676	-357,136	1,797,540	190.01
190.02	19002	SHARED SERVICES	325,096	93,832	418,928	-48,332	370,596	190.02
190.03	19003	MATERNAL HEALTH	150,374	119,337	269,711	-38,370	231,341	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	232,407	134,524	366,931	-36,008	330,923	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	750,461	207,055	957,516	-164,176	793,340	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	6,096	6,096	13,776	19,872	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	85,689	24,840	110,529	-13,081	97,448	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	145,288	145,288	-625	144,663	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	1,120	5,617	6,737	-187	6,550	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	909,281	909,281	194.09
194.10	07960	CCH ELKADER	0	2,726	2,726	312,153	314,879	194.10
194.11	07961	RETAIL PHARMACY	3,519,951	20,568,280	24,088,231	-706,787	23,381,444	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	218,992	531,130	750,122	-64,889	685,233	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	284,973	50,378	335,351	48,502	383,853	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	192,629	192,629	194.15

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0069

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

Worksheet A

Date/Time Prepared:
1/24/2022 3:51 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	
200.00 TOTAL (SUM OF LINES 118 through 199)	58,487,130	119,940,166	178,427,296	0	178,427,296	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0069

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

Worksheet A

Date/Time Prepared:
1/24/2022 3:51 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	117,561	2,704,071	1.00
1.01	00101	CAP REL COSTS-47 BLDG	-316,748	985,907	1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA	-91,055	205,761	1.02
1.03	00103	CAP REL COSTS-ASBURY	-10,652	2,865	1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG	-3,760	1,011	1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER	-20,390	250,511	1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES	-2,414	1,177	1.06
1.07	00107	CAP REL COSTS-PARKING DECK	-2,104	49,241	1.07
1.08	00108	CAP REL COSTS-97 BLDG	-154,428	734,022	1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	-2,483	925	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	-5,846	5,173	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	-40,084	21,708	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	-26,435	16,563	1.12
1.13	00113	CAP REL COSTS-CANCER CENTER	-62,860	846,379	1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	7,140,888	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,199,862	13,792,075	4.00
4.01	00401	CHILD CARE	-1,242,591	0	4.01
5.01	01160	COMMUNICATIONS	0	586,548	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-54,103	447,669	5.02
5.03	00580	PFS/COLLECTION	-937,642	3,638,015	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-4,213,032	12,026,865	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	208,772	6.00
7.00	00700	OPERATION OF PLANT	-989,043	4,071,808	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-156	772,459	8.00
9.00	00900	HOUSEKEEPING	-30,849	1,528,307	9.00
10.00	01000	DIETARY	-811,470	1,757,159	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-11,167	2,518,690	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-137	543,310	14.00
15.00	01500	PHARMACY	-241,883	1,883,145	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-49,692	1,435,817	16.00
17.00	01700	SOCIAL SERVICE	0	341,072	17.00
18.00	01850	CENTRAL STERILIZATION	0	387,537	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-632,000	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,095,880	12,025,643	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,803,004	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-42,821	799,284	41.00
43.00	04300	NURSERY	0	885,596	43.00
44.00	04400	SKILLED NURSING FACILITY	0	179,574	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-13,038	7,209,637	50.00
51.00	05100	RECOVERY ROOM	-1,056	2,045,292	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,011,448	52.00
53.00	05300	ANESTHESIOLOGY	0	229,855	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-10,728	2,105,148	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	580,796	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	353,771	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-1,360,043	8,185,225	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	595,020	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-4,409	1,356,099	65.00
66.00	06600	PHYSICAL THERAPY	0	2,875,578	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0069

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

Worksheet A

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
69.00	06900	ELECTROCARDIOLOGY	-1,044	1,161,385	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	259,957	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,647,836	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,482,077	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,708,295	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	-53,981	132,647	76.00
76.01	03951	SHOCK THERAPY	0	48,117	76.01
76.97	07697	CARDIAC REHABILITATION	-11,905	263,405	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-1,280,903	661,025	90.00
91.00	09100	EMERGENCY	-678,534	2,779,565	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	295,270	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	3,991,762	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,189,943	135,577,761	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	1,797,540	190.01
190.02	19002	SHARED SERVICES	0	370,596	190.02
190.03	19003	MATERNAL HEALTH	0	231,341	190.03
190.04	19004	CAFETERIA VISITORS	0	0	190.04
190.05	19005	TV SERVICE	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	330,923	190.06
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	DAYCARE	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	193.06
194.00	07950	GUEST MEALS	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	793,340	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	19,872	194.03
194.04	07954	AUXILARY	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	97,448	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	144,663	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	194.07
194.08	07958	LIFELINE	0	6,550	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	909,281	194.09
194.10	07960	CCH ELKADER	0	314,879	194.10
194.11	07961	RETAIL PHARMACY	0	23,381,444	194.11
194.12	07962	IDLE SPACE	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	685,233	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	383,853	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	192,629	194.15
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,189,943	165,237,353	200.00

RECLASSIFICATIONS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
1/24/2022 3:51 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - Equipment Depreciation					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,140,888	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
43.00		0.00	0	0	43.00	
44.00		0.00	0	0	44.00	
45.00		0.00	0	0	45.00	
46.00		0.00	0	0	46.00	
	TOTALS		0	7,140,888		
	B - Medical Supplies Reclass					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,647,836	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	

RECLASSIFICATIONS

Provider CCN: 16-0069

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

Worksheet A-6

Date/Time Prepared:
1/24/2022 3:51 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
	TOTALS		0	5,647,839		
	C - Drugs Charged to Patients Reclass					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	4,744		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,708,295		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
	TOTALS		0	7,713,039		
	D - Direct Assigned Emp Bene					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,035,541		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00

RECLASSIFICATIONS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
1/24/2022 3:51 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
	TOTALS		0	10,035,541		
	E - Implantable Supplies					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,482,077		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
	TOTALS		0	11,482,077		
	F - DEPRECIATION EXPENSE TO IND BUILD					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,922,898		1.00
2.00	CAP REL COSTS-47 BLDG	1.01	0	900,700		2.00
3.00	CAP REL COSTS-PROF ARTS PLAZA	1.02	0	181,267		3.00
4.00	CAP REL COSTS-ENERGY CENTER	1.05	0	245,026		4.00
5.00	CAP REL COSTS-RENTAL PROPERTIES	1.06	0	528		5.00
6.00	CAP REL COSTS-PARKING DECK	1.07	0	48,675		6.00
7.00	CAP REL COSTS-97 BLDG	1.08	0	692,480		7.00
8.00	CAP REL COSTS-BELLEVUE CLINIC	1.09	0	257		8.00
9.00	CAP REL COSTS-CASCADE CLINIC	1.10	0	3,601		9.00
10.00	CAP REL COSTS-OAKCREST NURSING HOME	1.12	0	9,452		10.00
11.00	CAP REL COSTS-CANCER CENTER	1.13	0	829,469		11.00
	TOTALS		0	4,834,353		
	G - Retail Pharmacy Depreciation					
1.00	CAP REL COSTS-RETAIL PHARMACY	1.11	0	10,925		1.00
	TOTALS		0	10,925		
	H - CRNA Fees					
1.00	NONPHYSICIAN ANESTHETISTS	19.00		632,000		1.00
			0	632,000		
	I - PAP Property Tax					
1.00	RENTAL PROPERTIES DBQ	194.03		13,776		1.00
			0	13,776		
	K - Birth Center Costs					
1.00	NURSERY	43.00	331,908			1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	891,630			2.00
			1,223,538	0		

RECLASSIFICATIONS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
1/24/2022 3:51 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	L - Birth Center Costs					
1.00	NURSERY	43.00		44,602		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00		119,818		2.00
			0	164,420		
	N - General Insurance					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	126,521		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,171		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	141		3.00
4.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	447,232		4.00
	TOTALS		0	575,065		
	O - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	422,203		1.00
2.00	CAP REL COSTS-47 BLDG	1.01	0	316,748		2.00
3.00	CAP REL COSTS-PROF ARTS PLAZA	1.02	0	91,055		3.00
4.00	CAP REL COSTS-ASBURY	1.03	0	10,652		4.00
5.00	CAP REL COSTS-MED ARTS BLDG	1.04	0	3,760		5.00
6.00	CAP REL COSTS-ENERGY CENTER	1.05	0	20,390		6.00
7.00	CAP REL COSTS-RENTAL PROPERTIES	1.06	0	2,414		7.00
8.00	CAP REL COSTS-PARKING DECK	1.07	0	2,104		8.00
9.00	CAP REL COSTS-97 BLDG	1.08	0	154,428		9.00
10.00	CAP REL COSTS-BELLEVUE CLINIC	1.09	0	2,483		10.00
11.00	CAP REL COSTS-CASCADE CLINIC	1.10	0	5,846		11.00
12.00	CAP REL COSTS-RETAIL PHARMACY	1.11	0	40,084		12.00
13.00	CAP REL COSTS-OAKCREST NURSING HOME	1.12	0	26,435		13.00
14.00	CAP REL COSTS-CANCER CENTER	1.13	0	62,860		14.00
	TOTALS		0	1,161,462		
	P - Land Improvement Depr Exp					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	113,576		1.00
2.00	CAP REL COSTS-47 BLDG	1.01	0	85,207		2.00
3.00	CAP REL COSTS-PROF ARTS PLAZA	1.02	0	24,494		3.00
4.00	CAP REL COSTS-ASBURY	1.03	0	2,865		4.00
5.00	CAP REL COSTS-MED ARTS BLDG	1.04	0	1,011		5.00
6.00	CAP REL COSTS-ENERGY CENTER	1.05	0	5,485		6.00
7.00	CAP REL COSTS-RENTAL PROPERTIES	1.06	0	649		7.00
8.00	CAP REL COSTS-PARKING DECK	1.07	0	566		8.00
9.00	CAP REL COSTS-97 BLDG	1.08	0	41,542		9.00
10.00	CAP REL COSTS-BELLEVUE CLINIC	1.09	0	668		10.00
11.00	CAP REL COSTS-CASCADE CLINIC	1.10	0	1,572		11.00
12.00	CAP REL COSTS-RETAIL PHARMACY	1.11	0	10,783		12.00
13.00	CAP REL COSTS-OAKCREST NURSING HOME	1.12	0	7,111		13.00
14.00	CAP REL COSTS-CANCER CENTER	1.13	0	16,910		14.00
	TOTALS		0	312,439		
	Q - Cardiac Rehab					
1.00	ADULTS & PEDIATRICS	30.00	86,026			1.00
			86,026	0		
	R - Cardiac Rehab					
1.00	ADULTS & PEDIATRICS	30.00		6,726		1.00
			0	6,726		
	S - Social Services					
1.00	SOCIAL SERVICE	17.00	301,033			1.00
			301,033	0		
	T - Social Service					
1.00	SOCIAL SERVICE	17.00		40,039		1.00
			0	40,039		
	U - Medical Director					
1.00	SUBPROVIDER - IRF	41.00		98,198		1.00
2.00	SKILLED NURSING FACILITY	44.00		150		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00		73,893		3.00
4.00	RESPIRATORY THERAPY	65.00		10,935		4.00
5.00	ELECTROCARDIOLOGY	69.00		1,560		5.00
6.00	EMERGENCY	91.00		31,923		6.00
7.00	OAKCREST NURSING HOME	190.01		500		7.00
			0	217,159		

RECLASSIFICATIONS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
1/24/2022 3:51 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	W - EMP HLTH & WELL SAL TO OTH RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	157,101		1.00
	TOTALS		0	157,101		
	AA - CAH Salary					
1.00	MERCYONE DYERSVILLE MEDICAL CENTER	194.09	381,544	0		1.00
2.00	CCH ELKADER	194.10	127,521	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
	TOTALS		509,065	0		
	AB - CAH Other					
1.00	MERCYONE DYERSVILLE MEDICAL CENTER	194.09	0	527,737		1.00
2.00	CCH ELKADER	194.10	0	184,632		2.00
3.00	GUTTENBERG MUNICIPAL HOSPITAL	194.14	0	61,958		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
	TOTALS		0	774,327		
	AD - MercyOne Allocation Other					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06		24,677		1.00
			0	24,677		
	AE - Dub Pharmacy Alloc Salary					
1.00	OTHER MANAGED HOSPITALS	194.15	160,849			1.00
			160,849	0		
	AF - Dub Pharmacy Alloc Other					
1.00	OTHER MANAGED HOSPITALS	194.15		31,780		1.00
			0	31,780		
	AG - Acute in Rehab Salary					
1.00	ADULTS & PEDIATRICS	30.00	84,475			1.00
			84,475	0		
	AH - Acute in Rehab Other					
1.00	ADULTS & PEDIATRICS	30.00		17,909		1.00
			0	17,909		
500.00	Grand Total: Increases		2,364,986	50,993,542		500.00

RECLASSIFICATIONS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
1/24/2022 3:51 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - Equipment Depreciation						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,425	9		1.00
2.00	CHILD CARE	4.01	0	12,670	0		2.00
3.00	COMMUNICATIONS	5.01	0	4,627	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.02	0	6,314	0		4.00
5.00	PFS/COLLECTION	5.03	0	9,824	0		5.00
6.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	2,246,573	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	14,046	0		7.00
8.00	OPERATION OF PLANT	7.00	0	8,986	0		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	55,537	0		9.00
10.00	HOUSEKEEPING	9.00	0	11,124	0		10.00
11.00	DIETARY	10.00	0	27,679	0		11.00
12.00	NURSING ADMINISTRATION	13.00	0	48,265	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	32,210	0		13.00
14.00	PHARMACY	15.00	0	329,915	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,442	0		15.00
16.00	CENTRAL STERILIZATION	18.00	0	113,054	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	310,184	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	47,528	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	22,851	0		19.00
20.00	NURSERY	43.00	0	34,887	0		20.00
21.00	SKILLED NURSING FACILITY	44.00	0	2,977	0		21.00
22.00	OPERATING ROOM	50.00	0	1,212,718	0		22.00
23.00	RECOVERY ROOM	51.00	0	8,009	0		23.00
24.00	ANESTHESIOLOGY	53.00	0	137,953	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	470,210	0		25.00
26.00	CT SCAN	57.00	0	80,520	0		26.00
27.00	LABORATORY	60.00	0	331,250	0		27.00
28.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,197	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	76,026	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	31,285	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	397,029	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	41,247	0		32.00
33.00	BEHAVIORAL HEALTH COUNSELING	76.00	0	771	0		33.00
34.00	SHOCK THERAPY	76.01	0	3,160	0		34.00
35.00	CARDIAC REHABILITATION	76.97	0	7,304	0		35.00
36.00	CLINIC	90.00	0	859,722	0		36.00
37.00	EMERGENCY	91.00	0	42,501	0		37.00
38.00	HOME HEALTH AGENCY	101.00	0	7,968	0		38.00
39.00	INTEREST EXPENSE	113.00	0	2,104	0		39.00
40.00	OAKCREST NURSING HOME	190.01	0	12,653	0		40.00
41.00	SHARED SERVICES	190.02	0	170	0		41.00
42.00	MATERNAL HEALTH	190.03	0	10,893	0		42.00
43.00	FUND DEVELOPMENT	190.06	0	1,318	0		43.00
44.00	RURAL OUTREACH PROGRAM	194.06	0	490	0		44.00
45.00	RETAIL PHARMACY	194.11	0	51,835	0		45.00
46.00	COMMUNITY RELATIONS	194.13	0	437	0		46.00
	TOTALS		0	7,140,888			
	B - Medical Supplies Reclass						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,541	0		1.00
2.00	CHILD CARE	4.01	0	12,052	0		2.00
3.00	COMMUNICATIONS	5.01	0	649	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.02	0	167,147	0		4.00
5.00	PFS/COLLECTION	5.03	0	8,050	0		5.00
6.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	44,294	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	37	0		7.00
8.00	OPERATION OF PLANT	7.00	0	2,474	0		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	12,276	0		9.00
10.00	HOUSEKEEPING	9.00	0	33,533	0		10.00
11.00	DIETARY	10.00	0	1,679	0		11.00
12.00	NURSING ADMINISTRATION	13.00	0	3,419	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,167	0		13.00
14.00	PHARMACY	15.00	0	41,020	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	108	0		15.00
16.00	CENTRAL STERILIZATION	18.00	0	196,088	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	436,825	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	126,201	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	15,723	0		19.00
20.00	NURSERY	43.00	0	14,092	0		20.00

RECLASSIFICATIONS

Provider CCN: 16-0069

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

Worksheet A-6

Date/Time Prepared:
1/24/2022 3:51 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
21.00	SKILLED NURSING FACILITY	44.00	0	3,456	0	21.00
22.00	OPERATING ROOM	50.00	0	2,690,312	0	22.00
23.00	RECOVERY ROOM	51.00	0	140,601	0	23.00
24.00	ANESTHESIOLOGY	53.00	0	57,271	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	101,204	0	25.00
26.00	CT SCAN	57.00	0	569	0	26.00
27.00	LABORATORY	60.00	0	37,252	0	27.00
28.00	RESPIRATORY THERAPY	65.00	0	14,278	0	28.00
29.00	PHYSICAL THERAPY	66.00	0	34,093	0	29.00
30.00	ELECTROCARDIOLOGY	69.00	0	1,198,310	0	30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,047	0	31.00
32.00	BEHAVIORAL HEALTH COUNSELING	76.00	0	574	0	32.00
33.00	SHOCK THERAPY	76.01	0	4,656	0	33.00
34.00	CARDIAC REHABILITATION	76.97	0	591	0	34.00
35.00	CLINIC	90.00	0	25,419	0	35.00
36.00	EMERGENCY	91.00	0	162,749	0	36.00
37.00	PURCHASED DIALYSIS SERVICES	98.00	0	1,986	0	37.00
38.00	OAKCREST NURSING HOME	190.01	0	34,306	0	38.00
39.00	SHARED SERVICES	190.02	0	616	0	39.00
40.00	MATERNAL HEALTH	190.03	0	1,078	0	40.00
41.00	FUND DEVELOPMENT	190.06	0	2,666	0	41.00
42.00	KENNEDY LIVING CENTER	194.01	0	4,062	0	42.00
43.00	COMMUNITY EDUCATION	194.05	0	227	0	43.00
44.00	RURAL OUTREACH PROGRAM	194.06	0	135	0	44.00
45.00	COMMUNITY RELATIONS	194.13	0	6	0	45.00
	TOTALS		0	5,647,839		
C - Drugs Charged to Patients Reclass						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37,890	0	1.00
2.00	PURCHASING RECEIVING AND STORES	5.02	0	787	0	2.00
3.00	OPERATION OF PLANT	7.00	0	28	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	102	0	4.00
5.00	PHARMACY	15.00	0	7,117,185	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	705	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	32	0	7.00
8.00	SUBPROVIDER - IRF	41.00	0	40	0	8.00
9.00	OPERATING ROOM	50.00	0	138,771	0	9.00
10.00	RECOVERY ROOM	51.00	0	53	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	235,041	0	11.00
12.00	CT SCAN	57.00	0	47,936	0	12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	13,816	0	13.00
14.00	LABORATORY	60.00	0	991	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	96	0	15.00
16.00	PHYSICAL THERAPY	66.00	0	548	0	16.00
17.00	ELECTROCARDIOLOGY	69.00	0	61,022	0	17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	673	0	18.00
19.00	BEHAVIORAL HEALTH COUNSELING	76.00	0	41,792	0	19.00
20.00	CLINIC	90.00	0	1,293	0	20.00
21.00	EMERGENCY	91.00	0	1,434	0	21.00
22.00	OAKCREST NURSING HOME	190.01	0	6,836	0	22.00
23.00	MATERNAL HEALTH	190.03	0	3,350	0	23.00
24.00	FUND DEVELOPMENT	190.06	0	1,464	0	24.00
25.00	KENNEDY LIVING CENTER	194.01	0	1,154	0	25.00
	TOTALS		0	7,713,039		
D - Direct Assigned Emp Bene						
1.00	CHILD CARE	4.01	0	281,407	0	1.00
2.00	COMMUNICATIONS	5.01	0	50,547	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.02	0	36,266	0	3.00
4.00	PFS/COLLECTION	5.03	0	157,312	0	4.00
5.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	381,048	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	15,044	0	6.00
7.00	OPERATION OF PLANT	7.00	0	158,486	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	127,781	0	8.00
9.00	HOUSEKEEPING	9.00	0	253,713	0	9.00
10.00	DIETARY	10.00	0	359,582	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	397,692	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	103,912	0	12.00
13.00	PHARMACY	15.00	0	343,513	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	197,699	0	14.00
15.00	CENTRAL STERILIZATION	18.00	0	76,623	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	0	2,024,357	0	16.00

RECLASSIFICATIONS

Provider CCN: 16-0069

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

Worksheet A-6

Date/Time Prepared:
1/24/2022 3:51 pm

	Decreases						1/24/2022 3:31 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
17.00	INTENSIVE CARE UNIT	31.00	0	249,249	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	119,362	0		18.00
19.00	NURSERY	43.00	0	66,267	0		19.00
20.00	SKILLED NURSING FACILITY	44.00	0	21,972	0		20.00
21.00	OPERATING ROOM	50.00	0	545,295	0		21.00
22.00	RECOVERY ROOM	51.00	0	301,833	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	22,394	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	259,685	0		24.00
25.00	CT SCAN	57.00	0	85,293	0		25.00
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	46,530	0		26.00
27.00	LABORATORY	60.00	0	433,876	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	169,869	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	399,460	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	130,280	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	35,553	0		31.00
32.00	BEHAVIORAL HEALTH COUNSELING	76.00	0	31,620	0		32.00
33.00	SHOCK THERAPY	76.01	0	7,523	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	50,381	0		34.00
35.00	CLINIC	90.00	0	120,136	0		35.00
36.00	EMERGENCY	91.00	0	365,467	0		36.00
37.00	HOME HEALTH AGENCY	101.00	0	354,868	0		37.00
38.00	OAKCREST NURSING HOME	190.01	0	303,841	0		38.00
39.00	SHARED SERVICES	190.02	0	47,546	0		39.00
40.00	MATERNAL HEALTH	190.03	0	23,049	0		40.00
41.00	FUND DEVELOPMENT	190.06	0	30,560	0		41.00
42.00	KENNEDY LIVING CENTER	194.01	0	158,960	0		42.00
43.00	COMMUNITY EDUCATION	194.05	0	12,854	0		43.00
44.00	LIFELINE	194.08	0	187	0		44.00
45.00	RETAIL PHARMACY	194.11	0	644,027	0		45.00
46.00	COMMUNITY RELATIONS	194.13	0	32,622	0		46.00
TOTALS			0	10,035,541			
E - Implantable Supplies							
1.00	PURCHASING RECEIVING AND STORES	5.02	0	35,938	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	3,070	0		2.00
3.00	OPERATION OF PLANT	7.00	0	15	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	18,835	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	192	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	4,153	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	0	1,048	0		7.00
8.00	OPERATING ROOM	50.00	0	9,617,882	0		8.00
9.00	RECOVERY ROOM	51.00	0	15	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,152	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	0	1,796,626	0		11.00
12.00	CLINIC	90.00	0	25	0		12.00
13.00	EMERGENCY	91.00	0	1,126	0		13.00
TOTALS			0	11,482,077			
F - DEPRECIATION EXPENSE TO IND BUILD							
1.00	CLINIC	90.00	0	47	9		1.00
2.00	INTEREST EXPENSE	113.00	0	4,834,306	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
TOTALS			0	4,834,353			
G - Retail Pharmacy Depreciation							
1.00	RETAIL PHARMACY	194.11	0	10,925	9		1.00
TOTALS			0	10,925			
H - CRNA Fees							
1.00	ANESTHESIOLOGY	53.00		632,000			1.00
			0	632,000			
I - PAP Property Tax							
1.00	OPERATION OF PLANT	7.00		13,776			1.00
			0	13,776			

RECLASSIFICATIONS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
1/24/2022 3:51 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	K - Birth Center Costs						
1.00	ADULTS & PEDIATRICS	30.00	1,223,538				1.00
2.00							2.00
			1,223,538	0			
	L - Birth Center Costs						
1.00	ADULTS & PEDIATRICS	30.00		164,420			1.00
2.00							2.00
			0	164,420			
	N - General Insurance						
1.00	INTEREST EXPENSE	113.00	0	575,065	12		1.00
2.00		0.00	0	0	13		2.00
3.00		0.00	0	0	14		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		0	575,065			
	O - Interest Expense						
1.00	INTEREST EXPENSE	113.00	0	1,161,462	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	11		4.00
5.00		0.00	0	0	11		5.00
6.00		0.00	0	0	11		6.00
7.00		0.00	0	0	11		7.00
8.00		0.00	0	0	11		8.00
9.00		0.00	0	0	11		9.00
10.00		0.00	0	0	11		10.00
11.00		0.00	0	0	11		11.00
12.00		0.00	0	0	11		12.00
13.00		0.00	0	0	11		13.00
14.00		0.00	0	0	11		14.00
	TOTALS		0	1,161,462			
	P - Land Improvement Depr Exp						
1.00	INTEREST EXPENSE	113.00	0	312,439	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
12.00		0.00	0	0	9		12.00
13.00		0.00	0	0	9		13.00
14.00		0.00	0	0	9		14.00
	TOTALS		0	312,439			
	Q - Cardiac Rehab						
1.00	CARDIAC REHABILITATION	76.97	86,026				1.00
			86,026	0			
	R - Cardiac Rehab						
1.00	CARDIAC REHABILITATION	76.97		6,726			1.00
			0	6,726			
	S - Social Services						
1.00	NURSING ADMINISTRATION	13.00	301,033				1.00
			301,033	0			
	T - Social Service						
1.00	NURSING ADMINISTRATION	13.00		40,039			1.00
			0	40,039			
	U - Medical Director						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06		217,159			1.00
2.00							2.00
3.00							3.00
4.00							4.00
5.00							5.00
6.00							6.00
7.00							7.00
			0	217,159			
	W - EMP HLTH & WELL SAL TO OTH RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	157,101	0	0		1.00
	TOTALS		157,101	0			

RECLASSIFICATIONS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
1/24/2022 3:51 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	AA - CAH Salary						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	130,211	0	0		1.00
2.00	PFS/COLLECTION	5.03	1,430	0	0		2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.06	59,772	0	0		3.00
4.00	OPERATION OF PLANT	7.00	7,140	0	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	17,289	0	0		5.00
6.00	DIETARY	10.00	31,437	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	25,194	0	0		7.00
8.00	PHARMACY	15.00	120,650	0	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	17,646	0	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	46,223	0	0		10.00
11.00	LABORATORY	60.00	38,010	0	0		11.00
12.00	COMMUNITY RELATIONS	194.13	607	0	0		12.00
13.00	GUTTENBERG MUNICIPAL HOSPITAL	194.14	13,456	0	0		13.00
	TOTALS		509,065	0			
	AB - CAH Other						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	56,520	0		1.00
2.00	PFS/COLLECTION	5.03	0	362	0		2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	71,714	0		3.00
4.00	OPERATION OF PLANT	7.00	0	110,498	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	16,118	0		5.00
6.00	DIETARY	10.00	0	34,169	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	11,891	0		7.00
8.00	PHARMACY	15.00	0	405,352	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	11,085	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	29,927	0		10.00
11.00	LABORATORY	60.00	0	9,503	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	10,648	0		12.00
13.00	COMMUNITY RELATIONS	194.13	0	6,540	0		13.00
	TOTALS		0	774,327			
	AD - MercyOne Allocation Other						
1.00	COMMUNITY RELATIONS	194.13		24,677			1.00
				0	24,677		
	AE - Dub Pharmacy Alloc Salary						
1.00	PHARMACY	15.00	160,849				1.00
			160,849	0			
	AF - Dub Pharmacy Alloc Other						
1.00	PHARMACY	15.00		31,780			1.00
			0	31,780			
	AG - Acute in Rehab Salary						
1.00	SUBPROVIDER - IRF	41.00	84,475				1.00
			84,475	0			
	AH - Acute in Rehab Other						
1.00	SUBPROVIDER - IRF	41.00		17,909			1.00
			0	17,909			
500.00	Grand Total: Decreases		2,522,087	50,836,441			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
1/24/2022 3:51 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	2,825,189	0	0	0	0	1.00	
2.00	Land Improvements	6,567,539	163,214	0	163,214	0	2.00	
3.00	Buildings and Fixtures	77,230,410	4,671,989	0	4,671,989	0	3.00	
4.00	Building Improvements	575,610	33,385	0	33,385	0	4.00	
5.00	Fixed Equipment	66,024,979	658,499	0	658,499	0	5.00	
6.00	Movable Equipment	62,493,308	6,903,384	0	6,903,384	1,109,890	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	215,717,035	12,430,471	0	12,430,471	1,109,890	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	215,717,035	12,430,471	0	12,430,471	1,109,890	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,825,189	0				1.00	
2.00	Land Improvements	6,730,753	3,042,693				2.00	
3.00	Buildings and Fixtures	81,902,399	27,136,684				3.00	
4.00	Building Improvements	608,995	537,388				4.00	
5.00	Fixed Equipment	66,683,478	27,820,899				5.00	
6.00	Movable Equipment	68,286,802	33,398,497				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	227,037,616	91,936,161				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	227,037,616	91,936,161				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
1/24/2022 3:51 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-47 BLDG	0	0	0	0	0	1.01
1.02	CAP REL COSTS-PROF ARTS PLAZA	0	0	0	0	0	1.02
1.03	CAP REL COSTS-ASBURY	0	0	0	0	0	1.03
1.04	CAP REL COSTS-MED ARTS BLDG	0	0	0	0	0	1.04
1.05	CAP REL COSTS-ENERGY CENTER	0	0	0	0	0	1.05
1.06	CAP REL COSTS-RENTAL PROPERTIES	0	0	0	0	0	1.06
1.07	CAP REL COSTS-PARKING DECK	0	0	0	0	0	1.07
1.08	CAP REL COSTS-97 BLDG	0	0	0	0	0	1.08
1.09	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	0	1.09
1.10	CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0	1.10
1.11	CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0	1.11
1.12	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	0	0	1.12
1.13	CAP REL COSTS-CANCER CENTER	0	0	0	0	0	1.13
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-47 BLDG	0	0				1.01
1.02	CAP REL COSTS-PROF ARTS PLAZA	0	0				1.02
1.03	CAP REL COSTS-ASBURY	0	0				1.03
1.04	CAP REL COSTS-MED ARTS BLDG	0	0				1.04
1.05	CAP REL COSTS-ENERGY CENTER	0	0				1.05
1.06	CAP REL COSTS-RENTAL PROPERTIES	0	0				1.06
1.07	CAP REL COSTS-PARKING DECK	0	0				1.07
1.08	CAP REL COSTS-97 BLDG	0	0				1.08
1.09	CAP REL COSTS-BELLEVUE CLINIC	0	0				1.09
1.10	CAP REL COSTS-CASCADE CLINIC	0	0				1.10
1.11	CAP REL COSTS-RETAIL PHARMACY	0	0				1.11
1.12	CAP REL COSTS-OAKCREST NURSING HOME	0	0				1.12
1.13	CAP REL COSTS-CANCER CENTER	0	0				1.13
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
1/24/2022 3:51 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	158,750,815	0	158,750,815	0.699218	0	1.00
1.01	CAP REL COSTS-47 BLDG	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS-PROF ARTS PLAZA	0	0	0	0.000000	0	1.02
1.03	CAP REL COSTS-ASBURY	0	0	0	0.000000	0	1.03
1.04	CAP REL COSTS-MED ARTS BLDG	0	0	0	0.000000	0	1.04
1.05	CAP REL COSTS-ENERGY CENTER	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS-RENTAL PROPERTIES	0	0	0	0.000000	0	1.06
1.07	CAP REL COSTS-PARKING DECK	0	0	0	0.000000	0	1.07
1.08	CAP REL COSTS-97 BLDG	0	0	0	0.000000	0	1.08
1.09	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0.000000	0	1.09
1.10	CAP REL COSTS-CASCADE CLINIC	0	0	0	0.000000	0	1.10
1.11	CAP REL COSTS-RETAIL PHARMACY	0	0	0	0.000000	0	1.11
1.12	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	0.000000	0	1.12
1.13	CAP REL COSTS-CANCER CENTER	0	0	0	0.000000	0	1.13
2.00	CAP REL COSTS-MVBLE EQUIP	68,289,802	0	68,289,802	0.300782	0	2.00
3.00	Total (sum of lines 1-2)	227,040,617	0	227,040,617	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,196,998	0	1.00
1.01	CAP REL COSTS-47 BLDG	0	0	0	669,159	0	1.01
1.02	CAP REL COSTS-PROF ARTS PLAZA	0	0	0	114,706	0	1.02
1.03	CAP REL COSTS-ASBURY	0	0	0	-7,787	0	1.03
1.04	CAP REL COSTS-MED ARTS BLDG	0	0	0	-2,749	0	1.04
1.05	CAP REL COSTS-ENERGY CENTER	0	0	0	230,121	0	1.05
1.06	CAP REL COSTS-RENTAL PROPERTIES	0	0	0	-1,237	0	1.06
1.07	CAP REL COSTS-PARKING DECK	0	0	0	47,137	0	1.07
1.08	CAP REL COSTS-97 BLDG	0	0	0	579,594	0	1.08
1.09	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	-1,558	0	1.09
1.10	CAP REL COSTS-CASCADE CLINIC	0	0	0	-673	0	1.10
1.11	CAP REL COSTS-RETAIL PHARMACY	0	0	0	-18,376	0	1.11
1.12	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	-9,872	0	1.12
1.13	CAP REL COSTS-CANCER CENTER	0	0	0	783,519	0	1.13
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,140,888	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,719,870	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	422,203	83,558	1,171	141	2,704,071	1.00
1.01	CAP REL COSTS-47 BLDG	316,748	0	0	0	985,907	1.01
1.02	CAP REL COSTS-PROF ARTS PLAZA	91,055	0	0	0	205,761	1.02
1.03	CAP REL COSTS-ASBURY	10,652	0	0	0	2,865	1.03
1.04	CAP REL COSTS-MED ARTS BLDG	3,760	0	0	0	1,011	1.04
1.05	CAP REL COSTS-ENERGY CENTER	20,390	0	0	0	250,511	1.05
1.06	CAP REL COSTS-RENTAL PROPERTIES	2,414	0	0	0	1,177	1.06
1.07	CAP REL COSTS-PARKING DECK	2,104	0	0	0	49,241	1.07
1.08	CAP REL COSTS-97 BLDG	154,428	0	0	0	734,022	1.08
1.09	CAP REL COSTS-BELLEVUE CLINIC	2,483	0	0	0	925	1.09
1.10	CAP REL COSTS-CASCADE CLINIC	5,846	0	0	0	5,173	1.10
1.11	CAP REL COSTS-RETAIL PHARMACY	40,084	0	0	0	21,708	1.11
1.12	CAP REL COSTS-OAKCREST NURSING HOME	26,435	0	0	0	16,563	1.12
1.13	CAP REL COSTS-CANCER CENTER	62,860	0	0	0	846,379	1.13
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,140,888	2.00
3.00	Total (sum of lines 1-2)	1,161,462	83,558	1,171	141	12,966,202	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0069

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

Worksheet A-8

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-47 BLDG (chapter 2)			0CAP REL COSTS-47 BLDG	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-PROF ARTS PLAZA (chapter 2)			0CAP REL COSTS-PROF ARTS PLAZA	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-ASBURY (chapter 2)			0CAP REL COSTS-ASBURY	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-MED ARTS BLDG (chapter 2)			0CAP REL COSTS-MED ARTS BLDG	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-ENERGY CENTER (chapter 2)			0CAP REL COSTS-ENERGY CENTER	1.05	0	1.05
1.06	Investment income - CAP REL COSTS-RENTAL PROPERTIES (chapter 2)			0CAP REL COSTS-RENTAL PROPERTIES	1.06	0	1.06
1.07	Investment income - CAP REL COSTS-PARKING DECK (chapter 2)			0CAP REL COSTS-PARKING DECK	1.07	0	1.07
1.08	Investment income - CAP REL COSTS-97 BLDG (chapter 2)			0CAP REL COSTS-97 BLDG	1.08	0	1.08
1.09	Investment income - CAP REL COSTS-BELLEVUE CLINIC (chapter 2)			0CAP REL COSTS-BELLEVUE CLINIC	1.09	0	1.09
1.10	Investment income - CAP REL COSTS-CASCADE CLINIC (chapter 2)			0CAP REL COSTS-CASCADE CLINIC	1.10	0	1.10
1.11	Investment income - CAP REL COSTS-RETAIL PHARMACY (chapter 2)			0CAP REL COSTS-RETAIL PHARMACY	1.11	0	1.11
1.12	Investment income - CAP REL COSTS-OAKCREST NURSING HOME (chapter 2)			0CAP REL COSTS-OAKCREST NURSING HOME	1.12	0	1.12
1.13	Investment income - CAP REL COSTS-CANCER CENTER (chapter 2)			0CAP REL COSTS-CANCER CENTER	1.13	0	1.13
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,539,768			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0	0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	1,375,547			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-724,664	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	-47,379	MEDICAL RECORDS & LIBRARY	16.00	0	18.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0069

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

Worksheet A-8

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-1,484	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-47 BLDG		0	CAP REL COSTS-47 BLDG	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-PROF ARTS PLAZA		0	CAP REL COSTS-PROF ARTS PLAZA	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-ASBURY		0	CAP REL COSTS-ASBURY	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-MED ARTS BLDG		0	CAP REL COSTS-MED ARTS BLDG	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-ENERGY CENTER		0	CAP REL COSTS-ENERGY CENTER	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-RENTAL PROPERTIES		0	CAP REL COSTS-RENTAL PROPERTIES	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-PARKING DECK		0	CAP REL COSTS-PARKING DECK	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-97 BLDG		0	CAP REL COSTS-97 BLDG	1.08	0	26.08
26.09	Depreciation - CAP REL COSTS-BELLEVUE CLINIC		0	CAP REL COSTS-BELLEVUE CLINIC	1.09	0	26.09
26.10	Depreciation - CAP REL COSTS-CASCADE CLINIC		0	CAP REL COSTS-CASCADE CLINIC	1.10	0	26.10
26.11	Depreciation - CAP REL COSTS-RETAIL PHARMACY		0	CAP REL COSTS-RETAIL PHARMACY	1.11	0	26.11
26.12	Depreciation - CAP REL COSTS-OAKCREST NURSING HOME		0	CAP REL COSTS-OAKCREST NURSING HOME	1.12	0	26.12
26.13	Depreciation - CAP REL COSTS-CANCER CENTER		0	CAP REL COSTS-CANCER CENTER	1.13	0	26.13
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.01	Telephone Revenue	B	-7,625	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.01
33.02	Misc Other Revenue	B	-64,866	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	Misc Other Revenue	B	-1,242,591	CHILD CARE	4.01	0	33.03
33.04	Misc Other Revenue	B	-1,708	PURCHASING RECEIVING AND STORES	5.02	0	33.04
33.05	Misc Other Revenue	B	-721,764	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.05

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0069

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

Worksheet A-8

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				Cost Center			
		1.00	2.00	3.00		4.00	5.00
33.06	Misc Other Revenue	B	-24,112	DIETARY		10.00	0 33.06
33.07	Misc Other Revenue	B	-137	CENTRAL SERVICES & SUPPLY		14.00	0 33.07
33.08	Misc Other Revenue	B	-208,859	PHARMACY		15.00	0 33.08
33.09	Misc Other Revenue	B	-375	MEDICAL RECORDS & LIBRARY		16.00	0 33.09
33.10	Misc Other Revenue	B	-7,458	ADULTS & PEDIATRICS		30.00	0 33.10
33.11	Misc Other Revenue	B	-10,688	OPERATING ROOM		50.00	0 33.11
33.12	Misc Other Revenue	B	-2,358	RADIOLOGY-DIAGNOSTIC		54.00	0 33.12
33.13	Misc Other Revenue	B	-2,484,192	LABORATORY		60.00	0 33.13
33.14	Misc Other Revenue	B	-53,981	BEHAVIORAL HEALTH COUNSELING		76.00	0 33.14
33.15	Misc Other Revenue	B	-11,905	CARDIAC REHABILITATION		76.97	0 33.15
33.16	Misc Other Revenue	B	-556,766	CLINIC		90.00	0 33.16
33.17	IC Other Revenue	B	-6,762	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.17
33.18	IC Other Revenue	B	-591,612	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.18
33.19	IC Other Revenue	B	-293	DIETARY		10.00	0 33.19
33.20	IC Other Revenue	B	-32,727	PHARMACY		15.00	0 33.20
33.21	IC Other Revenue	B	-213	MEDICAL RECORDS & LIBRARY		16.00	0 33.21
33.22	IC Other Revenue	B	-2,350	OPERATING ROOM		50.00	0 33.22
33.23	IC Other Revenue	B	-175	LABORATORY		60.00	0 33.23
33.24	IC Other Revenue	B	-445	RESPIRATORY THERAPY		65.00	0 33.24
33.25	Rental Space Revenue	B	-470,589	OPERATION OF PLANT		7.00	0 33.25
33.26	Rental Space Revenue	B	-156	LAUNDRY & LINEN SERVICE		8.00	0 33.26
33.27	Health Education Service	B	-11,167	NURSING ADMINISTRATION		13.00	0 33.27
33.28	Retail Pharmacy Revenue	B	-48	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.28
34.00	CRNA Expense Offset	A	-632,000	NONPHYSICIAN ANESTHETISTS		19.00	0 34.00
34.01	Non Allowable Advertising	A	-47	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 34.01
34.02	Non Allowable Advertising	A	-1,786	OTHER ADMINISTRATIVE & GENERAL		5.06	0 34.02
34.03	Non Allowable Advertising	A	-518	OPERATION OF PLANT		7.00	0 34.03
34.04	Non Allowable Advertising	A	-546	DIETARY		10.00	0 34.04
34.05	Non Allowable Advertising	A	-140	LABORATORY		60.00	0 34.05
34.06	Non Allowable Advertising	A	-47	CLINIC		90.00	0 34.06
34.07	Athletic Trainer - Med Assoc	A	-22,500	OTHER ADMINISTRATIVE & GENERAL		5.06	0 34.07
34.08	Purchased Services Other	A	-257	OTHER ADMINISTRATIVE & GENERAL		5.06	0 34.08
34.09	Nurse Practitioner	A	-28,076	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 34.09
34.10	Nurse Practitioner	A	-3,322	OTHER ADMINISTRATIVE & GENERAL		5.06	0 34.10
34.11	Nurse Practitioner	A	-84,112	ADULTS & PEDIATRICS		30.00	0 34.11
34.12	Nurse Practitioner	A	-1,056	RECOVERY ROOM		51.00	0 34.12
34.13	Nurse Practitioner	A	-13,762	CLINIC		90.00	0 34.13
34.14	Tuition Assist - PT Employess	A	-13,750	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 34.14
34.15	Medicaid Provider Tax Adjustment (QAAP)	A	-708,816	OTHER ADMINISTRATIVE & GENERAL		5.06	0 34.15
34.16	Patient TV Expense	A	-41,378	OPERATION OF PLANT		7.00	0 34.16
34.17	Dues - Lobbying Allocation	A	-21,465	OTHER ADMINISTRATIVE & GENERAL		5.06	0 34.17
34.18	Dues - Lobbying Allocation	A	-1,233	MEDICAL RECORDS & LIBRARY		16.00	0 34.18
34.19	WS A-8 - Interest Exp to Extent of Interest Income	A	-422,203	CAP REL COSTS-BLDG & FIXT		1.00	9 34.19
34.20	WS A-8 - Interest Exp to Extent of Interest Income	A	-316,748	CAP REL COSTS-47 BLDG		1.01	9 34.20
34.21	WS A-8 - Interest Exp to Extent of Interest Income	A	-91,055	CAP REL COSTS-PROF ARTS PLAZA		1.02	9 34.21
34.22	WS A-8 - Interest Exp to Extent of Interest Income	A	-10,652	CAP REL COSTS-ASBURY		1.03	9 34.22
34.23	WS A-8 - Interest Exp to Extent of Interest Income	A	-3,760	CAP REL COSTS-MED ARTS BLDG		1.04	9 34.23
34.24	WS A-8 - Interest Exp to Extent of Interest Income	A	-20,390	CAP REL COSTS-ENERGY CENTER		1.05	9 34.24
34.25	WS A-8 - Interest Exp to Extent of Interest Income	A	-2,414	CAP REL COSTS-RENTAL PROPERTIES		1.06	9 34.25
34.26	WS A-8 - Interest Exp to Extent of Interest Income	A	-2,104	CAP REL COSTS-PARKING DECK		1.07	9 34.26
34.27	WS A-8 - Interest Exp to Extent of Interest Income	A	-154,428	CAP REL COSTS-97 BLDG		1.08	9 34.27
34.28	WS A-8 - Interest Exp to Extent of Interest Income	A	-2,483	CAP REL COSTS-BELLEVUE CLINIC		1.09	9 34.28

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0069

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

Worksheet A-8

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
34.29	WS A-8 - Interest Exp to Extent of Interest Income	A	-5,846	CAP REL COSTS-CASCADE CLINIC	1.10	9	34.29
34.30	WS A-8 - Interest Exp to Extent of Interest Income	A	-40,084	CAP REL COSTS-RETAIL PHARMACY	1.11	9	34.30
34.31	WS A-8 - Interest Exp to Extent of Interest Income	A	-26,435	CAP REL COSTS-OAKCREST NURSING HOME	1.12	9	34.31
34.32	WS A-8 - Interest Exp to Extent of Interest Income	A	-62,860	CAP REL COSTS-CANCER CENTER	1.13	9	34.32
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,189,943				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 16-0069

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

Worksheet A-8-1

Date/Time Prepared:
1/24/2022 3:51 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	TRINITY PROPERTY INSURANCE	120,710	163,673	1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENER	TRINITY INTG RISK/MALPRACTIC	174,939	447,232	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRINITY STOP LOSS	0	-37,729	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRINITY WORKERS COMPENSATION	745,965	603,884	3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRINITY PENSION EXPENSE	2,048,256	0	3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRINITY CENTRAL ADMIN	-123,938	-165,333	3.03
3.04	5.02	PURCHASING RECEIVING AND STO	TRINITY CENTRAL ADMIN	156,872	209,267	3.04
3.05	5.03	PFS/COLLECTION	TRINITY CENTRAL ADMIN	2,807,341	3,744,983	3.05
3.06	5.06	OTHER ADMINISTRATIVE & GENER	TRINITY CENTRAL ADMIN	2,044,765	2,727,710	3.06
3.07	7.00	OPERATION OF PLANT	TRINITY CENTRAL ADMIN	1,426,838	1,903,396	3.07
3.08	9.00	HOUSEKEEPING	TRINITY CENTRAL ADMIN	92,362	123,211	3.08
3.09	10.00	DIETARY	TRINITY CENTRAL ADMIN	180,752	241,123	3.09
3.10	30.00	ADULTS & PEDIATRICS	TRINITY CENTRAL ADMIN	39,812	53,109	3.10
3.11	1.00	CAP REL COSTS-BLDG & FIXT	TRINITY CAPITAL	578,603	0	3.11
3.12	1.00	CAP REL COSTS-BLDG & FIXT	TRINITY INTER CO INTEREST	389,198	389,198	3.12
3.13	1.01	CAP REL COSTS-47 BLDG	TRINITY INTER CO INTEREST	291,987	291,987	3.13
3.14	1.02	CAP REL COSTS-PROF ARTS PLAZ	TRINITY INTER CO INTEREST	83,937	83,937	3.14
3.15	1.03	CAP REL COSTS-ASBURY	TRINITY INTER CO INTEREST	9,819	9,819	3.15
3.16	1.04	CAP REL COSTS-MED ARTS BLDG	TRINITY INTER CO INTEREST	3,466	3,466	3.16
3.17	1.05	CAP REL COSTS-ENERGY CENTER	TRINITY INTER CO INTEREST	18,796	18,796	3.17
3.18	1.06	CAP REL COSTS-RENTAL PROPERTY	TRINITY INTER CO INTEREST	2,225	2,225	3.18
3.19	1.07	CAP REL COSTS-PARKING DECK	TRINITY INTER CO INTEREST	1,940	1,940	3.19
3.20	1.08	CAP REL COSTS-97 BLDG	TRINITY INTER CO INTEREST	142,355	142,355	3.20
3.21	1.09	CAP REL COSTS-BELLEVUE CLINI	TRINITY INTER CO INTEREST	2,289	2,289	3.21
3.22	1.10	CAP REL COSTS-CASCADE CLINIC	TRINITY INTER CO INTEREST	5,389	5,389	3.22
3.23	1.11	CAP REL COSTS-RETAIL PHARMAC	TRINITY INTER CO INTEREST	36,950	36,950	3.23
3.24	1.12	CAP REL COSTS-OAKCREST NURSI	TRINITY INTER CO INTRESE	24,369	24,369	3.24
3.25	1.13	CAP REL COSTS-CANCER CENTER	TRINITY INTER CO INTEREST	57,946	57,946	3.25
3.26	5.06	OTHER ADMINISTRATIVE & GENER	TRINITY TIS AMORTIZATION	1,980,575	1,980,575	3.26
3.27	5.06	OTHER ADMINISTRATIVE & GENER	TRINITY TIS OPERATING EXP	6,655,120	6,424,550	3.27
3.28	1.00	CAP REL COSTS-BLDG & FIXT	TRINITY TIS CAPITAL	4,124	0	3.28
3.29	5.06	OTHER ADMINISTRATIVE & GENER	MERCYONE ALLOCATION	893,189	1,227,556	3.29
3.30	5.06	OTHER ADMINISTRATIVE & GENER	MERCYONE MARKETING BRANDING	24,677	24,677	3.30
3.31	194.13	COMMUNITY RELATIONS	MERCYONE MARKETING BRANDING	212,015	212,015	3.31
3.32	5.06	OTHER ADMINISTRATIVE & GENER	MERCYONE PERFORMANCE EX	802	802	3.32
3.33	194.09	MERCYONE DYERSVILLE MEDICAL	DYERSVILLE VARIOUS	314,512	314,512	3.33
3.34	4.00	EMPLOYEE BENEFITS DEPARTMENT	UCL LABORATORY	129,823	84,491	3.34
3.35	60.00	LABORATORY	UCL LABORATORY	3,296,625	2,145,488	3.35
3.36	194.05	COMMUNITY EDUCATION	UCL LABORATORY	4,089	4,089	3.36
3.37	16.00	MEDICAL RECORDS & LIBRARY	MT CARMEL LIBRARY	24,817	24,817	3.37
3.38	54.00	RADIOLOGY-DIAGNOSTIC	MERCYONE CLINTON CONTRACT LA	8,750	8,750	3.38
3.39	66.00	PHYSICAL THERAPY	MERCYONE CLINTON CONTRACT LA	13,082	13,082	3.39
3.40	101.00	HOME HEALTH AGENCY	MERCYONE CLINTON CONTRACT LA	678	678	3.40
3.41	16.00	MEDICAL RECORDS & LIBRARY	MERCYONE CLINTON CONTRACT LA	82,276	82,276	3.41
3.42	5.06	OTHER ADMINISTRATIVE & GENER	MERCYONE CLINTON CONTRACT LA	3,255	3,255	3.42
3.43	194.11	RETAIL PHARMACY	MERCYONE CLINTON CONTRACT LEA	237,651	237,651	3.43
3.44	5.06	OTHER ADMINISTRATIVE & GENER	TRINITY SR LIVING IC PURCHAS	392	392	3.44
3.45	101.00	HOME HEALTH AGENCY	TRINITY HC AT HOME IC SCM EX	36,480	36,480	3.45
3.46	0.00			0	0	3.46
3.47	0.00			0	0	3.47
3.48	0.00			0	0	3.48
3.49	0.00			0	0	3.49
3.50	0.00			0	0	3.50
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			25,286,875	23,911,328	5.00

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

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

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

Provider CCN: 16-0069

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

Worksheet A-8-1

Date/Time Prepared:
1/24/2022 3:51 pm

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

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

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

6.00	B	0.00	TRINITY HEALTH	100.00	6.00
7.00	B	0.00	TRINITY TIS	100.00	7.00
8.00	G	0.00	MERCYONE	0.00	8.00
9.00	C	0.00	DYERSVILLE	100.00	9.00
10.00	G	0.00	UNITED CL LABS	0.00	10.00
10.01	G	0.00	MT CARMEL HLTH	0.00	10.01
10.02	G	0.00	MERCY1 CLINTON	0.00	10.02
10.03	G	0.00	MERCY1 NORTH IA	0.00	10.03
10.04	G	0.00	TRINITY SR LIV	0.00	10.04
10.05	G	0.00	TRINITY HC AT H	0.00	10.05
10.06	G	0.00	ELKADER	0.00	10.06
10.07	G	0.00	GUTTENBERG	0.00	10.07
100.00	G. Other (financial or non-financial) specify:	FINANCIAL			100.00

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

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

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

Provider CCN: 16-0069

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

Worksheet A-8-1

Date/Time Prepared:
1/24/2022 3:51 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	-42,963	12		1.00
2.00	-272,293	0		2.00
3.00	37,729	0		3.00
3.01	142,081	0		3.01
3.02	2,048,256	0		3.02
3.03	41,395	0		3.03
3.04	-52,395	0		3.04
3.05	-937,642	0		3.05
3.06	-682,945	0		3.06
3.07	-476,558	0		3.07
3.08	-30,849	0		3.08
3.09	-60,371	0		3.09
3.10	-13,297	0		3.10
3.11	578,603	9		3.11
3.12	0	11		3.12
3.13	0	11		3.13
3.14	0	11		3.14
3.15	0	11		3.15
3.16	0	11		3.16
3.17	0	11		3.17
3.18	0	11		3.18
3.19	0	11		3.19
3.20	0	11		3.20
3.21	0	11		3.21
3.22	0	11		3.22
3.23	0	11		3.23
3.24	0	11		3.24
3.25	0	11		3.25
3.26	0	0		3.26
3.27	230,570	0		3.27
3.28	4,124	9		3.28
3.29	-334,367	0		3.29
3.30	0	0		3.30
3.31	0	0		3.31
3.32	0	0		3.32
3.33	0	0		3.33
3.34	45,332	0		3.34
3.35	1,151,137	0		3.35
3.36	0	0		3.36
3.37	0	0		3.37
3.38	0	0		3.38
3.39	0	0		3.39
3.40	0	0		3.40
3.41	0	0		3.41
3.42	0	0		3.42
3.43	0	0		3.43
3.44	0	0		3.44
3.45	0	0		3.45
3.46	0	0		3.46
3.47	0	0		3.47
3.48	0	0		3.48
3.49	0	0		3.49
3.50	0	0		3.50
4.00	0	0		4.00
5.00	1,375,547			5.00

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

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

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

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

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that

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

Provider CCN: 16-0069

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

Worksheet A-8-1

Date/Time Prepared:
1/24/2022 3:51 pm

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

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

6.00	HOME OFFICE	6.00
7.00	HOME OFFICE IT	7.00
8.00	HOME OFFICE	8.00
9.00	CAH HOSPITAL	9.00
10.00	LAB SERVICE	10.00
10.01	HOSPITAL	10.01
10.02	HOSPITAL	10.02
10.03	HOSPITAL	10.03
10.04	LONG TERM CARE	10.04
10.05	HOME HEALTH	10.05
10.06	CAH HOSPITAL	10.06
10.07	CAH HIOSPITAL	10.07
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0069

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

Worksheet A-8-2

Date/Time Prepared:
1/24/2022 3:51 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	1,430	1,430	0	179,000	0	1.00
2.00	5.00	OTHER ADMINISTRATIVE & GENERAL	1,154,664	1,011,805	142,859	179,000	928	2.00
3.00	15.00	PHARMACY	641	0	641	179,000	4	3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	1,094	0	1,094	179,000	7	4.00
5.00	30.00	ADULTS & PEDIATRICS	1,996,779	1,987,734	9,045	179,000	67	5.00
6.00	41.00	SUBPROVIDER - IRF	141,019	42,821	98,198	179,000	1,216	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	239,400	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	75,038	1,146	73,892	271,900	510	8.00
9.00	60.00	LABORATORY	163,333	0	163,333	179,000	1,588	9.00
10.00	65.00	RESPIRATORY THERAPY	10,935	0	10,935	179,000	81	10.00
11.00	69.00	ELECTROCARDIOLOGY	1,560	0	1,560	179,000	6	11.00
12.00	90.00	CLINIC	713,512	707,037	6,475	179,000	37	12.00
13.00	91.00	EMERGENCY	1,005,123	425,700	579,423	179,000	3,795	13.00
200.00			5,265,128	4,177,673	1,087,455		8,239	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	OTHER ADMINISTRATIVE & GENERAL	79,862	3,993	0	0	0	2.00
3.00	15.00	PHARMACY	344	17	0	0	0	3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	602	30	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	5,766	288	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	104,646	5,232	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	66,668	3,333	0	0	0	8.00
9.00	60.00	LABORATORY	136,660	6,833	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	6,971	349	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	516	26	0	0	0	11.00
12.00	90.00	CLINIC	3,184	159	0	0	0	12.00
13.00	91.00	EMERGENCY	326,589	16,329	0	0	0	13.00
200.00			731,808	36,589	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	1,430		1.00
2.00	5.00	OTHER ADMINISTRATIVE & GENERAL	0	79,862	62,997	1,074,802		2.00
3.00	15.00	PHARMACY	0	344	297	297		3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	0	602	492	492		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	5,766	3,279	1,991,013		5.00
6.00	41.00	SUBPROVIDER - IRF	0	104,646	0	42,821		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	66,668	7,224	8,370		8.00
9.00	60.00	LABORATORY	0	136,660	26,673	26,673		9.00
10.00	65.00	RESPIRATORY THERAPY	0	6,971	3,964	3,964		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	516	1,044	1,044		11.00
12.00	90.00	CLINIC	0	3,184	3,291	710,328		12.00
13.00	91.00	EMERGENCY	0	326,589	252,834	678,534		13.00
200.00			0	731,808	362,095	4,539,768		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,704,071	2,704,071				1.00
1.01	00101	CAP REL COSTS-47 BLDG	985,907	0	985,907			1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA	205,761	0	0	205,761		1.02
1.03	00103	CAP REL COSTS-ASBURY	2,865	0	0	0	2,865	1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG	1,011	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER	250,511	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES	1,177	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-PARKING DECK	49,241	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-97 BLDG	734,022	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	925	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	5,173	0	0	0	0	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	21,708	0	0	0	0	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	16,563	0	0	0	0	1.12
1.13	00113	CAP REL COSTS-CANCER CENTER	846,379	0	0	0	0	1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,140,888					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,792,075	32,493	5,528	0	0	4.00
4.01	00401	CHILD CARE	0	0	11,645	56,881	0	4.01
5.01	01160	COMMUNICATIONS	586,548	8,059	4,382	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	447,669	15,067	0	0	0	5.02
5.03	00580	PFS/COLLECTION	3,638,015	35,229	0	0	0	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	12,026,865	470,400	257,699	25,368	2,865	5.06
6.00	00600	MAINTENANCE & REPAIRS	208,772	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,071,808	407,691	115,341	1,203	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	772,459	8,383	64,725	0	0	8.00
9.00	00900	HOUSEKEEPING	1,528,307	39,070	3,583	1,308	0	9.00
10.00	01000	DIETARY	1,757,159	147,613	0	0	0	10.00
11.00	01100	CAFETERIA	0	10,849	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,518,690	0	22,963	4,427	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	543,310	135,363	0	0	0	14.00
15.00	01500	PHARMACY	1,883,145	23,558	6,740	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,435,817	8,841	19,512	0	0	16.00
17.00	01700	SOCIAL SERVICE	341,072	9,380	1,205	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	387,537	41,442	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,025,643	594,604	196,008	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,803,004	145,659	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	799,284	0	49,948	0	0	41.00
43.00	04300	NURSERY	885,596	0	8,475	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	179,574	0	22,773	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,209,637	236,548	10,879	0	0	50.00
51.00	05100	RECOVERY ROOM	2,045,292	2,695	1,389	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,011,448	0	32,912	0	0	52.00
53.00	05300	ANESTHESIOLOGY	229,855	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,105,148	124,931	3,144	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	580,796	18,652	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	353,771	8,652	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	8,185,225	27,614	35,893	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	595,020	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
			0	1.00	1.01	1.02	1.03	
65.00	06500	RESPIRATORY THERAPY	1,356,099	0	8,724	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,875,578	0	2,731	19,077	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,161,385	1,927	603	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	259,957	0	15,850	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,647,836	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,482,077	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,708,295	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	132,647	0	28,524	0	0	76.00
76.01	03951	SHOCK THERAPY	48,117	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	263,405	0	0	29,438	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	661,025	0	858	0	0	90.00
91.00	09100	EMERGENCY	2,779,565	113,988	354	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	295,270	5,566	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,991,762	9,784	20,258	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	135,577,761	2,684,058	952,646	137,702	2,865	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	1,797,540	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	370,596	0	2,024	433	0	190.02
190.03	19003	MATERNAL HEALTH	231,341	0	0	6,510	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	330,923	0	4,120	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	793,340	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	19,872	19,622	10,100	54,202	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	97,448	0	5,738	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	144,663	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	6,550	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	909,281	0	0	0	0	194.09
194.10	07960	CCH ELKADER	314,879	0	0	0	0	194.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
				1.00	1.01	1.02	1.03	
194.11	07961	RETAIL PHARMACY	23,381,444	0	0	6,914	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	685,233	391	11,279	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	383,853	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	192,629	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	165,237,353	2,704,071	985,907	205,761	2,865	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG	1,011					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER	0	250,511				1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES	0	0	1,177			1.06
1.07	00107	CAP REL COSTS-PARKING DECK	0	0	0	49,241		1.07
1.08	00108	CAP REL COSTS-97 BLDG	0	0	0	0	734,022	1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	0	0	1.12
1.13	00113	CAP REL COSTS-CANCER CENTER	0	0	0	0	0	1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00401	CHILD CARE	0	0	0	0	0	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	0	0	0	6,531	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	167,543	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	250,511	0	49,241	96,969	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	3,061	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	6,171	9.00
10.00	01000	DIETARY	0	0	0	0	1,850	10.00
11.00	01100	CAFETERIA	0	0	0	0	54,621	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,410	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	12,242	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	32,376	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	130,385	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	4,091	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,571	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	
			1.04	1.05	1.06	1.07	1.08	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	95,979	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	53,820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	37,677	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	250,511	0	49,241	708,297	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	1,177	0	11,412	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	1,011	0	0	0	14,313	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	
			1.04	1.05	1.06	1.07	1.08	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,011	250,511	1,177	49,241	734,022	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	
			1.09	1.10	1.11	1.12	1.13	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	925					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	0	5,173				1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	0	0	21,708			1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	16,563		1.12
1.13	00113	CAP REL COSTS-CANCER CENTER	0	0	0	0	846,379	1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00401	CHILD CARE	0	0	0	0	156,141	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	0	0	0	0	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	51,197	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	14,081	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	925	5,173	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	
			1.09	1.10	1.11	1.12	1.13	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	624,960	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	925	5,173	0	0	846,379	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	16,563	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	21,708	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	
		1.09	1.10	1.11	1.12	1.13	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	925	5,173	21,708	16,563	846,379	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	PURCHASING RECEIVING AND STORES	
		MVBLE EQUIP					
		2.00	4.00	4.01	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-47 BLDG					1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA					1.02
1.03	00103	CAP REL COSTS-ASBURY					1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES					1.06
1.07	00107	CAP REL COSTS-PARKING DECK					1.07
1.08	00108	CAP REL COSTS-97 BLDG					1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY					1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME					1.12
1.13	00113	CAP REL COSTS-CANCER CENTER					1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,140,888				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,433	13,835,529			4.00
4.01	00401	CHILD CARE	12,690	264,604	501,961		4.01
5.01	01160	COMMUNICATIONS	4,634	56,265	0	659,888	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	6,324	46,820	4,043	2,152	5.02
5.03	00580	PFS/COLLECTION	9,839	169,744	732	12,911	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,250,040	573,824	0	92,528	5.06
6.00	00600	MAINTENANCE & REPAIRS	14,068	25,008	0	0	6.00
7.00	00700	OPERATION OF PLANT	9,000	227,617	2,193	22,594	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	55,623	122,256	0	2,152	8.00
9.00	00900	HOUSEKEEPING	11,141	254,941	1,415	3,586	9.00
10.00	01000	DIETARY	27,722	365,495	18,530	12,194	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	48,339	546,963	61,755	8,966	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	32,260	107,147	8,757	2,152	14.00
15.00	01500	PHARMACY	330,423	553,590	43,620	8,966	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,453	261,637	6,594	33,353	16.00
17.00	01700	SOCIAL SERVICE	0	73,448	5,343	1,435	17.00
18.00	01850	CENTRAL STERILIZATION	113,228	80,183	16,472	1,076	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	270,407	2,617,482	82,611	166,762	30.00
31.00	03100	INTENSIVE CARE UNIT	47,601	387,410	3,704	15,063	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	22,886	158,365	0	13,987	41.00
43.00	04300	NURSERY	43,572	184,946	3,922	6,097	43.00
44.00	04400	SKILLED NURSING FACILITY	2,982	39,894	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,214,587	801,659	62,708	52,002	50.00
51.00	05100	RECOVERY ROOM	8,021	440,251	19,203	20,801	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,189	217,547	0	16,497	52.00
53.00	05300	ANESTHESIOLOGY	138,166	26,435	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	470,935	373,413	1,726	15,780	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	80,644	130,672	4,096	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	74,696	0	1,435	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	331,760	538,305	14,562	12,911	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,199	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	76,143	243,989	4,354	5,380	65.00
66.00	06600	PHYSICAL THERAPY	31,333	630,623	23,302	8,966	66.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	PURCHASING RECEIVING AND STORES	
			2.00	4.00	4.01	5.01	5.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	397,641	216,337	12,711	8,249	1,686	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	41,311	56,071	0	2,510	251	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	112,347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	228,413	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	772	42,122	0	5,380	35	76.00
76.01	03951	SHOCK THERAPY	3,165	9,864	0	0	75	76.01
76.97	07697	CARDIAC REHABILITATION	6,848	62,301	3,097	2,510	48	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	861,047	183,298	19,391	2,510	509	90.00
91.00	09100	EMERGENCY	42,566	508,112	21,358	26,539	1,446	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	4	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	7,980	506,210	22,296	24,387	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,062,972	12,179,544	468,495	611,831	518,065	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,510	0	190.00
190.01	19001	OAKCREST NURSING HOME	12,672	366,879	0	0	2,792	190.01
190.02	19002	SHARED SERVICES	170	79,320	0	1,076	0	190.02
190.03	19003	MATERNAL HEALTH	10,910	36,689	0	2,152	71	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	1,320	56,705	160	2,510	259	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	183,103	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	359	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	20,907	3,413	5,738	15	194.05
194.06	07956	RURAL OUTREACH PROGRAM	491	0	0	0	609	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	273	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	51,915	858,826	27,012	33,712	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	438	53,283	2,881	0	264	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	PURCHASING RECEIVING AND STORES	
			MVBLE EQUIP					
			2.00	4.00	4.01	5.01	5.02	
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,140,888	13,835,529	501,961	659,888	522,075	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			PFS/COLLECTION	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5A.03	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	PFS/COLLECTION	3,873,081					5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	15,923,337	15,923,337			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	248,193	26,468	274,661		6.00
7.00	00700	OPERATION OF PLANT	0	5,258,910	560,826	48,648	5,868,384	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,032,310	110,089	7,791	202,290	8.00
9.00	00900	HOUSEKEEPING	0	1,851,449	197,444	3,126	81,178	9.00
10.00	01000	DIETARY	0	2,345,518	250,133	8,027	208,428	10.00
11.00	01100	CAFETERIA	0	65,470	6,982	4,516	117,257	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,213,687	342,717	3,299	85,669	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	831,013	88,622	7,239	187,955	14.00
15.00	01500	PHARMACY	0	2,864,123	305,439	2,360	61,267	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,773,249	189,105	2,621	68,041	16.00
17.00	01700	SOCIAL SERVICE	0	431,886	46,058	634	16,468	17.00
18.00	01850	CENTRAL STERILIZATION	0	640,320	68,286	2,216	57,543	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	452,879	16,421,402	1,751,228	54,249	1,408,541	30.00
31.00	03100	INTENSIVE CARE UNIT	53,276	2,457,147	262,038	7,789	202,252	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	28,180	1,072,866	114,414	5,496	142,707	41.00
43.00	04300	NURSERY	14,761	1,148,203	122,448	933	24,215	43.00
44.00	04400	SKILLED NURSING FACILITY	1,895	247,182	26,360	2,506	65,066	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	643,664	10,316,825	1,100,217	16,180	420,111	50.00
51.00	05100	RECOVERY ROOM	124,583	2,793,375	297,894	9,693	251,674	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,253	1,325,672	141,374	3,622	94,034	52.00
53.00	05300	ANESTHESIOLOGY	181,631	582,022	62,069	295	7,654	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	143,314	3,243,580	345,905	7,285	189,153	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	289,169	1,104,032	117,737	997	25,899	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	84,639	523,340	55,811	463	12,014	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	363,487	9,569,337	1,020,503	5,426	140,892	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,292	615,347	65,622	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	99,763	1,798,397	191,786	960	24,926	65.00
66.00	06600	PHYSICAL THERAPY	101,812	3,699,811	394,559	3,191	82,862	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			PFS/COLLECTION	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5A.03	5.06	6.00	7.00	
69.00	06900	ELECTROCARDIOLOGY	285,773	2,182,291	232,726	7,085	183,969	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,606	393,556	41,970	1,744	45,286	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	125,716	5,885,899	627,690	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	146,653	11,857,143	1,264,481	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	314,421	8,022,716	855,567	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	1,711	211,191	22,522	3,139	81,496	76.00
76.01	03951	SHOCK THERAPY	4,173	65,394	6,974	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	8,347	375,994	40,097	4,462	115,853	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	101,662	2,455,260	261,836	15,992	415,227	90.00
91.00	09100	EMERGENCY	251,648	3,799,396	405,179	10,013	259,982	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	2,773	303,613	32,378	298	7,729	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	4,620,354	492,728	5,467	141,958	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,873,081	133,570,810	12,546,282	257,762	5,429,596	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,510	268	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	2,196,446	234,236	0	0	190.01
190.02	19002	SHARED SERVICES	0	453,619	48,375	289	7,504	190.02
190.03	19003	MATERNAL HEALTH	0	287,673	30,678	987	25,618	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	395,997	42,230	453	11,771	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	976,443	104,131	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	116,744	12,450	11,198	290,766	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	133,259	14,211	631	16,393	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	145,763	15,545	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	6,823	728	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	909,281	96,968	0	0	194.09
194.10	07960	CCH ELKADER	0	314,879	33,580	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	24,396,855	2,601,793	2,079	53,969	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	753,769	80,384	1,262	32,767	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	383,853	40,935	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	192,629	20,543	0	0	194.15
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,873,081	165,237,353	15,923,337	274,661	5,868,384	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-47 BLDG					1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA					1.02
1.03	00103	CAP REL COSTS-ASBURY					1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES					1.06
1.07	00107	CAP REL COSTS-PARKING DECK					1.07
1.08	00108	CAP REL COSTS-97 BLDG					1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY					1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME					1.12
1.13	00113	CAP REL COSTS-CANCER CENTER					1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	CHILD CARE					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00580	PFS/COLLECTION					5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,352,480				8.00
9.00	00900	HOUSEKEEPING	42,200	2,175,397			9.00
10.00	01000	DIETARY	11,948	81,185	2,905,239		10.00
11.00	01100	CAFETERIA	0	45,673	34,840	274,738	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	33,369	0	12,171	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	73,211	0	4,903	14.00
15.00	01500	PHARMACY	427	23,864	0	11,251	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,503	0	7,676	16.00
17.00	01700	SOCIAL SERVICE	0	6,414	0	2,279	17.00
18.00	01850	CENTRAL STERILIZATION	0	22,414	0	3,506	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	387,356	548,646	2,303,860	74,422	30.00
31.00	03100	INTENSIVE CARE UNIT	29,854	78,780	114,214	9,271	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	15,184	55,586	148,567	3,887	41.00
43.00	04300	NURSERY	1,613	9,432	0	4,479	43.00
44.00	04400	SKILLED NURSING FACILITY	3,122	25,344	21,420	1,194	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	107,527	163,639	0	21,523	50.00
51.00	05100	RECOVERY ROOM	49,754	98,030	15,578	11,921	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,332	36,627	0	5,422	52.00
53.00	05300	ANESTHESIOLOGY	0	2,981	0	985	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,716	73,678	0	9,748	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	11,653	10,088	0	3,333	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,680	0	1,736	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	54,879	0	16,188	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	227	9,709	0	6,387	65.00
66.00	06600	PHYSICAL THERAPY	12,640	32,276	0	15,081	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	20,787	71,658	0	4,778	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
			8.00	9.00	10.00	11.00	12.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	6,452	17,639	0	1,458	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	31,744	0	1,356	0	76.00
76.01	03951	SHOCK THERAPY	0	0	3,365	314	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	45,126	0	1,403	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	161,736	0	4,284	0	90.00
91.00	09100	EMERGENCY	126,780	101,267	64,790	13,684	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	3,010	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	55,295	0	5,852	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	878,572	2,004,483	2,706,634	260,492	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	64,532	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	2,923	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	1,165	9,979	0	882	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	198,605	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	4,585	0	988	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	113,257	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	408,130	6,385	0	461	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	11	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	81	21,022	0	10,705	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	12,763	0	1,199	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,352,480	2,175,397	2,905,239	274,738	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	3,690,912					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,192,943				14.00
15.00	01500	PHARMACY	0	110	3,268,841			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,067,195		16.00
17.00	01700	SOCIAL SERVICE	37,715	8	0	0	541,462	17.00
18.00	01850	CENTRAL STERILIZATION	58,025	111	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,231,797	542	38,128	240,293	471,430	30.00
31.00	03100	INTENSIVE CARE UNIT	153,449	2,548	9,150	27,889	12,792	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	64,329	285	441	14,842	8,746	41.00
43.00	04300	NURSERY	74,129	2,065	421	7,914	45,687	43.00
44.00	04400	SKILLED NURSING FACILITY	19,765	83	201	1,018	1,371	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	356,227	127,521	23,707	347,139	0	50.00
51.00	05100	RECOVERY ROOM	197,308	1,046	26,489	66,524	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	89,744	4,582	0	11,594	0	52.00
53.00	05300	ANESTHESIOLOGY	16,296	4,335	8,618	97,177	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	161,337	3,299	10,782	76,743	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	55,168	7	0	153,172	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	365	2	46,850	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	267,931	146,275	2,065	191,543	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	29,596	0	3,844	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,540	0	52,236	0	65.00
66.00	06600	PHYSICAL THERAPY	0	127	0	54,542	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
69.00	06900	ELECTROCARDIOLOGY	79,086	2,284	10,000	151,157	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	481	0	9,360	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	281,929	0	65,440	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	573,163	0	76,339	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,112,013	163,669	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	22,436	0	0	898	0	76.00
76.01	03951	SHOCK THERAPY	5,195	116	393	2,195	0	76.01
76.97	07697	CARDIAC REHABILITATION	23,215	19	3	4,362	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	70,903	198	395	67,488	0	90.00
91.00	09100	EMERGENCY	226,487	1,959	25,543	130,955	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	4	470	1,443	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	239,310	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,449,852	1,192,598	3,268,821	2,066,626	540,026	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	226,461	211	19	0	1,436	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	14,599	98	1	569	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	36	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	0	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,690,912	1,192,943	3,268,841	2,067,195	541,462	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
			CENTRAL STERILIZATION			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			18.00			21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	CENTRAL STERILIZATION	852,421					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00	02300	PARAMED ED PRGM-	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,025	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	17,115	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	592,489	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,449	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	513	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	321	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
			CENTRAL STERILIZATION			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			18.00			21.00	22.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	67,691	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	12,243	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	50,320	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	772,166	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	1,282	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	78,973	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	0	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

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

 Worksheet B
 Part I
 Date/Time Prepared:
 1/24/2022 3:51 pm

Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
		CENTRAL STERILIZATION			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
		18.00			21.00	22.00	
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	852,421	0	0	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			PARAMED ED PRGM-	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-47 BLDG					1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA					1.02
1.03	00103	CAP REL COSTS-ASBURY					1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES					1.06
1.07	00107	CAP REL COSTS-PARKING DECK					1.07
1.08	00108	CAP REL COSTS-97 BLDG					1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY					1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME					1.12
1.13	00113	CAP REL COSTS-CANCER CENTER					1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	CHILD CARE					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00580	PFS/COLLECTION					5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	CENTRAL STERILIZATION					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	24,957,919	-880,372	24,077,547	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,367,173	0	3,367,173	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,647,350	0	1,647,350	41.00
43.00	04300	NURSERY	0	1,458,654	0	1,458,654	43.00
44.00	04400	SKILLED NURSING FACILITY	0	414,632	0	414,632	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	13,593,105	0	13,593,105	50.00
51.00	05100	RECOVERY ROOM	0	3,819,286	880,372	4,699,658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,717,003	0	1,717,003	52.00
53.00	05300	ANESTHESIOLOGY	0	782,432	0	782,432	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,173,675	0	4,173,675	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	1,482,086	0	1,482,086	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	645,261	0	645,261	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	11,415,552	0	11,415,552	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	714,409	0	714,409	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,094,489	0	2,094,489	65.00
66.00	06600	PHYSICAL THERAPY	0	4,295,089	0	4,295,089	66.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			PARAMED ED PRGM-	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,013,512	0	3,013,512	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	517,946	0	517,946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,860,958	0	6,860,958	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,771,126	0	13,771,126	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,153,965	0	12,153,965	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	374,782	0	374,782	76.00
76.01	03951	SHOCK THERAPY	0	83,946	0	83,946	76.01
76.97	07697	CARDIAC REHABILITATION	0	610,534	0	610,534	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	3,453,319	0	3,453,319	90.00
91.00	09100	EMERGENCY	0	5,178,278	0	5,178,278	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	348,945	0	348,945	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	5,611,284	0	5,611,284	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	128,556,710	0	128,556,710	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,778	0	2,778	190.00
190.01	19001	OAKCREST NURSING HOME	0	2,723,341	0	2,723,341	190.01
190.02	19002	SHARED SERVICES	0	512,710	0	512,710	190.02
190.03	19003	MATERNAL HEALTH	0	373,531	0	373,531	190.03
190.04	19004	CAFETERIA VISITORS	0	198,605	0	198,605	190.04
190.05	19005	TV SERVICE	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	456,024	0	456,024	190.06
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	1,080,574	0	1,080,574	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	544,415	0	544,415	194.03
194.04	07954	AUXILARY	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	658,479	0	658,479	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	161,308	0	161,308	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	194.07
194.08	07958	LIFELINE	0	7,562	0	7,562	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	1,006,249	0	1,006,249	194.09
194.10	07960	CCH ELKADER	0	348,459	0	348,459	194.10
194.11	07961	RETAIL PHARMACY	0	27,086,504	0	27,086,504	194.11
194.12	07962	IDLE SPACE	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	882,144	0	882,144	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	424,788	0	424,788	194.14

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			PARAMED ED PRGM-	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
194.15	07965	OTHER MANAGED HOSPITALS	0	213,172	0	213,172		194.15
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	165,237,353	0	165,237,353		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	32,493	5,528	0	0	4.00
4.01	00401	CHILD CARE	0	0	11,645	56,881	0	4.01
5.01	01160	COMMUNICATIONS	1,187	8,059	4,382	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	15,067	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	35,229	0	0	0	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	44,210	470,400	257,699	25,368	2,865	5.06
6.00	00600	MAINTENANCE & REPAIRS	134	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	407,691	115,341	1,203	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	8,383	64,725	0	0	8.00
9.00	00900	HOUSEKEEPING	0	39,070	3,583	1,308	0	9.00
10.00	01000	DIETARY	0	147,613	0	0	0	10.00
11.00	01100	CAFETERIA	0	10,849	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	22,963	4,427	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49,573	135,363	0	0	0	14.00
15.00	01500	PHARMACY	0	23,558	6,740	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,841	19,512	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	9,380	1,205	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	41,442	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37	594,604	196,008	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	145,659	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,363	0	49,948	0	0	41.00
43.00	04300	NURSERY	0	0	8,475	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	22,773	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	344,256	236,548	10,879	0	0	50.00
51.00	05100	RECOVERY ROOM	0	2,695	1,389	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	32,912	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	124,931	3,144	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	18,652	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,652	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	191,912	27,614	35,893	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	80,326	0	8,724	0	0	65.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
				1.00	1.01	1.02	1.03	
66.00	06600	PHYSICAL THERAPY	28,197	0	2,731	19,077	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,927	603	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,080	0	15,850	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	28,524	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	29,438	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,215	0	858	0	0	90.00
91.00	09100	EMERGENCY	0	113,988	354	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	5,566	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	27,821	9,784	20,258	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	771,311	2,684,058	952,646	137,702	2,865	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	508	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	2,024	433	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	6,510	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	4,120	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	19,622	10,100	54,202	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	5,738	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	5,351	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	232,562	0	0	6,914	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	
			0	1.00	1.01	1.02	1.03	
194.13	07963	COMMUNITY RELATIONS	0	391	11,279	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,009,732	2,704,071	985,907	205,761	2,865	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00401	CHILD CARE	0	0	0	0	0	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	0	0	0	6,531	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	167,543	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	250,511	0	49,241	96,969	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	3,061	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	6,171	9.00
10.00	01000	DIETARY	0	0	0	0	1,850	10.00
11.00	01100	CAFETERIA	0	0	0	0	54,621	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,410	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	12,242	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	32,376	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	130,385	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	4,091	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,571	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	
			1.04	1.05	1.06	1.07	1.08	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	95,979	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	53,820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	37,677	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	250,511	0	49,241	708,297	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	1,177	0	11,412	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	1,011	0	0	0	14,313	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			MED ARTS BLDG	ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	
			1.04	1.05	1.06	1.07	1.08	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,011	250,511	1,177	49,241	734,022	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	
			1.09	1.10	1.11	1.12	1.13	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00401	CHILD CARE	0	0	0	0	156,141	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	0	0	0	0	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	51,197	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	14,081	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	925	5,173	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	
			1.09	1.10	1.11	1.12	1.13	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	624,960	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	925	5,173	0	0	846,379	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	16,563	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	21,708	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BELLEVUE CLINIC	CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	
			1.09	1.10	1.11	1.12	1.13	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	925	5,173	21,708	16,563	846,379	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	
			2.00	2A	4.00	4.01	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,433	43,454	43,454			4.00
4.01	00401	CHILD CARE	12,690	237,357	831	238,188		4.01
5.01	01160	COMMUNICATIONS	4,634	18,262	177	0	18,439	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	6,324	21,391	147	1,918	60	5.02
5.03	00580	PFS/COLLECTION	9,839	51,599	533	347	361	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,250,040	3,269,322	1,802	0	2,585	5.06
6.00	00600	MAINTENANCE & REPAIRS	14,068	14,202	79	0	0	6.00
7.00	00700	OPERATION OF PLANT	9,000	929,956	715	1,041	631	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	55,623	131,792	384	0	60	8.00
9.00	00900	HOUSEKEEPING	11,141	61,273	800	671	100	9.00
10.00	01000	DIETARY	27,722	177,185	1,147	8,793	341	10.00
11.00	01100	CAFETERIA	0	65,470	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	48,339	77,139	1,717	29,304	251	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	32,260	217,196	336	4,155	60	14.00
15.00	01500	PHARMACY	330,423	374,802	1,738	20,698	251	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,453	35,806	821	3,129	932	16.00
17.00	01700	SOCIAL SERVICE	0	10,585	231	2,535	40	17.00
18.00	01850	CENTRAL STERILIZATION	113,228	154,670	252	7,816	30	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	270,407	1,073,298	8,235	39,199	4,662	30.00
31.00	03100	INTENSIVE CARE UNIT	47,601	193,260	1,216	1,758	421	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	22,886	74,197	497	0	391	41.00
43.00	04300	NURSERY	43,572	52,047	581	1,861	170	43.00
44.00	04400	SKILLED NURSING FACILITY	2,982	25,755	125	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,214,587	1,838,646	2,517	29,756	1,453	50.00
51.00	05100	RECOVERY ROOM	8,021	142,490	1,382	9,112	581	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,189	56,101	683	0	461	52.00
53.00	05300	ANESTHESIOLOGY	138,166	142,257	83	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	470,935	602,581	1,172	819	441	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	80,644	99,296	410	1,944	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,652	235	0	40	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	331,760	587,179	1,690	6,910	361	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,199	1,199	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	76,143	165,193	766	2,066	150	65.00
66.00	06600	PHYSICAL THERAPY	31,333	87,436	1,980	11,057	251	66.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	
			2.00	2A	4.00	4.01	5.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	397,641	496,150	679	6,032	230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	41,311	58,241	176	0	70	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	772	29,296	132	0	150	76.00
76.01	03951	SHOCK THERAPY	3,165	3,165	31	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	6,848	36,286	196	1,470	70	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	861,047	1,488,080	575	9,201	70	90.00
91.00	09100	EMERGENCY	42,566	210,728	1,595	10,135	742	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	5,566	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	7,980	103,520	1,589	10,580	681	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,062,972	13,472,080	38,255	222,307	17,097	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	70	190.00
190.01	19001	OAKCREST NURSING HOME	12,672	29,743	1,152	0	0	190.01
190.02	19002	SHARED SERVICES	170	2,627	249	0	30	190.02
190.03	19003	MATERNAL HEALTH	10,910	17,420	115	0	60	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	1,320	5,440	178	76	70	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	575	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	96,513	0	0	10	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	5,738	66	1,620	160	194.05
194.06	07956	RURAL OUTREACH PROGRAM	491	491	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	5,351	1	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	51,915	328,423	2,696	12,818	942	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	438	12,108	167	1,367	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICATIONS	
			MVBLE EQUIP					
			2.00	2A	4.00	4.01	5.01	
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,140,888	13,975,934	43,454	238,188	18,439	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	PFS/COLLECTION	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.02	5.03	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	23,516					5.02
5.03	00580	PFS/COLLECTION	4	52,844				5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	226	0	3,273,935			5.06
6.00	00600	MAINTENANCE & REPAIRS	16	0	5,442	19,739		6.00
7.00	00700	OPERATION OF PLANT	214	0	115,312	3,496	1,051,365	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	164	0	22,635	560	36,242	8.00
9.00	00900	HOUSEKEEPING	87	0	40,597	225	14,544	9.00
10.00	01000	DIETARY	674	0	51,430	577	37,341	10.00
11.00	01100	CAFETERIA	0	0	1,436	325	21,007	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8	0	70,467	237	15,348	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	91	0	18,222	520	33,674	14.00
15.00	01500	PHARMACY	0	0	62,802	170	10,976	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	38,882	188	12,190	16.00
17.00	01700	SOCIAL SERVICE	0	0	9,470	46	2,950	17.00
18.00	01850	CENTRAL STERILIZATION	17	0	14,040	159	10,309	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	125	6,184	360,072	3,897	252,352	30.00
31.00	03100	INTENSIVE CARE UNIT	64	727	53,878	560	36,235	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	10	385	23,525	395	25,567	41.00
43.00	04300	NURSERY	38	202	25,177	67	4,338	43.00
44.00	04400	SKILLED NURSING FACILITY	3	26	5,420	180	11,657	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,377	8,749	226,217	1,163	75,266	50.00
51.00	05100	RECOVERY ROOM	34	1,701	61,250	697	45,089	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	82	304	29,068	260	16,847	52.00
53.00	05300	ANESTHESIOLOGY	83	2,480	12,762	21	1,371	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73	1,957	71,122	524	33,888	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	3,948	24,208	72	4,640	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7	1,156	11,475	33	2,152	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,684	4,963	209,827	390	25,242	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	533	100	13,493	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	178	1,362	39,433	69	4,466	65.00
66.00	06600	PHYSICAL THERAPY	13	1,390	81,126	229	14,845	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	PFS/COLLECTION	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.02	5.03	5.06	6.00	7.00	
69.00	06900	ELECTROCARDIOLOGY	76	3,902	47,851	509	32,960	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11	240	8,630	125	8,113	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,060	1,717	129,060	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,286	2,002	259,992	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,293	175,914	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	2	23	4,631	226	14,601	76.00
76.01	03951	SHOCK THERAPY	3	57	1,434	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	2	114	8,244	321	20,756	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	23	1,388	53,836	1,149	74,391	90.00
91.00	09100	EMERGENCY	65	3,436	83,309	720	46,578	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	38	6,657	21	1,385	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101,311	393	25,433	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,335	52,844	2,579,657	18,524	972,753	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	55	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	126	0	48,161	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	9,947	21	1,344	190.02
190.03	19003	MATERNAL HEALTH	3	0	6,308	71	4,590	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	12	0	8,683	33	2,109	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	21,410	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	2,560	805	52,093	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	1	0	2,922	45	2,937	194.05
194.06	07956	RURAL OUTREACH PROGRAM	27	0	3,196	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	150	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	19,938	0	0	194.09
194.10	07960	CCH ELKADER	0	0	6,904	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	534,875	149	9,669	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	12	0	16,528	91	5,870	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	8,417	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	4,224	0	0	194.15
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,516	52,844	3,273,935	19,739	1,051,365	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-47 BLDG					1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA					1.02
1.03	00103	CAP REL COSTS-ASBURY					1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES					1.06
1.07	00107	CAP REL COSTS-PARKING DECK					1.07
1.08	00108	CAP REL COSTS-97 BLDG					1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY					1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME					1.12
1.13	00113	CAP REL COSTS-CANCER CENTER					1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	CHILD CARE					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00580	PFS/COLLECTION					5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	191,837				8.00
9.00	00900	HOUSEKEEPING	5,986	124,283			9.00
10.00	01000	DIETARY	1,695	4,638	283,821		10.00
11.00	01100	CAFETERIA	0	2,609	3,404	94,251	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,906	0	4,175	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,183	0	1,682	14.00
15.00	01500	PHARMACY	61	1,363	0	3,860	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,514	0	2,633	16.00
17.00	01700	SOCIAL SERVICE	0	366	0	782	17.00
18.00	01850	CENTRAL STERILIZATION	0	1,281	0	1,203	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	54,943	31,345	225,069	25,531	30.00
31.00	03100	INTENSIVE CARE UNIT	4,235	4,501	11,158	3,181	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,154	3,176	14,514	1,333	41.00
43.00	04300	NURSERY	229	539	0	1,536	43.00
44.00	04400	SKILLED NURSING FACILITY	443	1,448	2,093	410	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,252	9,349	0	7,384	50.00
51.00	05100	RECOVERY ROOM	7,057	5,601	1,522	4,090	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	615	2,093	0	1,860	52.00
53.00	05300	ANESTHESIOLOGY	0	170	0	338	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,626	4,209	0	3,344	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	1,653	576	0	1,143	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	267	0	596	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,135	0	5,553	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	32	555	0	2,191	65.00
66.00	06600	PHYSICAL THERAPY	1,793	1,844	0	5,174	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	2,949	4,094	0	1,639	69.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
			8.00	9.00	10.00	11.00	12.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	915	1,008	0	500	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	1,814	0	465	0	76.00
76.01	03951	SHOCK THERAPY	0	0	329	108	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	2,578	0	481	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	9,240	0	1,470	0	90.00
91.00	09100	EMERGENCY	17,983	5,785	6,330	4,694	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	172	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	3,159	0	2,008	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	124,621	114,518	264,419	89,364	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	9,153	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	167	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	165	570	0	303	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	19,402	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	262	0	339	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	6,471	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	57,886	365	0	158	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	4	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	12	1,201	0	3,672	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	729	0	411	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	191,837	124,283	283,821	94,251	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	200,552					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	280,119				14.00
15.00	01500	PHARMACY	0	26	476,747			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	96,097		16.00
17.00	01700	SOCIAL SERVICE	2,049	2	0	0	29,056	17.00
18.00	01850	CENTRAL STERILIZATION	3,153	26	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,935	127	5,561	11,156	25,298	30.00
31.00	03100	INTENSIVE CARE UNIT	8,338	598	1,335	1,295	686	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,495	67	64	689	469	41.00
43.00	04300	NURSERY	4,028	485	61	367	2,452	43.00
44.00	04400	SKILLED NURSING FACILITY	1,074	19	29	47	74	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,356	29,943	3,458	16,244	0	50.00
51.00	05100	RECOVERY ROOM	10,721	246	3,863	3,088	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,876	1,076	0	538	0	52.00
53.00	05300	ANESTHESIOLOGY	885	1,018	1,257	4,511	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,766	775	1,573	3,563	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,998	2	0	7,111	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	86	0	2,175	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	14,558	34,346	301	8,892	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,949	0	178	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,240	0	2,425	0	65.00
66.00	06600	PHYSICAL THERAPY	0	30	0	2,532	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
69.00	06900	ELECTROCARDIOLOGY	4,297	536	1,458	7,018	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	113	0	435	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	66,198	0	3,038	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	134,591	0	3,544	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	453,875	7,598	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	1,219	0	0	42	0	76.00
76.01	03951	SHOCK THERAPY	282	27	57	102	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,261	5	0	203	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,853	47	58	3,133	0	90.00
91.00	09100	EMERGENCY	12,307	460	3,725	6,080	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	1	69	67	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	13,003	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	187,454	280,039	476,744	96,071	28,979	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	12,305	49	3	0	77	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	793	23	0	26	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	8	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	0	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	200,552	280,119	476,747	96,097	29,056	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
			CENTRAL STERILIZATION			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			18.00			19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	CENTRAL STERILIZATION	192,956					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00	02300	PARAMED ED PRGM-	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,891					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	3,874					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
45.00	04500	NURSING FACILITY	0					45.00
46.00	04600	OTHER LONG TERM CARE	0					46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	134,118					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,233					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
57.00	05700	CT SCAN	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0					59.00
60.00	06000	LABORATORY	116					60.00
60.01	06001	BLOOD LABORATORY	0					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0					64.00
65.00	06500	RESPIRATORY THERAPY	73					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
			CENTRAL STERILIZATION			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			18.00			21.00	22.00	
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	15,323					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0					75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0					76.00
76.01	03951	SHOCK THERAPY	0					76.01
76.97	07697	CARDIAC REHABILITATION	0					76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0					77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90.00	09000	CLINIC	0					90.00
91.00	09100	EMERGENCY	2,771					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0					94.00
95.00	09500	AMBULANCE SERVICES	0					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0					96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0					97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0					98.00
99.00	09900	CMHC	0					99.00
99.10	09910	CORF	0					99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0					100.00
101.00	10100	HOME HEALTH AGENCY	11,390					101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0					110.00
111.00	11100	ISLET ACQUISITION	0					111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0					115.00
116.00	11600	HOSPICE	0					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	174,789	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01	19001	OAKCREST NURSING HOME	0					190.01
190.02	19002	SHARED SERVICES	0					190.02
190.03	19003	MATERNAL HEALTH	290					190.03
190.04	19004	CAFETERIA VISITORS	0					190.04
190.05	19005	TV SERVICE	0					190.05
190.06	19006	FUND DEVELOPMENT	0					190.06
191.00	19100	RESEARCH	0					191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0					192.00
193.00	19300	NONPAID WORKERS	0					193.00
193.01	19301	DAYCARE	0					193.01
193.05	19305	PHYSICIAN BILLING	0					193.05
193.06	19306	PHYSICIAN OFFICES	0					193.06
194.00	07950	GUEST MEALS	0					194.00
194.01	07951	KENNEDY LIVING CENTER	0					194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0					194.02
194.03	07953	RENTAL PROPERTIES DBQ	0					194.03
194.04	07954	AUXILARY	0					194.04
194.05	07955	COMMUNITY EDUCATION	17,877					194.05
194.06	07956	RURAL OUTREACH PROGRAM	0					194.06
194.07	07957	OTHER REV DEDUCTIONS	0					194.07
194.08	07958	LIFELINE	0					194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0					194.09
194.10	07960	CCH ELKADER	0					194.10
194.11	07961	RETAIL PHARMACY	0					194.11
194.12	07962	IDLE SPACE	0					194.12
194.13	07963	COMMUNITY RELATIONS	0					194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0					194.14
194.15	07965	OTHER MANAGED HOSPITALS	0					194.15
200.00		Cross Foot Adjustments		0	0	0	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

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

 Worksheet B
 Part II
 Date/Time Prepared:
 1/24/2022 3:51 pm

Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
		CENTRAL STERILIZATION			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
		18.00			21.00	22.00	
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	192,956	0	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			PARAMED ED PRGM-	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-47 BLDG					1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA					1.02
1.03	00103	CAP REL COSTS-ASBURY					1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES					1.06
1.07	00107	CAP REL COSTS-PARKING DECK					1.07
1.08	00108	CAP REL COSTS-97 BLDG					1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY					1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME					1.12
1.13	00113	CAP REL COSTS-CANCER CENTER					1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	CHILD CARE					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00580	PFS/COLLECTION					5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	CENTRAL STERILIZATION					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		2,199,880	0	2,199,880	30.00
31.00	03100	INTENSIVE CARE UNIT		323,446	0	323,446	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF		150,928	0	150,928	41.00
43.00	04300	NURSERY		98,052	0	98,052	43.00
44.00	04400	SKILLED NURSING FACILITY		48,803	0	48,803	44.00
45.00	04500	NURSING FACILITY		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		2,421,248	0	2,421,248	50.00
51.00	05100	RECOVERY ROOM		298,524	0	298,524	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		114,864	0	114,864	52.00
53.00	05300	ANESTHESIOLOGY		167,236	0	167,236	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		742,666	0	742,666	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	56.00
57.00	05700	CT SCAN		148,001	0	148,001	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		26,874	0	26,874	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000	LABORATORY		906,147	0	906,147	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		22,452	0	22,452	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		221,199	0	221,199	65.00
66.00	06600	PHYSICAL THERAPY		209,700	0	209,700	66.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			PARAMED ED PRGM-	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		625,703	0	625,703	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		78,577	0	78,577	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		205,073	0	205,073	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		410,415	0	410,415	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		641,680	0	641,680	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING		52,601	0	52,601	76.00
76.01	03951	SHOCK THERAPY		5,595	0	5,595	76.01
76.97	07697	CARDIAC REHABILITATION		71,987	0	71,987	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		1,646,514	0	1,646,514	90.00
91.00	09100	EMERGENCY		417,443	0	417,443	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES		13,976	0	13,976	98.00
99.00	09900	CMHC		0	0	0	99.00
99.10	09910	CORF		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY		273,067	0	273,067	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		0	0	0	105.00
106.00	10600	HEART ACQUISITION		0	0	0	106.00
107.00	10700	LIVER ACQUISITION		0	0	0	107.00
108.00	10800	LUNG ACQUISITION		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	11600	HOSPICE		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	12,542,651	0	12,542,651	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		125	0	125	190.00
190.01	19001	OAKCREST NURSING HOME		100,769	0	100,769	190.01
190.02	19002	SHARED SERVICES		14,385	0	14,385	190.02
190.03	19003	MATERNAL HEALTH		30,737	0	30,737	190.03
190.04	19004	CAFETERIA VISITORS		19,402	0	19,402	190.04
190.05	19005	TV SERVICE		0	0	0	190.05
190.06	19006	FUND DEVELOPMENT		17,202	0	17,202	190.06
191.00	19100	RESEARCH		0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
193.01	19301	DAYCARE		0	0	0	193.01
193.05	19305	PHYSICIAN BILLING		0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES		0	0	0	193.06
194.00	07950	GUEST MEALS		0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER		21,985	0	21,985	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM		0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ		158,452	0	158,452	194.03
194.04	07954	AUXILARY		0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION		89,783	0	89,783	194.05
194.06	07956	RURAL OUTREACH PROGRAM		3,714	0	3,714	194.06
194.07	07957	OTHER REV DEDUCTIONS		0	0	0	194.07
194.08	07958	LIFELINE		5,506	0	5,506	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER		19,938	0	19,938	194.09
194.10	07960	CCH ELKADER		6,904	0	6,904	194.10
194.11	07961	RETAIL PHARMACY		894,457	0	894,457	194.11
194.12	07962	IDLE SPACE		0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS		37,283	0	37,283	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL		8,417	0	8,417	194.14

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			PARAMED ED PRGM-	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
194.15	07965	OTHER MANAGED HOSPITALS		4,224	0	4,224		194.15
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	13,975,934	0	13,975,934		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	47 BLDG (SQUARE FEET)	PROF ARTS PLAZA (SQUARE FEET)	ASBURY (SQUARE FEET)	MED ARTS BLDG (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	200,644					1.00
1.01	00101	CAP REL COSTS-47 BLDG	0	150,526				1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA	0	0	43,273			1.02
1.03	00103	CAP REL COSTS-ASBURY	0	0	0	5,062		1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG	0	0	0	0	1,787	1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-PARKING DECK	0	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-97 BLDG	0	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	0	0	1.12
1.13	00113	CAP REL COSTS-CANCER CENTER	0	0	0	0	0	1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,411	844	0	0	0	4.00
4.01	00401	CHILD CARE	0	1,778	11,963	0	0	4.01
5.01	01160	COMMUNICATIONS	598	669	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	1,118	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	2,614	0	0	0	0	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	34,904	39,345	5,335	5,062	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	30,251	17,610	253	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	622	9,882	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,899	547	275	0	0	9.00
10.00	01000	DIETARY	10,953	0	0	0	0	10.00
11.00	01100	CAFETERIA	805	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,506	931	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,044	0	0	0	0	14.00
15.00	01500	PHARMACY	1,748	1,029	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	656	2,979	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	696	184	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	3,075	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,120	29,926	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,808	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	7,626	0	0	0	41.00
43.00	04300	NURSERY	0	1,294	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,477	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,552	1,661	0	0	0	50.00
51.00	05100	RECOVERY ROOM	200	212	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,025	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,270	480	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,384	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	642	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,049	5,480	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,332	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	417	4,012	0	0	66.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	47 BLDG (SQUARE FEET)	PROF ARTS PLAZA (SQUARE FEET)	ASBURY (SQUARE FEET)	MED ARTS BLDG (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	143	92	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,420	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	4,355	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	6,191	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	131	0	0	0	90.00
91.00	09100	EMERGENCY	8,458	54	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	413	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	726	3,093	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	199,159	145,448	28,960	5,062	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	309	91	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	1,369	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	629	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	1,456	1,542	11,399	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	876	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	1,454	0	1,787	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	29	1,722	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	47 BLDG (SQUARE FEET)	PROF ARTS PLAZA (SQUARE FEET)	ASBURY (SQUARE FEET)	MED ARTS BLDG (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,704,071	985,907	205,761	2,865	1,011	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.476959	6.549746	4.754951	0.565982	0.565753	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			ENERGY CENTER (SQUARE FEET)	RENTAL PROPERTIES (SQUARE FEET)	PARKING DECK (SQUARE FEET)	97 BLDG (SQUARE FEET)	BELLEVUE CLINIC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER	9,690					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES	0	1,147				1.06
1.07	00107	CAP REL COSTS-PARKING DECK	0	0	1,000			1.07
1.08	00108	CAP REL COSTS-97 BLDG	0	0	0	73,388		1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	1,180	1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0	1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0	1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	0	0	0	0	0	1.12
1.13	00113	CAP REL COSTS-CANCER CENTER	0	0	0	0	0	1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00401	CHILD CARE	0	0	0	0	0	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00580	PFS/COLLECTION	0	0	0	653	0	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	16,751	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	9,690	0	1,000	9,695	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	306	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	617	0	9.00
10.00	01000	DIETARY	0	0	0	185	0	10.00
11.00	01100	CAFETERIA	0	0	0	5,461	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	141	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,224	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	3,237	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,036	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	409	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	357	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,180	66.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			ENERGY CENTER (SQUARE FEET)	RENTAL PROPERTIES (SQUARE FEET)	PARKING DECK (SQUARE FEET)	97 BLDG (SQUARE FEET)	BELLEVUE CLINIC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,596	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	5,381	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	3,767	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,690	0	1,000	70,816	1,180	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	1,147	0	1,141	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	0	0	1,431	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			ENERGY CENTER (SQUARE FEET)	RENTAL PROPERTIES (SQUARE FEET)	PARKING DECK (SQUARE FEET)	97 BLDG (SQUARE FEET)	BELLEVUE CLINIC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	250,511	1,177	49,241	734,022	925	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.852528	1.026155	49.241000	10.001935	0.783898	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)			
			1.10	1.11	1.12	1.13	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC	2,778					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY	0	19,049				1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME	0	0	12,563			1.12
1.13	00113	CAP REL COSTS-CANCER CENTER	0	0	0	29,873		1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP					7,129,898	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	5,425	4.00
4.01	00401	CHILD CARE	0	0	0	5,511	12,670	4.01
5.01	01160	COMMUNICATIONS	0	0	0	0	4,627	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	6,314	5.02
5.03	00580	PFS/COLLECTION	0	0	0	0	9,824	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	1,807	2,246,576	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	14,046	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	8,986	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	55,537	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	11,124	9.00
10.00	01000	DIETARY	0	0	0	0	27,679	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	48,265	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	32,210	14.00
15.00	01500	PHARMACY	0	0	0	497	329,915	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	7,442	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	CENTRAL STERILIZATION	0	0	0	0	113,054	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	269,991	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	47,528	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	22,851	41.00
43.00	04300	NURSERY	0	0	0	0	43,505	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	2,977	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	1,212,718	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	8,009	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	23,153	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	137,953	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	470,210	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	80,520	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	331,250	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,197	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	76,026	65.00
66.00	06600	PHYSICAL THERAPY	2,778	0	0	0	31,285	66.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	MVBLE EQUIP	
			(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	
			1.10	1.11	1.12	1.13	2.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	397,029	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	41,247	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	771	76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	3,160	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	6,837	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	22,058	859,722	90.00
91.00	09100	EMERGENCY	0	0	0	0	42,501	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	7,968	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,778	0	0	29,873	7,052,102	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	12,563	0	12,653	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	170	190.02
190.03	19003	MATERNAL HEALTH	0	0	0	0	10,893	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	1,318	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	0	0	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	490	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	19,049	0	0	51,835	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	437	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CASCADE CLINIC	RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	MVBLE EQUIP	
			(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	
			1.10	1.11	1.12	1.13	2.00	
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,173	21,708	16,563	846,379	7,140,888	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.862131	1.139587	1.318395	28.332575	1.001541	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (PAYROLL DEDUCTIONS)	COMMUNICATIONS (DUBUQUE PHONES)	PURCHASING RECEIVING AND STORES (PURCHASING REQUISITIONS)	PFS/COLLECTION (GROSS REVENUE)	
			4.00	4.01	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	56,705,782					4.00
4.01	00401	CHILD CARE	1,084,497	605,014				4.01
5.01	01160	COMMUNICATIONS	230,607	0	1,840			5.01
5.02	00560	PURCHASING RECEIVING AND STORES	191,895	4,873	6	26,245,040		5.02
5.03	00580	PFS/COLLECTION	695,705	882	36	4,025	467,966,854	5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,351,852	0	258	251,752	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	102,496	0	0	17,367	0	6.00
7.00	00700	OPERATION OF PLANT	932,904	2,643	63	238,392	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	501,075	0	6	183,533	0	8.00
9.00	00900	HOUSEKEEPING	1,044,892	1,705	10	96,871	0	9.00
10.00	01000	DIETARY	1,498,002	22,334	34	751,803	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,241,760	74,433	25	8,771	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	439,150	10,555	6	101,763	0	14.00
15.00	01500	PHARMACY	2,268,925	52,575	25	16	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,072,335	7,948	93	2,130	0	16.00
17.00	01700	SOCIAL SERVICE	301,033	6,440	4	161	0	17.00
18.00	01850	CENTRAL STERILIZATION	328,636	19,854	3	19,189	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,727,910	99,571	465	138,967	54,721,909	30.00
31.00	03100	INTENSIVE CARE UNIT	1,587,824	4,465	42	71,910	6,437,438	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	649,070	0	39	10,855	3,405,012	41.00
43.00	04300	NURSERY	758,012	4,727	17	41,948	1,783,645	43.00
44.00	04400	SKILLED NURSING FACILITY	163,509	0	0	3,206	228,988	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,285,648	75,582	145	2,652,580	77,752,055	50.00
51.00	05100	RECOVERY ROOM	1,804,396	23,145	58	37,948	15,053,495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	891,630	0	46	91,783	2,688,898	52.00
53.00	05300	ANESTHESIOLOGY	108,344	0	0	92,688	21,946,702	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,530,457	2,080	44	81,363	17,316,794	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	535,569	4,937	0	150	34,940,613	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	306,147	0	4	7,402	10,227,016	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,206,276	17,552	36	2,995,166	43,920,665	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	595,020	881,068	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,000,004	5,248	15	198,326	12,054,493	65.00
66.00	06600	PHYSICAL THERAPY	2,584,647	28,086	25	14,649	12,302,131	66.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (PAYROLL DEDUCTIONS)	COMMUNICATIONS (DUBUQUE PHONES)	PURCHASING RECEIVING AND STORES (PURCHASING REQUISITIONS)	PFS/COLLECTION (GROSS REVENUE)	
			4.00	4.01	5.01	5.02	5.03	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	886,670	15,321	23	84,740	34,530,383	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	229,809	0	7	12,615	2,127,415	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,647,836	15,190,387	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,482,077	17,720,329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	37,991,911	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	172,640	0	15	1,753	206,789	76.00
76.01	03951	SHOCK THERAPY	40,430	0	0	3,794	504,234	76.01
76.97	07697	CARDIAC REHABILITATION	255,346	3,733	7	2,431	1,008,575	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	751,257	23,372	7	25,570	12,283,914	90.00
91.00	09100	EMERGENCY	2,082,527	25,743	74	72,685	30,406,974	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	221	335,021	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,074,735	26,873	68	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,918,621	564,677	1,706	26,043,456	467,966,854	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	7	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	1,503,678	0	0	140,353	0	190.01
190.02	19002	SHARED SERVICES	325,096	0	3	8	0	190.02
190.03	19003	MATERNAL HEALTH	150,374	0	6	3,560	0	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	232,407	193	7	13,017	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	750,461	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	1	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	85,689	4,114	16	778	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	30,606	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	1,120	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	3,519,951	32,558	94	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	218,385	3,472	0	13,262	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (PAYROLL DEDUCTIONS)	COMMUNICATIONS (DUBUQUE PHONES)	PURCHASING RECEIVING AND STORES (PURCHASING REQUISITIONS)	PFS/COLLECTION (GROSS REVENUE)	
			4.00	4.01	5.01	5.02	5.03	
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,835,529	501,961	659,888	522,075	3,873,081	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.243988	0.829668	358.634783	0.019892	0.008276	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	43,454	238,188	18,439	23,516	52,844	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000766	0.393690	10.021196	0.000896	0.000113	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5A.06	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-47 BLDG					1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA					1.02
1.03	00103	CAP REL COSTS-ASBURY					1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG					1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER					1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES					1.06
1.07	00107	CAP REL COSTS-PARKING DECK					1.07
1.08	00108	CAP REL COSTS-97 BLDG					1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC					1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC					1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY					1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME					1.12
1.13	00113	CAP REL COSTS-CANCER CENTER					1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	CHILD CARE					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00580	PFS/COLLECTION					5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-15,923,337	149,314,016			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	248,193	381,095		6.00
7.00	00700	OPERATION OF PLANT	0	5,258,910	67,499	313,596	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,032,310	10,810	10,810	1,162,215
9.00	00900	HOUSEKEEPING	0	1,851,449	4,338	4,338	36,263
10.00	01000	DIETARY	0	2,345,518	11,138	11,138	10,267
11.00	01100	CAFETERIA	0	65,470	6,266	6,266	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	3,213,687	4,578	4,578	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	831,013	10,044	10,044	0
15.00	01500	PHARMACY	0	2,864,123	3,274	3,274	367
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,773,249	3,636	3,636	0
17.00	01700	SOCIAL SERVICE	0	431,886	880	880	0
18.00	01850	CENTRAL STERILIZATION	0	640,320	3,075	3,075	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	16,421,402	75,270	75,270	332,863
31.00	03100	INTENSIVE CARE UNIT	0	2,457,147	10,808	10,808	25,654
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	1,072,866	7,626	7,626	13,048
43.00	04300	NURSERY	0	1,148,203	1,294	1,294	1,386
44.00	04400	SKILLED NURSING FACILITY	0	247,182	3,477	3,477	2,683
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	10,316,825	22,450	22,450	92,400
51.00	05100	RECOVERY ROOM	0	2,793,375	13,449	13,449	42,755
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,325,672	5,025	5,025	3,723
53.00	05300	ANESTHESIOLOGY	0	582,022	409	409	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,243,580	10,108	10,108	40,144
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	1,104,032	1,384	1,384	10,014
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	523,340	642	642	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	9,569,337	7,529	7,529	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	615,347	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,798,397	1,332	1,332	195
66.00	06600	PHYSICAL THERAPY	0	3,699,811	4,428	4,428	10,862
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5A.06	5.06	6.00	7.00	8.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,182,291	9,831	9,831	17,863	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	393,556	2,420	2,420	5,544	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,885,899	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,857,143	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,022,716	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	211,191	4,355	4,355	0	76.00
76.01	03951	SHOCK THERAPY	0	65,394	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	375,994	6,191	6,191	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	2,455,260	22,189	22,189	0	90.00
91.00	09100	EMERGENCY	0	3,799,396	13,893	13,893	108,945	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	303,613	413	413	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	4,620,354	7,586	7,586	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-15,923,337	117,647,473	357,647	290,148	754,976	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,510	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	2,196,446	0	0	55,454	190.01
190.02	19002	SHARED SERVICES	0	453,619	401	401	0	190.02
190.03	19003	MATERNAL HEALTH	0	287,673	1,369	1,369	1,001	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	395,997	629	629	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	976,443	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	116,744	15,538	15,538	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	0	133,259	876	876	350,714	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	145,763	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	6,823	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	909,281	0	0	0	194.09
194.10	07960	CCH ELKADER	0	314,879	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	0	24,396,855	2,884	2,884	70	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	753,769	1,751	1,751	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	383,853	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	192,629	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5A.06	5.06	6.00	7.00	8.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		15,923,337	274,661	5,868,384	1,352,480	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.106643	0.720715	18.713198	1.163709	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		3,273,935	19,739	1,051,365	191,837	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.021927	0.051795	3.352610	0.165062	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	298,448					9.00
10.00	01000	DIETARY	11,138	137,257				10.00
11.00	01100	CAFETERIA	6,266	1,646	1,418,108			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	4,578	0	62,825	0	1,151,060	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,044	0	25,308	0	0	14.00
15.00	01500	PHARMACY	3,274	0	58,074	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,636	0	39,623	0	0	16.00
17.00	01700	SOCIAL SERVICE	880	0	11,762	0	11,762	17.00
18.00	01850	CENTRAL STERILIZATION	3,075	0	18,096	0	18,096	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	75,270	108,845	384,152	0	384,152	30.00
31.00	03100	INTENSIVE CARE UNIT	10,808	5,396	47,855	0	47,855	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,626	7,019	20,062	0	20,062	41.00
43.00	04300	NURSERY	1,294	0	23,118	0	23,118	43.00
44.00	04400	SKILLED NURSING FACILITY	3,477	1,012	6,164	0	6,164	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,450	0	111,094	0	111,094	50.00
51.00	05100	RECOVERY ROOM	13,449	736	61,533	0	61,533	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,025	0	27,988	0	27,988	52.00
53.00	05300	ANESTHESIOLOGY	409	0	5,082	0	5,082	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,108	0	50,315	0	50,315	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,384	0	17,205	0	17,205	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	642	0	8,961	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,529	0	83,558	0	83,558	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,332	0	32,968	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,428	0	77,842	0	0	66.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
			9.00	10.00	11.00	12.00	13.00	
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	9,831	0	24,664	0	24,664	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,420	0	7,524	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	4,355	0	6,997	0	6,997	76.00
76.01	03951	SHOCK THERAPY	0	159	1,620	0	1,620	76.01
76.97	07697	CARDIAC REHABILITATION	6,191	0	7,240	0	7,240	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	22,189	0	22,112	0	22,112	90.00
91.00	09100	EMERGENCY	13,893	3,061	70,633	0	70,633	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	413	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	7,586	0	30,206	0	74,632	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	275,000	127,874	1,344,581	0	1,075,882	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	0	0	0	0	70,625	190.01
190.02	19002	SHARED SERVICES	401	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	1,369	0	4,553	0	4,553	190.03
190.04	19004	CAFETERIA VISITORS	0	9,383	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	629	0	5,099	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	15,538	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	876	0	2,377	0	0	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	55	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10
194.11	07961	RETAIL PHARMACY	2,884	0	55,255	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	1,751	0	6,188	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		9.00	10.00	11.00	12.00	13.00	
194.15	07965 OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,175,397	2,905,239	274,738	0	3,690,912	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.289032	21.166418	0.193736	0.000000	3.206533	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	124,283	283,821	94,251	0	200,552	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.416431	2.067807	0.066462	0.000000	0.174232	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	OTHER GENERAL SERVICE CENTRAL STERILIZATION (HOURS)	
			14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-47 BLDG						1.01
1.02	00102	CAP REL COSTS-PROF ARTS PLAZA						1.02
1.03	00103	CAP REL COSTS-ASBURY						1.03
1.04	00104	CAP REL COSTS-MED ARTS BLDG						1.04
1.05	00105	CAP REL COSTS-ENERGY CENTER						1.05
1.06	00106	CAP REL COSTS-RENTAL PROPERTIES						1.06
1.07	00107	CAP REL COSTS-PARKING DECK						1.07
1.08	00108	CAP REL COSTS-97 BLDG						1.08
1.09	00109	CAP REL COSTS-BELLEVUE CLINIC						1.09
1.10	00110	CAP REL COSTS-CASCADE CLINIC						1.10
1.11	00111	CAP REL COSTS-RETAIL PHARMACY						1.11
1.12	00112	CAP REL COSTS-OAKCREST NURSING HOME						1.12
1.13	00113	CAP REL COSTS-CANCER CENTER						1.13
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	CHILD CARE						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	PFS/COLLECTION						5.03
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,898,047					14.00
15.00	01500	PHARMACY	2,205	8,096,755				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	479,879,048			16.00
17.00	01700	SOCIAL SERVICE	161	0	0	8,296		17.00
18.00	01850	CENTRAL STERILIZATION	2,232	0	0	0	13,298	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,852	94,441	55,778,276	7,223	406	30.00
31.00	03100	INTENSIVE CARE UNIT	51,048	22,665	6,473,865	196	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,704	1,093	3,445,285	134	0	41.00
43.00	04300	NURSERY	41,367	1,042	1,837,002	700	267	43.00
44.00	04400	SKILLED NURSING FACILITY	1,658	499	236,338	21	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,554,617	58,722	80,608,678	0	9,243	50.00
51.00	05100	RECOVERY ROOM	20,964	65,613	15,441,881	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	91,783	0	2,691,202	0	0	52.00
53.00	05300	ANESTHESIOLOGY	86,841	21,346	22,557,262	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,088	26,707	17,813,966	0	85	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	144	0	35,555,159	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,302	4	10,875,178	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,930,302	5,114	44,462,248	0	8	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	592,886	0	892,383	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	OTHER GENERAL SERVICE CENTRAL STERILIZATION (HOURS)	
			14.00	15.00	16.00	17.00	18.00	
65.00	06500	RESPIRATORY THERAPY	191,110	0	12,125,236	0	5	65.00
66.00	06600	PHYSICAL THERAPY	2,550	0	12,660,559	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	45,750	24,770	35,087,617	0	1,056	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,641	0	2,172,690	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,647,836	0	15,190,387	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,482,077	0	17,720,329	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,708,295	37,991,911	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	208,378	0	0	76.00
76.01	03951	SHOCK THERAPY	2,332	974	509,631	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	388	7	1,012,623	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,976	979	15,665,834	0	0	90.00
91.00	09100	EMERGENCY	39,246	63,269	30,398,021	0	191	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	77	1,165	335,021	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	785	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,891,137	8,096,705	479,746,960	8,274	12,046	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OAKCREST NURSING HOME	4,220	48	0	22	0	190.01
190.02	19002	SHARED SERVICES	0	0	0	0	0	190.02
190.03	19003	MATERNAL HEALTH	1,972	2	132,088	0	20	190.03
190.04	19004	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	19005	TV SERVICE	0	0	0	0	0	190.05
190.06	19006	FUND DEVELOPMENT	0	0	0	0	0	190.06
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	DAYCARE	0	0	0	0	0	193.01
193.05	19305	PHYSICIAN BILLING	0	0	0	0	0	193.05
193.06	19306	PHYSICIAN OFFICES	0	0	0	0	0	193.06
194.00	07950	GUEST MEALS	0	0	0	0	0	194.00
194.01	07951	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	07952	MERCY-CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	07953	RENTAL PROPERTIES DBQ	0	0	0	0	0	194.03
194.04	07954	AUXILARY	0	0	0	0	0	194.04
194.05	07955	COMMUNITY EDUCATION	718	0	0	0	1,232	194.05
194.06	07956	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	07957	OTHER REV DEDUCTIONS	0	0	0	0	0	194.07
194.08	07958	LIFELINE	0	0	0	0	0	194.08
194.09	07959	MERCYONE DYERSVILLE MEDICAL CENTER	0	0	0	0	0	194.09
194.10	07960	CCH ELKADER	0	0	0	0	0	194.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	OTHER GENERAL SERVICE CENTRAL STERILIZATION (HOURS)	
			14.00	15.00	16.00	17.00	18.00	
194.11	07961	RETAIL PHARMACY	0	0	0	0	0	194.11
194.12	07962	IDLE SPACE	0	0	0	0	0	194.12
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,192,943	3,268,841	2,067,195	541,462	852,421	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.049918	0.403722	0.004308	65.267840	64.101444	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	280,119	476,747	96,097	29,056	192,956	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.011721	0.058881	0.000200	3.502411	14.510152	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0069

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

Worksheet B-1

Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) 19.00	NURSING SCHOOL (ASSIGNED TIME) 20.00	INTERNS & RESIDENTS		PARAMED ED PRGM- (ASSIGNED TIME) 23.00	
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME) 21.00	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME) 22.00		
194.13	07963	COMMUNITY RELATIONS	0	0	0	0	0	194.13
194.14	07964	GUTTENBERG MUNICIPAL HOSPITAL	0	0	0	0	0	194.14
194.15	07965	OTHER MANAGED HOSPITALS	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

Provider CCN: 16-0069
Period: From 07/01/2020 To 06/30/2021
Worksheet B-2
Date/Time Prepared: 1/24/2022 3:51 pm

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0
7.00		ADULT & PEDS TO SAME DAY SURGERY		1	30.00	-880,372
8.00		ADULT & PEDS TO SAME DAY SURGERY		1	51.00	880,372

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

			Title XVIII	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	24,077,547		24,077,547	3,279
31.00	03100	INTENSIVE CARE UNIT	3,367,173		3,367,173	
32.00	03200	CORONARY CARE UNIT	0		0	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	
40.00	04000	SUBPROVIDER - IPF	0		0	
41.00	04100	SUBPROVIDER - IRF	1,647,350		1,647,350	
43.00	04300	NURSEY	1,458,654		1,458,654	
44.00	04400	SKILLED NURSING FACILITY	414,632		414,632	
45.00	04500	NURSING FACILITY	0		0	
46.00	04600	OTHER LONG TERM CARE	0		0	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,593,105		13,593,105	0
51.00	05100	RECOVERY ROOM	4,699,658		4,699,658	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,717,003		1,717,003	0
53.00	05300	ANESTHESIOLOGY	782,432		782,432	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,173,675		4,173,675	7,224
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0
56.00	05600	RADIOISOTOPE	0		0	0
57.00	05700	CT SCAN	1,482,086		1,482,086	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	645,261		645,261	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0
60.00	06000	LABORATORY	11,415,552		11,415,552	26,673
60.01	06001	BLOOD LABORATORY	0		0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	714,409		714,409	0
64.00	06400	INTRAVENOUS THERAPY	0		0	0
65.00	06500	RESPIRATORY THERAPY	2,094,489	0	2,094,489	3,964
66.00	06600	PHYSICAL THERAPY	4,295,089	0	4,295,089	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,013,512		3,013,512	1,044
70.00	07000	ELECTROENCEPHALOGRAPHY	517,946		517,946	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,860,958		6,860,958	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,771,126		13,771,126	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,153,965		12,153,965	0
74.00	07400	RENAL DIALYSIS	0		0	0
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0
76.00	03950	BEHAVIORAL HEALTH COUNSELING	374,782		374,782	0
76.01	03951	SHOCK THERAPY	83,946		83,946	0
76.97	07697	CARDIAC REHABILITATION	610,534		610,534	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	3,453,319		3,453,319	3,291
91.00	09100	EMERGENCY	5,178,278		5,178,278	252,834
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	734,733		734,733	
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0
95.00	09500	AMBULANCE SERVICES	0		0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0
98.00	09850	PURCHASED DIALYSIS SERVICES	348,945		348,945	0
99.00	09900	CMHC	0		0	0
99.10	09910	CORF	0		0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0
101.00	10100	HOME HEALTH AGENCY	5,611,284		5,611,284	
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0		0	0
106.00	10600	HEART ACQUISITION	0		0	0
107.00	10700	LIVER ACQUISITION	0		0	0
108.00	10800	LUNG ACQUISITION	0		0	0
109.00	10900	PANCREAS ACQUISITION	0		0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0
111.00	11100	ISLET ACQUISITION	0		0	0
113.00	11300	INTEREST EXPENSE	0		0	0
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

					Title XVIII		Hospital		PPS	
Cost Center Description					Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
							Total Costs	RCE Disallowance	Total Costs	
					1.00	2.00	3.00	4.00	5.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			0		0		0	115.00
116.00	11600	HOSPICE			0		0		0	116.00
200.00		Subtotal (see instructions)			129,291,443	0	129,291,443	298,309	129,589,752	200.00
201.00		Less Observation Beds			734,733		734,733		734,733	201.00
202.00		Total (see instructions)			128,556,710	0	128,556,710	298,309	128,855,019	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/24/2022 3:51 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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	54,721,909		54,721,909		30.00
31.00	03100	INTENSIVE CARE UNIT	6,437,438		6,437,438		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	3,405,012		3,405,012		41.00
43.00	04300	NURSERY	1,783,645		1,783,645		43.00
44.00	04400	SKILLED NURSING FACILITY	228,988		228,988		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,339,189	43,412,866	77,752,055	0.174826	50.00
51.00	05100	RECOVERY ROOM	4,629,918	10,423,577	15,053,495	0.312197	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,688,898	0	2,688,898	0.638553	52.00
53.00	05300	ANESTHESIOLOGY	10,627,504	11,319,198	21,946,702	0.035651	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,892,202	12,424,593	17,316,795	0.241019	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	11,322,909	23,617,704	34,940,613	0.042417	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,464,597	7,762,419	10,227,016	0.063094	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	26,047,793	17,872,873	43,920,666	0.259913	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	560,262	320,806	881,068	0.810844	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	10,918,597	1,135,896	12,054,493	0.173752	65.00
66.00	06600	PHYSICAL THERAPY	6,342,108	5,960,023	12,302,131	0.349134	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	13,711,782	20,818,601	34,530,383	0.087271	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	560,601	1,566,814	2,127,415	0.243463	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,600,286	7,590,101	15,190,387	0.451664	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,080,705	7,639,624	17,720,329	0.777137	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,411,553	14,580,358	37,991,911	0.319909	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	1,110	205,679	206,789	1.812388	76.00
76.01	03951	SHOCK THERAPY	180,414	323,820	504,234	0.166482	76.01
76.97	07697	CARDIAC REHABILITATION	4,075	1,004,500	1,008,575	0.605343	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	195,364	12,088,550	12,283,914	0.281125	90.00
91.00	09100	EMERGENCY	9,916,791	20,490,183	30,406,974	0.170299	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	662,521	1,242,025	1,904,546	0.385779	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	332,021	3,000	335,021	1.041562	98.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	8,427,758	8,427,758		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/24/2022 3:51 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		10.00	
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	248,068,192	230,230,968	478,299,160			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	248,068,192	230,230,968	478,299,160			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.174826			50.00
51.00	05100	RECOVERY ROOM	0.312197			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.638553			52.00
53.00	05300	ANESTHESIOLOGY	0.035651			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.241436			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.042417			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063094			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.260520			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.810844			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.174081			65.00
66.00	06600	PHYSICAL THERAPY	0.349134			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.087302			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.243463			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.451664			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.777137			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319909			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	1.812388			76.00
76.01	03951	SHOCK THERAPY	0.166482			76.01
76.97	07697	CARDIAC REHABILITATION	0.605343			76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.281393			90.00
91.00	09100	EMERGENCY	0.178614			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.385779			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	1.041562			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,077,547		24,077,547	3,279	24,080,826
31.00	03100	INTENSIVE CARE UNIT	3,367,173		3,367,173	0	3,367,173
32.00	03200	CORONARY CARE UNIT	0		0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	1,647,350		1,647,350	0	1,647,350
43.00	04300	NURSERY	1,458,654		1,458,654	0	1,458,654
44.00	04400	SKILLED NURSING FACILITY	414,632		414,632	0	414,632
45.00	04500	NURSING FACILITY	0		0	0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,593,105		13,593,105	0	13,593,105
51.00	05100	RECOVERY ROOM	4,699,658		4,699,658	0	4,699,658
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,717,003		1,717,003	0	1,717,003
53.00	05300	ANESTHESIOLOGY	782,432		782,432	0	782,432
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,173,675		4,173,675	7,224	4,180,899
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0
56.00	05600	RADIOISOTOPE	0		0	0	0
57.00	05700	CT SCAN	1,482,086		1,482,086	0	1,482,086
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	645,261		645,261	0	645,261
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000	LABORATORY	11,415,552		11,415,552	26,673	11,442,225
60.01	06001	BLOOD LABORATORY	0		0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	714,409		714,409	0	714,409
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	2,094,489	0	2,094,489	3,964	2,098,453
66.00	06600	PHYSICAL THERAPY	4,295,089	0	4,295,089	0	4,295,089
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,013,512		3,013,512	1,044	3,014,556
70.00	07000	ELECTROENCEPHALOGRAPHY	517,946		517,946	0	517,946
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,860,958		6,860,958	0	6,860,958
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,771,126		13,771,126	0	13,771,126
73.00	07300	DRUGS CHARGED TO PATIENTS	12,153,965		12,153,965	0	12,153,965
74.00	07400	RENAL DIALYSIS	0		0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
76.00	03950	BEHAVIORAL HEALTH COUNSELING	374,782		374,782	0	374,782
76.01	03951	SHOCK THERAPY	83,946		83,946	0	83,946
76.97	07697	CARDIAC REHABILITATION	610,534		610,534	0	610,534
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	3,453,319		3,453,319	3,291	3,456,610
91.00	09100	EMERGENCY	5,178,278		5,178,278	252,834	5,431,112
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	734,733		734,733	0	734,733
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0
95.00	09500	AMBULANCE SERVICES	0		0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0
98.00	09850	PURCHASED DIALYSIS SERVICES	348,945		348,945	0	348,945
99.00	09900	CMHC	0		0	0	0
99.10	09910	CORF	0		0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	5,611,284		5,611,284	0	5,611,284
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0		0	0	0
106.00	10600	HEART ACQUISITION	0		0	0	0
107.00	10700	LIVER ACQUISITION	0		0	0	0
108.00	10800	LUNG ACQUISITION	0		0	0	0
109.00	10900	PANCREAS ACQUISITION	0		0	0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0
111.00	11100	ISLET ACQUISITION	0		0	0	0
113.00	11300	INTEREST EXPENSE	0		0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

					Title XIX		Hospital		Cost	
Cost Center Description					Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
							Total Costs	RCE Disallowance	Total Costs	
					1.00	2.00	3.00	4.00	5.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			0		0		0	115.00
116.00	11600	HOSPICE			0		0		0	116.00
200.00		Subtotal (see instructions)			129,291,443	0	129,291,443	298,309	129,589,752	200.00
201.00		Less Observation Beds			734,733		734,733		734,733	201.00
202.00		Total (see instructions)			128,556,710	0	128,556,710	298,309	128,855,019	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,721,909		54,721,909			30.00
31.00	03100	INTENSIVE CARE UNIT	6,437,438		6,437,438			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	3,405,012		3,405,012			41.00
43.00	04300	NURSERY	1,783,645		1,783,645			43.00
44.00	04400	SKILLED NURSING FACILITY	228,988		228,988			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,339,189	43,412,866	77,752,055	0.174826	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,629,918	10,423,577	15,053,495	0.312197	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,688,898	0	2,688,898	0.638553	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	10,627,504	11,319,198	21,946,702	0.035651	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,892,202	12,424,593	17,316,795	0.241019	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	11,322,909	23,617,704	34,940,613	0.042417	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,464,597	7,762,419	10,227,016	0.063094	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	26,047,793	17,872,873	43,920,666	0.259913	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	560,262	320,806	881,068	0.810844	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	10,918,597	1,135,896	12,054,493	0.173752	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,342,108	5,960,023	12,302,131	0.349134	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	13,711,782	20,818,601	34,530,383	0.087271	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	560,601	1,566,814	2,127,415	0.243463	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,600,286	7,590,101	15,190,387	0.451664	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,080,705	7,639,624	17,720,329	0.777137	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,411,553	14,580,358	37,991,911	0.319909	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	1,110	205,679	206,789	1.812388	0.000000	76.00
76.01	03951	SHOCK THERAPY	180,414	323,820	504,234	0.166482	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	4,075	1,004,500	1,008,575	0.605343	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	195,364	12,088,550	12,283,914	0.281125	0.000000	90.00
91.00	09100	EMERGENCY	9,916,791	20,490,183	30,406,974	0.170299	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	662,521	1,242,025	1,904,546	0.385779	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	332,021	3,000	335,021	1.041562	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	8,427,758	8,427,758			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	248,068,192	230,230,968	478,299,160			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	248,068,192	230,230,968	478,299,160			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/24/2022 3:51 pm

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
1/24/2022 3:51 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	2,199,880	0	2,199,880	29,399	74.83	30.00	
31.00	INTENSIVE CARE UNIT	323,446		323,446	1,763	183.46	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	150,928	0	150,928	1,944	77.64	41.00	
43.00	NURSERY	98,052		98,052	1,433	68.42	43.00	
44.00	SKILLED NURSING FACILITY	48,803		48,803	225	216.90	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	2,821,109		2,821,109	34,764		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	16,996	1,271,811					30.00
31.00	INTENSIVE CARE UNIT	1,110	203,641					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	1,573	122,128					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	187	40,560					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	19,866	1,638,140					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
1/24/2022 3:51 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,421,248	77,752,055	0.031141	23,422,753	729,408	50.00
51.00	05100	RECOVERY ROOM	298,524	15,053,495	0.019831	3,086,413	61,207	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	114,864	2,688,898	0.042718	1,722	74	52.00
53.00	05300	ANESTHESIOLOGY	167,236	21,946,702	0.007620	7,042,505	53,664	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	742,666	17,316,795	0.042887	3,600,338	154,408	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	148,001	34,940,613	0.004236	8,337,739	35,319	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,874	10,227,016	0.002628	1,741,473	4,577	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	906,147	43,920,666	0.020631	16,615,751	342,800	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22,452	881,068	0.025483	448,111	11,419	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	221,199	12,054,493	0.018350	7,553,916	138,614	65.00
66.00	06600	PHYSICAL THERAPY	209,700	12,302,131	0.017046	3,612,165	61,573	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	625,703	34,530,383	0.018120	10,466,037	189,645	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	78,577	2,127,415	0.036935	327,860	12,110	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	205,073	15,190,387	0.013500	4,850,447	65,481	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	410,415	17,720,329	0.023161	7,836,142	181,493	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	641,680	37,991,911	0.016890	14,931,809	252,198	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	52,601	206,789	0.254370	225	57	76.00
76.01	03951	SHOCK THERAPY	5,595	504,234	0.011096	101,001	1,121	76.01
76.97	07697	CARDIAC REHABILITATION	71,987	1,008,575	0.071375	3,841	274	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	1,646,514	12,283,914	0.134038	177,472	23,788	90.00
91.00	09100	EMERGENCY	417,443	30,406,974	0.013729	5,455,500	74,899	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	67,121	1,904,546	0.035243	228,206	8,043	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	13,976	335,021	0.041717	308,795	12,882	98.00
200.00		Total (lines 50 through 199)	9,515,596	403,294,410		120,150,221	2,415,054	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0069		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 1/24/2022 3:51 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	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	29,399	0.00	16,996	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	1,763	0.00	1,110	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	1,944	0.00	1,573	41.00		
43.00	04300	NURSERY	0	0	1,433	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	225	0.00	187	44.00		
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00		
200.00		Total (lines 30 through 199)	0	0	34,764		19,866	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0					30.00		
31.00	03100	INTENSIVE CARE UNIT	0					31.00		
32.00	03200	CORONARY CARE UNIT	0					32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00		
40.00	04000	SUBPROVIDER - IPF	0					40.00		
41.00	04100	SUBPROVIDER - IRF	0					41.00		
43.00	04300	NURSERY	0					43.00		
44.00	04400	SKILLED NURSING FACILITY	0					44.00		
45.00	04500	NURSING FACILITY	0					45.00		
200.00		Total (lines 30 through 199)	0					200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
1/24/2022 3:51 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	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	0	0 76.00
76.01	03951	SHOCK THERAPY	0	0	0	0	0 76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	0	0 98.00
200.00		Total (lines 50 through 199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
1/24/2022 3:51 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	77,752,055	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	15,053,495	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,688,898	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	21,946,702	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,316,795	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	34,940,613	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,227,016	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	43,920,666	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	881,068	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,054,493	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,302,131	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	34,530,383	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,127,415	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	15,190,387	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,720,329	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	37,991,911	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0	0	206,789	0.000000	76.00
76.01	03951	SHOCK THERAPY	0	0	0	504,234	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,008,575	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	12,283,914	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	30,406,974	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	1,904,546	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0	0	335,021	0.000000	98.00
200.00		Total (lines 50 through 199)	0	0	0	403,294,410		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0069		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 1/24/2022 3:51 pm	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification on	Outpatient Program Charges on/after Geo Reclassification on		
				9.00	10.00	11.00	12.00	12.01		
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0.000000	23,422,753	0	20,529,567	0	50.00		
51.00	05100	RECOVERY ROOM	0.000000	3,086,413	0	3,909,904	0	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	1,722	0	0	0	52.00		
53.00	05300	ANESTHESIOLOGY	0.000000	7,042,505	0	5,382,320	0	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,600,338	0	6,477,754	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	8,337,739	0	10,250,333	0	57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,741,473	0	3,142,635	0	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00		
60.00	06000	LABORATORY	0.000000	16,615,751	0	7,088,132	0	60.00		
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01		
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	448,111	0	277,055	0	63.00		
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00		
65.00	06500	RESPIRATORY THERAPY	0.000000	7,553,916	0	630,802	0	65.00		
66.00	06600	PHYSICAL THERAPY	0.000000	3,612,165	0	215,936	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	10,466,037	0	13,045,509	0	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	327,860	0	966,675	0	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	4,850,447	0	4,210,674	0	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,836,142	0	4,817,523	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	14,931,809	0	6,367,398	0	73.00		
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00		
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00		
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0.000000	225	0	28,484	0	76.00		
76.01	03951	SHOCK THERAPY	0.000000	101,001	0	129,528	0	76.01		
76.97	07697	CARDIAC REHABILITATION	0.000000	3,841	0	714,701	0	76.97		
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00		
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00		
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00		
90.00	09000	CLINIC	0.000000	177,472	0	8,180,220	0	90.00		
91.00	09100	EMERGENCY	0.000000	5,455,500	0	7,355,850	0	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	228,206	0	449,472	0	92.00		
OTHER REIMBURSABLE COST CENTERS										
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00		
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00		
98.00	09850	PURCHASED DIALYSIS SERVICES	0.000000	308,795	0	2,250	0	98.00		
200.00		Total (lines 50 through 199)		120,150,221	0	104,172,722	0	200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 1/24/2022 3:51 pm
Cost Center Description				Title XVIII		Hospital
				Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on	PPS
				13.00	13.01	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0		76.00
76.01	03951	SHOCK THERAPY	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0		98.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
1/24/2022 3:51 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	0.174826	20,529,567	63,921	0	3,589,102	50.00
51.00	05100	RECOVERY ROOM	0.312197	3,909,904	0	0	1,220,660	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.638553	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.035651	5,382,320	0	0	191,885	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.241019	6,477,754	0	0	1,561,262	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	0.042417	10,250,333	0	0	434,788	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063094	3,142,635	0	0	198,281	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.259913	7,088,132	1,734	0	1,842,298	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.810844	277,055	0	0	224,648	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.173752	630,802	0	0	109,603	65.00
66.00	06600	PHYSICAL THERAPY	0.349134	215,936	0	0	75,391	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	0.087271	13,045,509	0	0	1,138,495	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.243463	966,675	0	0	235,350	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.451664	4,210,674	0	0	1,901,810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.777137	4,817,523	0	0	3,743,875	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319909	6,367,398	0	83,897	2,036,988	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	1.812388	28,484	0	0	51,624	76.00
76.01	03951	SHOCK THERAPY	0.166482	129,528	0	0	21,564	76.01
76.97	07697	CARDIAC REHABILITATION	0.605343	714,701	0	0	432,639	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.281125	8,180,220	0	0	2,299,664	90.00
91.00	09100	EMERGENCY	0.170299	7,355,850	0	0	1,252,694	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.385779	449,472	0	0	173,397	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	1.041562	2,250	0	0	2,344	98.00
200.00		Subtotal (see instructions)		104,172,722	65,655	83,897	22,738,362	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		104,172,722	65,655	83,897	22,738,362	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 16-0069		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 1/24/2022 3:51 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	11,175	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	451	0					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,839					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0					76.00
76.01	03951	SHOCK THERAPY	0	0					76.01
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0					77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0					94.00
95.00	09500	AMBULANCE SERVICES	0						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0					96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0					97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0					98.00
200.00		Subtotal (see instructions)	11,626	26,839					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	11,626	26,839					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 1/24/2022 3:51 pm		
				Component CCN: 16-T069				
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,421,248	77,752,055	0.031141	0	0	50.00
51.00	05100	RECOVERY ROOM	298,524	15,053,495	0.019831	12,922	256	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	114,864	2,688,898	0.042718	0	0	52.00
53.00	05300	ANESTHESIOLOGY	167,236	21,946,702	0.007620	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	742,666	17,316,795	0.042887	34,633	1,485	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	148,001	34,940,613	0.004236	73,498	311	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,874	10,227,016	0.002628	35,595	94	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	906,147	43,920,666	0.020631	237,379	4,897	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22,452	881,068	0.025483	790	20	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	221,199	12,054,493	0.018350	102,245	1,876	65.00
66.00	06600	PHYSICAL THERAPY	209,700	12,302,131	0.017046	1,375,789	23,452	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	625,703	34,530,383	0.018120	19,377	351	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	78,577	2,127,415	0.036935	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	205,073	15,190,387	0.013500	39,168	529	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	410,415	17,720,329	0.023161	200	5	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	641,680	37,991,911	0.016890	160,147	2,705	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	52,601	206,789	0.254370	0	0	76.00
76.01	03951	SHOCK THERAPY	5,595	504,234	0.011096	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	71,987	1,008,575	0.071375	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	1,646,514	12,283,914	0.134038	0	0	90.00
91.00	09100	EMERGENCY	417,443	30,406,974	0.013729	106	1	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,904,546	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	13,976	335,021	0.041717	0	0	98.00
200.00		Total (lines 50 through 199)	9,448,475	403,294,410		2,091,849	35,982	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0069 Component CCN: 16-T069		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 1/24/2022 3:51 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
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING		0	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY		0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES		0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0069 Component CCN: 16-T069		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 1/24/2022 3:51 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	77,752,055	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	15,053,495	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	2,688,898	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	21,946,702	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	17,316,795	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	34,940,613	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	10,227,016	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	43,920,666	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	881,068	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	12,054,493	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	12,302,131	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	34,530,383	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	2,127,415	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	15,190,387	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	17,720,329	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	37,991,911	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING		0	0	0	206,789	0.000000	76.00
76.01	03951	SHOCK THERAPY		0	0	0	504,234	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,008,575	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	12,283,914	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	30,406,974	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	1,904,546	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0.000000	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES		0	0	0	335,021	0.000000	98.00
200.00		Total (lines 50 through 199)		0	0	0	403,294,410		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0069 Component CCN: 16-T069		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 1/24/2022 3:51 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 before Geo Reclassification on	Outpatient Program Charges on/after Geo Reclassification on	
				9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	12,922	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	34,633	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	73,498	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	35,595	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	237,379	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	790	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	102,245	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,375,789	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	19,377	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	39,168	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	200	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	160,147	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING		0.000000	0	0	0	0	76.00
76.01	03951	SHOCK THERAPY		0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	106	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									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES							95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000	0	0	0	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES		0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)			2,091,849	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0069 Component CCN: 16-T069	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 1/24/2022 3:51 pm
				Title XVIII	Subprovider - IRF	PPS
	Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on 13.00	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on 13.01		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	0	0		76.00
76.01	03951	SHOCK THERAPY	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	0	0		98.00
200.00		Total (lines 50 through 199)	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 1/24/2022 3:51 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)		29,399	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,399	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)		28,502	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		16,996	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)		24,080,826	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)		24,080,826	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)		24,080,826	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)		819.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,921,424	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		13,921,424	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0069

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

Worksheet D-1

Date/Time Prepared:
1/24/2022 3:51 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	3,367,173	1,763	1,909.91	1,110	2,120,000
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,416,100
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					45,457,524
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,475,452
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,415,054
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,890,506
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					41,567,018
	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)					897
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					819.10
89.00	Observation bed cost (line 87 x line 88) (see instructions)					734,733

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0069

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

Worksheet D-1

Date/Time Prepared:
1/24/2022 3:51 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	2,199,880	24,080,826	0.091354	734,733	67,121
91.00	Nursing School cost	0	24,080,826	0.000000	734,733	0
92.00	Allied health cost	0	24,080,826	0.000000	734,733	0
93.00	All other Medical Education	0	24,080,826	0.000000	734,733	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0069 Component CCN: 16-T069	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 1/24/2022 3:51 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)		1,944	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,944	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,944	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)		1,573	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)		1,647,350	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)		1,647,350	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)		1,647,350	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)		847.40	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,332,960	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)		1,332,960	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0069 Component CCN: 16-T069		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 1/24/2022 3:51 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)			
		1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units									
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description						1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					649,166		48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,982,126		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)					122,128		50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					35,982		51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					158,110		52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,824,016		53.00	
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges					0		54.00	
55.00	Target amount per discharge					0.00		55.00	
56.00	Target amount (line 54 x line 55)					0		56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00	
58.00	Bonus payment (see instructions)					0		58.00	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00	
62.00	Relief payment (see instructions)					0		62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST									
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY									
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00	
72.00	Program routine service cost (line 9 x line 71)							72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00	
77.00	Program capital-related costs (line 9 x line 76)							77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00	
81.00	Inpatient routine service cost per diem limitation							81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00	
83.00	Reasonable inpatient routine service costs (see instructions)							83.00	
84.00	Program inpatient ancillary services (see instructions)							84.00	
85.00	Utilization review - physician compensation (see instructions)							85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)					0		87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00	

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 16-0069 Component CCN: 16-T069		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 1/24/2022 3:51 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	150,928	1,647,350	0.091619	0	0	90.00
91.00	Nursing School cost	0	1,647,350	0.000000	0	0	91.00
92.00	Allied health cost	0	1,647,350	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,647,350	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0069 Component CCN: 16-5116	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 1/24/2022 3:51 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)		225	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		225	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)		225	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)		187	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)		414,632	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)		414,632	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)		414,632	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1	
				Component CCN: 16-5116		Date/Time Prepared: 1/24/2022 3:51 pm	
				Title XVIII		Skilled Nursing Facility	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						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)						414,632 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						1,842.81 71.00
72.00	Program routine service cost (line 9 x line 71)						344,605 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)						344,605 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)						344,605 83.00
84.00	Program inpatient ancillary services (see instructions)						55,618 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)						400,223 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0 89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0069

Period:

Worksheet D-1

Component CCN: 16-5116

From 07/01/2020
To 06/30/2021Date/Time Prepared:
1/24/2022 3:51 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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 1/24/2022 3:51 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		33,263,732	30.00
31.00	03100	INTENSIVE CARE UNIT		4,010,430	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.174826	23,422,753	50.00
51.00	05100	RECOVERY ROOM	0.312197	3,086,413	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.638553	1,722	52.00
53.00	05300	ANESTHESIOLOGY	0.035651	7,042,505	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.241436	3,600,338	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.042417	8,337,739	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063094	1,741,473	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.260520	16,615,751	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.810844	448,111	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.174081	7,553,916	65.00
66.00	06600	PHYSICAL THERAPY	0.349134	3,612,165	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087302	10,466,037	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.243463	327,860	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.451664	4,850,447	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.777137	7,836,142	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319909	14,931,809	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	BEHAVIORAL HEALTH COUNSELING	1.812388	225	76.00
76.01	03951	SHOCK THERAPY	0.166482	101,001	76.01
76.97	07697	CARDIAC REHABILITATION	0.605343	3,841	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.281393	177,472	90.00
91.00	09100	EMERGENCY	0.178614	5,455,500	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.385779	228,206	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	PURCHASED DIALYSIS SERVICES	1.041562	308,795	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		120,150,221	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)		120,150,221	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 1/24/2022 3:51 pm	
		Component CCN: 16-T069			
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF		2,754,323		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.174826	0	0	50.00
51.00	05100 RECOVERY ROOM	0.312197	12,922	4,034	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.638553	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.035651	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.241436	34,633	8,362	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.042417	73,498	3,118	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.063094	35,595	2,246	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.260520	237,379	61,842	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.810844	790	641	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.174081	102,245	17,799	65.00
66.00	06600 PHYSICAL THERAPY	0.349134	1,375,789	480,335	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.087302	19,377	1,692	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.243463	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.451664	39,168	17,691	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.777137	200	155	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.319909	160,147	51,232	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 BEHAVIORAL HEALTH COUNSELING	1.812388	0	0	76.00
76.01	03951 SHOCK THERAPY	0.166482	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.605343	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.281393	0	0	90.00
91.00	09100 EMERGENCY	0.178614	106	19	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.385779	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 PURCHASED DIALYSIS SERVICES	1.041562	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,091,849	649,166	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		2,091,849		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3	
		Component CCN: 16-5116		Date/Time Prepared: 1/24/2022 3:51 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				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.174826	0	0	50.00
51.00	05100 RECOVERY ROOM	0.312197	542	169	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.638553	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.035651	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.241436	2,760	666	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.042417	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.063094	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.260520	21,187	5,520	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.810844	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.174081	29,951	5,214	65.00
66.00	06600 PHYSICAL THERAPY	0.349134	65,710	22,942	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.087302	3,129	273	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.243463	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.451664	2,565	1,159	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.777137	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.319909	61,503	19,675	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 BEHAVIORAL HEALTH COUNSELING	1.812388	0	0	76.00
76.01	03951 SHOCK THERAPY	0.166482	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.605343	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.281393	0	0	90.00
91.00	09100 EMERGENCY	0.178614	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.385779	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 PURCHASED DIALYSIS SERVICES	1.041562	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		187,347	55,618	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)		187,347		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 1/24/2022 3:51 pm
		Title XVIII	Hospital	PPS
		Before GEO Reclass	On/After GEO Reclass	
		1.00	1.01	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	9,768,709	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	28,169,280	0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	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	0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount	0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	0	0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	682,242	0	2.04
3.00	Managed Care Simulated Payments	2,383,568	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	165.46		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	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	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	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.33		30.00
31.00	Percentage of Medicaid patient days (see instructions)	15.84		31.00
32.00	Sum of lines 30 and 31	19.17		32.00
33.00	Allowable disproportionate share percentage (see instructions)	5.21	5.21	33.00
34.00	Disproportionate share adjustment (see instructions)	494,143	0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 1/24/2022 3:51 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)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	456,261	502,563		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	114,689	375,889		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	490,578			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 GEO Reclass	On/After GEO Reclass	
			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)	39,600,920	4,032		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0	0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		39,604,952		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,062,218		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		297,263		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)		42,964,433		59.00
60.00	Primary payer payments		44,927		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		42,919,506		61.00
62.00	Deductibles billed to program beneficiaries		4,255,324		62.00
63.00	Coinurance billed to program beneficiaries		82,080		63.00
64.00	Allowable bad debts (see instructions)		297,117		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		193,126		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		229,328		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,775,228		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)		502,003		70.93
70.94	HRR adjustment amount (see instructions)		-119,202		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 1/24/2022 3:51 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	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		39,158,029	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		39,138,985	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)		19,044	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		917,205	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	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 1/24/2022 3:51 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		38,465	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,738,362	2.00
3.00	OPPS payments		22,024,662	3.00
4.00	Outlier payment (see instructions)		17,297	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)		38,465	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		149,552	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)		149,552	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		149,552	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		111,087	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)		38,465	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)		22,041,959	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		12,784	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,645,732	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)		18,421,908	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)		18,421,908	30.00
31.00	Primary payer payments		1,940	31.00
32.00	Subtotal (line 30 minus line 31)		18,419,968	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)		124,767	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		81,099	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		95,781	36.00
37.00	Subtotal (see instructions)		18,501,067	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-135	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)		355	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		18,501,202	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		18,483,409	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)		17,793	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		1	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
1/24/2022 3:51 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		38,975,692		18,411,445	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		163,293		71,964	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)		39,138,985		18,483,409	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		19,044		17,793	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		39,158,029		18,501,202	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 1/24/2022 3:51 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					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		2,094,053			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)		2,094,053			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		3,168			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		2,097,221			0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 1/24/2022 3:51 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		107,353		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)		107,353		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		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		107,353		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: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
1/24/2022 3:51 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: 16-0069 Component CCN: 16-T069	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part III Date/Time Prepared: 1/24/2022 3:51 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)		2,054,971	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0283	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		40,277	3.00
4.00	Outlier Payments		12,409	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)		5.326027	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)		2,107,657	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)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		2,107,657	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		2,107,657	19.00
20.00	Deductibles		4,452	20.00
21.00	Subtotal (line 19 minus line 20)		2,103,205	21.00
22.00	Coinsurance		5,984	22.00
23.00	Subtotal (line 21 minus line 22)		2,097,221	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)		2,097,221	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)		2,097,221	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		2,094,053	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)		3,168	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		12,409	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0069 Component CCN: 16-5116	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VI Date/Time Prepared: 1/24/2022 3:51 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)		111,929	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)		111,929	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		4,576	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)		107,353	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)		107,353	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
15.75	Sequestration for non-claims based amounts (see instructions)		0	15.75
16.00	Interim payments		107,353	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 16-0069

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

Worksheet G

Date/Time Prepared:
1/24/2022 3:51 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	264,081	0	0	0	1.00
2.00 Temporary investments	85,360,996	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	59,372,494	0	0	0	4.00
5.00 Other receivable	8,440,756	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-35,601,547	0	0	0	6.00
7.00 Inventory	5,716,992	0	0	0	7.00
8.00 Prepaid expenses	266,039	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)	123,819,811	0	0	0	11.00
FIXED ASSETS					
12.00 Land	2,825,189	0	0	0	12.00
13.00 Land improvements	6,730,753	0	0	0	13.00
14.00 Accumulated depreciation	-4,002,043	0	0	0	14.00
15.00 Buildings	81,902,399	0	0	0	15.00
16.00 Accumulated depreciation	-47,989,861	0	0	0	16.00
17.00 Leasehold improvements	608,995	0	0	0	17.00
18.00 Accumulated depreciation	-568,000	0	0	0	18.00
19.00 Fixed equipment	66,683,478	0	0	0	19.00
20.00 Accumulated depreciation	-43,303,626	0	0	0	20.00
21.00 Automobiles and trucks	202,935	0	0	0	21.00
22.00 Accumulated depreciation	-29,593	0	0	0	22.00
23.00 Major movable equipment	68,086,866	0	0	0	23.00
24.00 Accumulated depreciation	-47,979,728	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	83,167,764	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	47,496,235	0	0	0	31.00
32.00 Deposits on leases	658,032	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	10,216,711	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	58,370,978	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	265,358,553	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	34,266,192	0	0	0	37.00
38.00 Salaries, wages, and fees payable	6,708,947	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	1,263,237	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	145,764	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	42,384,140	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	27,404,657	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	1,036,699	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	28,441,356	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	70,825,496	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	194,533,057				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	194,533,057	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	265,358,553	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0069

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

Worksheet G-1

Date/Time Prepared:
1/24/2022 3:51 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		169,903,465		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		30,688,838				2.00
3.00	Total (sum of line 1 and line 2)		200,592,303		0		3.00
4.00	UNRST CARES ACT GRANTS CAPITAL	451,513		0		0	4.00
5.00	UNREST NA OTHER TRANSACTIONS	223		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)		451,736		0		10.00
11.00	Subtotal (line 3 plus line 10)		201,044,039		0		11.00
12.00	IC UNREST NA EQUITY TRANSFER	6,510,759		0		0	12.00
13.00	DONOR RESTRICTED TEMP NA	223		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)		6,510,982		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		194,533,057		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	UNRST CARES ACT GRANTS CAPITAL		0				4.00
5.00	UNREST NA OTHER TRANSACTIONS		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	IC UNREST NA EQUITY TRANSFER		0				12.00
13.00	DONOR RESTRICTED TEMP NA		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: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	58,445,444		58,445,444	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,445,285		3,445,285	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	236,338		236,338	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	62,127,067		62,127,067	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,474,422		6,474,422	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,474,422		6,474,422	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	68,601,489		68,601,489	17.00
18.00	Ancillary services	171,464,577	208,373,034	379,837,611	18.00
19.00	Outpatient services	9,906,082	20,498,473	30,404,555	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		8,427,758	8,427,758	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	271,534	3,629,225	3,900,759	27.00
27.01		2,624,171	0	2,624,171	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	252,867,853	240,928,490	493,796,343	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		178,427,296		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)		178,427,296		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0069

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

Worksheet G-3

Date/Time Prepared:
1/24/2022 3:51 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	493,796,343	1.00
2.00	Less contractual allowances and discounts on patients' accounts	346,927,709	2.00
3.00	Net patient revenues (line 1 minus line 2)	146,868,634	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	178,427,296	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-31,558,662	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OP NON OPERATING REVENUE	37,243,275	24.00
24.50	COVID-19 PHE Funding	1,314,883	24.50
25.00	Total other income (sum of lines 6-24)	38,558,158	25.00
26.00	Total (line 5 plus line 25)	6,999,496	26.00
27.00	OTHER EXPENSES (INVESTMENT EXP)	-23,689,342	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-23,689,342	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	30,688,838	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS				Provider CCN: 16-0069	Period: From 07/01/2020 To 06/30/2021	Worksheet H
				HHA CCN: 16-7145		Date/Time Prepared: 1/24/2022 3:51 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	0	0	0	0	0	0	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	899,682	207,366	51,749	0	42,335	1,201,132	6.00
7.00	Physical Therapy	414,970	95,646	22,399	0	18,649	551,664	7.00
8.00	Occupational Therapy	112,625	25,959	8,352	0	4,951	151,887	8.00
9.00	Speech Pathology	10,510	2,422	604	0	495	14,031	9.00
10.00	Medical Social Services	214	49	0	0	58	321	10.00
11.00	Home Health Aide	47,941	11,050	3,456	0	3,426	65,873	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	588,794	156,732	12,899	0	1,611,265	2,369,690	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,074,736	499,224	99,459	0	1,681,179	4,354,598	24.00
		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	-144,597	1,056,535	0	1,056,535			6.00
7.00	Physical Therapy	-63,693	487,971	0	487,971			7.00
8.00	Occupational Therapy	-16,911	134,976	0	134,976			8.00
9.00	Speech Pathology	-1,691	12,340	0	12,340			9.00
10.00	Medical Social Services	-197	124	0	124			10.00
11.00	Home Health Aide	-11,701	54,172	0	54,172			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	-124,046	2,245,644	0	2,245,644			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-362,836	3,991,762	0	3,991,762			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 16-0069

Period:

Worksheet H-1

HHA CCN: 16-7145

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/24/2022 3:51 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	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	0	0	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,056,535	0	0	0	0	1,056,535	6.00
7.00	Physical Therapy	487,971	0	0	0	0	487,971	7.00
8.00	Occupational Therapy	134,976	0	0	0	0	134,976	8.00
9.00	Speech Pathology	12,340	0	0	0	0	12,340	9.00
10.00	Medical Social Services	124	0	0	0	0	124	10.00
11.00	Home Health Aide	54,172	0	0	0	0	54,172	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	2,245,644	0	0	0	0	2,245,644	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,991,762	0	0	0	0	3,991,762	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	0						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,056,535					6.00
7.00	Physical Therapy	0	487,971					7.00
8.00	Occupational Therapy	0	134,976					8.00
9.00	Speech Pathology	0	12,340					9.00
10.00	Medical Social Services	0	124					10.00
11.00	Home Health Aide	0	54,172					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	2,245,644					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		3,991,762					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0069

Period:

Worksheet H-1

HHA CCN: 16-7145

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/24/2022 3:51 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	3,991,762	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,056,535	6.00
7.00	Physical Therapy	0	0	0	0	487,971	7.00
8.00	Occupational Therapy	0	0	0	0	134,976	8.00
9.00	Speech Pathology	0	0	0	0	12,340	9.00
10.00	Medical Social Services	0	0	0	0	124	10.00
11.00	Home Health Aide	0	0	0	0	54,172	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	2,245,644	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	3,991,762	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2020

Part I

To 06/30/2021

Date/Time Prepared:

1/24/2022 3:51 pm

Home Health

PPS

						Agency I			
Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS						
			BLDG & FIXT	47 BLDG	PROF ARTS PLAZA	ASBURY	MED ARTS BLDG		
			1.00	1.01	1.02	1.03	1.04		
1.00	Administrative and General	0	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,056,535	0	12,268	0	0	0	0	2.00
3.00	Physical Therapy	487,971	0	5,403	0	0	0	0	3.00
4.00	Occupational Therapy	134,976	0	1,434	0	0	0	0	4.00
5.00	Speech Pathology	12,340	0	144	0	0	0	0	5.00
6.00	Medical Social Services	124	0	13	0	0	0	0	6.00
7.00	Home Health Aide	54,172	0	996	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	2,245,644	9,784	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,991,762	9,784	20,258	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00
Cost Center Description		CAPITAL RELATED COSTS							
		ENERGY CENTER	RENTAL PROPERTIES	PARKING DECK	97 BLDG	BELLEVUE CLINIC	CASCADE CLINIC		
		1.05	1.06	1.07	1.08	1.09	1.10		
1.00	Administrative and General	0	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	37,677	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	37,677	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2020

Part I

To 06/30/2021

Date/Time Prepared:

1/24/2022 3:51 pm

Home Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	
		RETAIL PHARMACY	OAKCREST NURSING HOME	CANCER CENTER	MVBLE EQUIP			
		1.11	1.12	1.13	2.00	4.00	4.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	51	219,561	0	2.00
3.00	Physical Therapy	0	0	0	22	96,692	0	3.00
4.00	Occupational Therapy	0	0	0	6	25,669	0	4.00
5.00	Speech Pathology	0	0	0	0	2,574	0	5.00
6.00	Medical Social Services	0	0	0	1	290	0	6.00
7.00	Home Health Aide	0	0	0	4	17,765	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	7,896	143,659	22,296	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	7,980	506,210	22,296	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		COMMUNICATIONS	PURCHASING RECEIVING AND STORES	PFS/COLLECTION	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		5.01	5.02	5.03	5A.03	5.06	6.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	10,759	0	0	1,299,174	138,548	1,350	2.00
3.00	Physical Therapy	4,662	0	0	594,750	63,426	595	3.00
4.00	Occupational Therapy	1,435	0	0	163,520	17,438	158	4.00
5.00	Speech Pathology	0	0	0	15,058	1,606	16	5.00
6.00	Medical Social Services	359	0	0	787	84	1	6.00
7.00	Home Health Aide	717	0	0	73,654	7,855	110	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	6,455	0	0	2,473,411	263,771	3,237	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)	24,387	0	0	4,620,354	492,728	5,467	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/24/2022 3:51 pmHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	35,050	0	13,652	0	2,377	0	2.00
3.00	Physical Therapy	15,438	0	6,013	0	1,047	0	3.00
4.00	Occupational Therapy	4,098	0	1,596	0	278	0	4.00
5.00	Speech Pathology	412	0	160	0	28	0	5.00
6.00	Medical Social Services	37	0	15	0	3	0	6.00
7.00	Home Health Aide	2,844	0	1,108	0	192	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	84,079	0	32,751	0	1,927	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)	141,958	0	55,295	0	5,852	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE CENTRAL STERILIZATION	
		13.00	14.00	15.00	16.00	17.00	18.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	93,471	0	0	0	0	23,463	2.00
3.00	Physical Therapy	41,165	0	0	0	0	10,320	3.00
4.00	Occupational Therapy	10,928	0	0	0	0	2,756	4.00
5.00	Speech Pathology	1,097	0	0	0	0	256	5.00
6.00	Medical Social Services	125	0	0	0	0	64	6.00
7.00	Home Health Aide	7,564	0	0	0	0	1,923	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	84,960	0	0	0	0	11,538	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)	239,310	0	0	0	0	50,320	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/24/2022 3:51 pmHome Health
Agency I

PPS

Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-	Subtotal	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		19.00	20.00	21.00	22.00	23.00	24.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	1,607,085	2.00
3.00	Physical Therapy	0	0	0	0	0	732,754	3.00
4.00	Occupational Therapy	0	0	0	0	0	200,772	4.00
5.00	Speech Pathology	0	0	0	0	0	18,633	5.00
6.00	Medical Social Services	0	0	0	0	0	1,116	6.00
7.00	Home Health Aide	0	0	0	0	0	95,250	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	2,955,674	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	5,611,284	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	0					1.00
2.00	Skilled Nursing Care	0	1,607,085	0	1,607,085			2.00
3.00	Physical Therapy	0	732,754	0	732,754			3.00
4.00	Occupational Therapy	0	200,772	0	200,772			4.00
5.00	Speech Pathology	0	18,633	0	18,633			5.00
6.00	Medical Social Services	0	1,116	0	1,116			6.00
7.00	Home Health Aide	0	95,250	0	95,250			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	2,955,674	0	2,955,674			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19) (2)	0	5,611,284	0	5,611,284			20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0069
HHA CCN: 16-7145Period:
From 07/01/2020
To 06/30/2021Worksheet H-2
Part II
Date/Time Prepared:
1/24/2022 3:51 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS	Agency 1					
		BLDG & FIXT (SQUARE FEET)	47 BLDG (SQUARE FEET)	PROF ARTS PLAZA (SQUARE FEET)	ASBURY (SQUARE FEET)	MED ARTS BLDG (SQUARE FEET)	ENERGY CENTER (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	1.05	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,873	0	0	0	0	2.00
3.00	Physical Therapy	0	825	0	0	0	0	3.00
4.00	Occupational Therapy	0	219	0	0	0	0	4.00
5.00	Speech Pathology	0	22	0	0	0	0	5.00
6.00	Medical Social Services	0	2	0	0	0	0	6.00
7.00	Home Health Aide	0	152	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	726	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)	726	3,093	0	0	0	0	20.00
21.00	Total cost to be allocated	9,784	20,258	0	0	0	0	21.00
22.00	Unit cost multiplier	13.476584	6.549628	0.000000	0.000000	0.000000	0.000000	22.00

Cost Center Description		CAPITAL RELATED COSTS	Agency 2					
		RENTAL PROPERTIES (SQUARE FEET)	PARKING DECK (SQUARE FEET)	97 BLDG (SQUARE FEET)	BELLEVUE CLINIC (SQUARE FEET)	CASCADE CLINIC (SQUARE FEET)	RETAIL PHARMACY (SQUARE FEET)	
		1.06	1.07	1.08	1.09	1.10	1.11	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	3,767	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	3,767	0	0	0	20.00
21.00	Total cost to be allocated	0	0	37,677	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	10.001858	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/24/2022 3:51 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (PAYROLL DEDUCTIONS)	COMMUNICATIONS (DUBUQUE PHONES)	
		OAKCREST NURSING HOME (SQUARE FEET)	CANCER CENTER (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.12	1.13	2.00	4.00	4.01	5.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	51	899,886	0	30	2.00
3.00	Physical Therapy	0	0	22	396,300	0	13	3.00
4.00	Occupational Therapy	0	0	6	105,205	0	4	4.00
5.00	Speech Pathology	0	0	0	10,550	0	0	5.00
6.00	Medical Social Services	0	0	1	1,189	0	1	6.00
7.00	Home Health Aide	0	0	4	72,811	0	2	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	7,884	588,794	26,873	18	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	7,968	2,074,735	26,873	68	20.00
21.00	Total cost to be allocated	0	0	7,980	506,210	22,296	24,387	21.00
22.00	Unit cost multiplier	0.000000	0.000000	1.001506	0.243988	0.829680	358.632353	22.00
Cost Center Description		PURCHASING RECEIVING AND STORES (PURCHASING REQUISITIONS)	PFS/COLLECTION (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.02	5.03	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	1,299,174	1,873	1,873	2.00
3.00	Physical Therapy	0	0	0	594,750	825	825	3.00
4.00	Occupational Therapy	0	0	0	163,520	219	219	4.00
5.00	Speech Pathology	0	0	0	15,058	22	22	5.00
6.00	Medical Social Services	0	0	0	787	2	2	6.00
7.00	Home Health Aide	0	0	0	73,654	152	152	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	2,473,411	4,493	4,493	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	4,620,354	7,586	7,586	20.00
21.00	Total cost to be allocated	0	0	0	492,728	5,467	141,958	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0	0.106643	0.720670	18.713156	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/24/2022 3:51 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,873	0	12,268	0	29,150	2.00
3.00	Physical Therapy	0	825	0	5,403	0	12,838	3.00
4.00	Occupational Therapy	0	219	0	1,434	0	3,408	4.00
5.00	Speech Pathology	0	22	0	144	0	342	5.00
6.00	Medical Social Services	0	2	0	16	0	39	6.00
7.00	Home Health Aide	0	152	0	993	0	2,359	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	4,493	0	9,948	0	26,496	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	7,586	0	30,206	0	74,632	20.00
21.00	Total cost to be allocated	0	55,295	0	5,852	0	239,310	21.00
22.00	Unit cost multiplier	0.000000	7.289085	0.000000	0.193736	0.000000	3.206533	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	OTHER GENERAL SERVICE CENTRAL STERILIZATION (HOURS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	18.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	366	0	2.00
3.00	Physical Therapy	0	0	0	0	161	0	3.00
4.00	Occupational Therapy	0	0	0	0	43	0	4.00
5.00	Speech Pathology	0	0	0	0	4	0	5.00
6.00	Medical Social Services	0	0	0	0	1	0	6.00
7.00	Home Health Aide	0	0	0	0	30	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	180	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	785	0	20.00
21.00	Total cost to be allocated	0	0	0	0	50,320	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	64.101911	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0069

Period:

Worksheet H-2

HHA CCN: 16-7145

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/24/2022 3:51 pmHome Health
Agency I

PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0069

Period:

Worksheet H-3

HHA CCN: 16-7145

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/24/2022 3:51 pm

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,607,085	0	1,607,085	6,085	264.11	1.00
2.00	Physical Therapy	3.00	732,754	0	732,754	2,897	252.94	2.00
3.00	Occupational Therapy	4.00	200,772	0	200,772	960	209.14	3.00
4.00	Speech Pathology	5.00	18,633	0	18,633	52	358.33	4.00
5.00	Medical Social Services	6.00	1,116		1,116	0	0.00	5.00
6.00	Home Health Aide	7.00	95,250		95,250	1,007	94.59	6.00
7.00	Total (sum of lines 1-6)		2,655,610	0	2,655,610	11,001		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		20220	0	3,368			8.00
8.01	Skilled Nursing Care		99914	0	244			8.01
8.02	Skilled Nursing Care		99916	0	298			8.02
8.03	Skilled Nursing Care		99952	0	184			8.03
9.00	Physical Therapy		20220	0	1,668			9.00
9.01	Physical Therapy		99914	0	101			9.01
9.02	Physical Therapy		99916	0	142			9.02
9.03	Physical Therapy		99952	0	78			9.03
10.00	Occupational Therapy		20220	0	698			10.00
10.01	Occupational Therapy		99914	0	35			10.01
10.02	Occupational Therapy		99916	0	57			10.02
10.03	Occupational Therapy		99952	0	9			10.03
11.00	Speech Pathology		20220	0	42			11.00
11.01	Speech Pathology		99914	0	1			11.01
11.02	Speech Pathology		99916	0	1			11.02
11.03	Speech Pathology		99952	0	0			11.03
12.00	Medical Social Services		20220	0	0			12.00
12.01	Medical Social Services		99914	0	0			12.01
12.02	Medical Social Services		99916	0	0			12.02
12.03	Medical Social Services		99952	0	0			12.03
13.00	Home Health Aide		20220	0	344			13.00
13.01	Home Health Aide		99914	0	3			13.01
13.02	Home Health Aide		99916	0	14			13.02
13.03	Home Health Aide		99952	0	14			13.03
14.00	Total (sum of lines 8-13)			0	7,301			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	13,446	13,446	29,769	0.451678	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0069

Period:

Worksheet H-3

HHA CCN: 16-7145

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Visits			Cost of Services	Agency 1		
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	4,094		0	1,081,266		1.00
2.00	Physical Therapy	0	1,989		0	503,098		2.00
3.00	Occupational Therapy	0	799		0	167,103		3.00
4.00	Speech Pathology	0	44		0	15,767		4.00
5.00	Medical Social Services	0	0		0	0		5.00
6.00	Home Health Aide	0	375		0	35,471		6.00
7.00	Total (sum of lines 1-6)	0	7,301		0	1,802,705		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	27,946	0	0	12,623	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0069

Period:

Worksheet H-3

HHA CCN: 16-7145

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/24/2022 3:51 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	1,081,266		1.00
2.00	Physical Therapy	503,098		2.00
3.00	Occupational Therapy	167,103		3.00
4.00	Speech Pathology	15,767		4.00
5.00	Medical Social Services	0		5.00
6.00	Home Health Aide	35,471		6.00
7.00	Total (sum of lines 1-6)	1,802,705		7.00
Cost Center Description				
		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0069

Period:

Worksheet H-3

HHA CCN: 16-7145

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/24/2022 3:51 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	0.349134	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.451664	29,769	13,446	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.319909	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0069 HHA CCN: 16-7145		Period: From 07/01/2020 To 06/30/2021		Worksheet H-4 Part I-II Date/Time Prepared: 1/24/2022 3:51 pm	
		Title XVIII		Home Health Agency I		PPS	
		Part A		Part B			
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance	
		1.00		2.00		3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES							
Reasonable Cost of Part A & Part B Services							
1.00	Reasonable cost of services (see instructions)	0	0	0	0	0	1.00
2.00	Total charges	0	0	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	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	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	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	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	0	0	8.00
9.00	Primary payer amounts	0	0	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	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers			0	1,269,768	0	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers			0	45,007	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes			0	11,903	0	13.00
14.00	Total PPS Reimbursement - PEP Episodes			0	8,340	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers			0	13,578	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes			0	0	0	16.00
17.00	Total Other Payments			0	0	0	17.00
18.00	DME Payments			0	0	0	18.00
19.00	Oxygen Payments			0	0	0	19.00
20.00	Prosthetic and Orthotic Payments			0	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)			0	1,348,596	0	22.00
23.00	Excess reasonable cost (from line 8)			0	0	0	23.00
24.00	Subtotal (line 22 minus line 23)			0	1,348,596	0	24.00
25.00	Coinsurance billed to program patients (from your records)			0	0	0	25.00
26.00	Net cost (line 24 minus line 25)			0	1,348,596	0	26.00
27.00	Reimbursable bad debts (from your records)			0	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)			0	1,348,596	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration			0	0	0	30.99
31.00	Subtotal (see instructions)			0	1,348,596	0	31.00
31.01	Sequestration adjustment (see instructions)			0	0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration			0	0	0	31.02
32.00	Interim payments (see instructions)			0	1,348,596	0	32.00
33.00	Tentative settlement (for contractor use only)			0	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)			0	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	0	35.00

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

Provider CCN: 16-0069

Period:

Worksheet H-5

HHA CCN: 16-7145

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

1/24/2022 3:51 pm

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,348,596	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		1,348,596	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		1,348,596	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 16-0069

Period:
From 07/01/2020
To 06/30/2021Worksheet L
Parts I-III
Date/Time Prepared:
1/24/2022 3:51 pm

Title XVIII		Hospital	PPS	
		Urban	Rural	
		1.00	1.01	
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier	2,875,614	0	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	0	1.01
2.00	Capital DRG outlier payments	72,730		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)	84.27		3.00
4.00	Number of interns & residents (see instructions)	0.00		4.00
5.00	Indirect medical education percentage (see instructions)	0.00		5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	3.33		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	15.84		8.00
9.00	Sum of lines 7 and 8	19.17		9.00
10.00	Allowable disproportionate share percentage (see instructions)	3.96		10.00
11.00	Disproportionate share adjustment (see instructions)	113,874		11.00
12.00	Total prospective capital payments (see instructions)	3,062,218		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