

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 16-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 1/26/2022 10:21 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 1/26/2022	Time: 10:21 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

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 submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MERCYONE CLINTON MEDICAL CENTER (16-0080) for the cost reporting period beginning 07/01/2020 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.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Kim Duwe	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Kim Duwe		2
3	Signatory Title	REGIONAL VICE PRESIDENT		3
4	Date	01/26/2022 10:20:55 AM		4

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	-97,615	67,851	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-97,615	67,851	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 1/26/2022 10:21 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1410 N FOURTH STREET			PO Box:				1.00	
2.00	City: CLINTON			State: IA		Zip Code: 52732		County: CLINTON	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			MERCYONE CLINTON MEDICAL CENTER	160080	99916	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA			MERCY HOME CARE	167154	99916	07/01/1998	N	P
13.00	Separately Certified ASC								N
14.00	Hospital-Based Hospice			MERCY HOSPICE	161527	99916	07/01/1998		
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis			MERCY RENAL DIALYSIS	162313	99916	07/01/1991		
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021	
21.00	Type of Control (see instructions)						1		
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
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	N	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		

Worksheet S-2
Part I
Date/Time Prepared:
1/26/2022 10:21 am

MCRIF32 - 17.1.172.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 1/26/2022 10:21 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
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: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
1/26/2022 10:21 am

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
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	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
			1.00	2.00	3.00		
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	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N 80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N 81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N 85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			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.			N N 98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N Y 98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N Y 98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N N 98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N N 98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N Y 98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N Y 98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?			N 105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N 108.00
			Physical	Occupational
			1.00	2.00
			Speech	Respiratory
			3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N 110.00

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	12,360	72,138	24,660118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1432	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 1/26/2022 10:21 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: TRINITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08001				141.00	
142.00	Street: 20555 VICTOR PARKWAY	PO Box:						142.00	
143.00	City: LIVONIA	State: MI		Zip Code: 48152				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			N		Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00	
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N		N		N		N	
156.00	Subprovider - IPF	N		N		N		N	
157.00	Subprovider - IRF	N		N		N		N	
158.00	SUBPROVIDER								
159.00	SNF	N		N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N		N	
161.00	CMHC			N		N		N	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part II Date/Time Prepared: 1/26/2022 10:21 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
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				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		09/22/2021		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N		Legal Oper.			
		1.00		2.00			
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? 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 programs 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			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/31/2021	Y	10/31/2021		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part II Date/Time Prepared: 1/26/2022 10:21 am	
		Description		Y/N	Y/N		
		0		1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00	
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00	
					1.00		
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions						22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.						35.00
				Y/N	Date		
				1.00	2.00		
Home Office Costs							
36.00	Were home office costs claimed on the cost report?						36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.						37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
				1.00		2.00	
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JILL		TURNES		41.00	
42.00	Enter the employer/company name of the cost report preparer.	TRINITY HEALTH				42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	734-343-0914		JILL.TURNES@TRINITY-HEALTH.ORG		43.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 1/26/2022 10:21 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR. REIMBURSEMENT ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
1/26/2022 10:21 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	97	35,405	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		97	35,405	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		107	39,055	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		107			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		4	1,460			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
1/26/2022 10:21 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,713	381	8,537			1.00
2.00	HMO and other (see instructions)	2,013	1,583				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	4,713	381	8,537			7.00
8.00	INTENSIVE CARE UNIT	1,152	322	2,210			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		516	714			13.00
14.00	Total (see instructions)	5,865	1,219	11,461	0.00	720.20	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	8,819	76	19,085	0.00	39.98	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	9,199	0	9,304	0.00	8.05	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	768.23	27.00
28.00	Observation Bed Days		207	948			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			97			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	68	103			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			42			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
1/26/2022 10:21 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,107	76	3,052	1.00
2.00 HMO and other (see instructions)			441	696		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,107	76	3,052	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
1/26/2022 10:21 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	56,496,249	-100,105	56,396,144	1,590,818.00	35.45	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		435,024	0	435,024	3,829.00	113.61	3.00
4.00	Physician-Part A - Administrative		50,867	0	50,867	262.00	194.15	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		8,310,322	0	8,310,322	40,330.00	206.06	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		18,147,191	-347,520	17,799,671	505,223.00	35.23	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,818,625	0	2,818,625	32,672.00	86.27	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		658,704	0	658,704	2,954.00	222.99	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		5,261,496	0	5,261,496	101,630.00	51.77	14.01
14.02	Related organization salaries		415,299	0	415,299	4,915.00	84.50	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,109,529	0	7,109,529			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		3,514,201	0	3,514,201			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		85,250	0	85,250			21.00
22.00	Physician Part A - Administrative		5,614	0	5,614			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		899,985	0	899,985			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,229,232	0	1,229,232			25.50
25.51	Related organization wage-related (core)		59,846	0	59,846			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
1/26/2022 10:21 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
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	339,847	247,415	587,262	26,722.00	21.98	26.00
27.00	Administrative & General	5.00	3,181,028	0	3,181,028	121,580.00	26.16	27.00
28.00	Administrative & General under contract (see inst.)		814,661	0	814,661	21,736.00	37.48	28.00
29.00	Maintenance & Repairs	6.00	448,609	0	448,609	18,597.00	24.12	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	75,725	0	75,725	5,138.00	14.74	31.00
32.00	Housekeeping	9.00	666,446	0	666,446	43,900.00	15.18	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	718,492	0	718,492	40,755.00	17.63	34.00
35.00	Dietary under contract (see instructions)		6,000	0	6,000	160.00	37.50	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,078,823	0	1,078,823	30,302.00	35.60	38.00
39.00	Central Services and Supply	14.00	124,002	0	124,002	7,342.00	16.89	39.00
40.00	Pharmacy	15.00	1,305,647	0	1,305,647	29,520.00	44.23	40.00
41.00	Medical Records & Medical Records Library	16.00	610,736	0	610,736	25,078.00	24.35	41.00
42.00	Social Service	17.00	99,050	0	99,050	3,304.00	29.98	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
1/26/2022 10:21 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	48,571,564	-100,105	48,471,459	1,568,555.00	30.90	1.00
2.00	Excluded area salaries (see instructions)	18,147,191	-347,520	17,799,671	505,223.00	35.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30,424,373	247,415	30,671,788	1,063,332.00	28.84	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,154,124	0	9,154,124	142,171.00	64.39	4.00
5.00	Subtotal wage-related costs (see inst.)	8,404,221	0	8,404,221	0.00	27.40	5.00
6.00	Total (sum of lines 3 thru 5)	47,982,718	247,415	48,230,133	1,205,503.00	40.01	6.00
7.00	Total overhead cost (see instructions)	9,469,066	247,415	9,716,481	374,134.00	25.97	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 16-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 1/26/2022 10:21 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,473,081	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)		941,597	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		231,297	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)		1,191,021	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		1,939,401	9.00
10.00	Dental, Hearing and Vision Plan		191,223	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		61,255	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		445,049	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		299,742	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,509,406	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		-107,656	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		382,354	22.00
23.00	Tuition Reimbursement		56,810	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		11,614,580	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,818,625	11,614,580	1.00
2.00	Hospital	2,818,625	7,109,529	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	3,068,094	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	576,857	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	860,100	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 16-0080 Component CCN: 16-7154		Period: From 07/01/2020 To 06/30/2021		Worksheet S-4 Date/Time Prepared: 1/26/2022 10:21 am	
				Home Health Agency I		PPS	
				1.00			
0.00 County				CLINTON		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	604	22	2,275	2,901	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	538.00	2.00	392.00	932.00	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)	0.00		2.83	0.00	2.83	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			9.80	0.00	9.80	5.00
6.00	Direct Nursing Service			9.23	0.00	9.23	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.27	0.00	2.27	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.84	0.00	0.84	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.46	0.00	0.46	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.08	0.00	0.08	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.63	0.00	2.63	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	DME			12.35	0.00	12.35	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.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
20.01				99916			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,812	236	227	18	5,293	21.00
22.00	Skilled Nursing Visit Charges	891,240	43,620	43,920	3,440	982,220	22.00
23.00	Physical Therapy Visits	1,498	209	6	11	1,724	23.00
24.00	Physical Therapy Visit Charges	298,800	41,800	1,200	2,200	344,000	24.00
25.00	Occupational Therapy Visits	693	172	2	4	871	25.00
26.00	Occupational Therapy Visit Charges	138,400	34,400	400	800	174,000	26.00
27.00	Speech Pathology Visits	187	45	0	6	238	27.00
28.00	Speech Pathology Visit Charges	36,340	8,900	0	1,200	46,440	28.00
29.00	Medical Social Service Visits	23	4	1	0	28	29.00
30.00	Medical Social Service Visit Charges	4,600	800	200	0	5,600	30.00
31.00	Home Health Aide Visits	627	38	0	0	665	31.00
32.00	Home Health Aide Visit Charges	50,150	3,040	0	0	53,190	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,840	704	236	39	8,819	33.00
34.00	Other Charges	34,145	4,648	301	19	39,113	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,453,675	137,208	46,021	7,659	1,644,563	35.00
36.00	Total Number of Episodes (standard/non outlier)	703		164	5	872	36.00
37.00	Total Number of Outlier Episodes		31		0	31	37.00
38.00	Total Non-Routine Medical Supply Charges	29,130	565	738	50	30,483	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 16-0080

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

Worksheet S-5

Date/Time Prepared:
1/26/2022 10:21 am

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	63	0	0	0	0	0	1.00	
2.00	Number of times per week patient receives dialysis	3.50	0.00	0.00	0.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	0.00	0.00	0.00	3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	312	0					5.00	
6.00	Number of stations	13	0	0		0		6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	71.92	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						0	11.00	
12.00	Number of patients transplanted during the cost reporting period						0	12.00	
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00	
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00	
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00	
16.00	Number of EPO units furnished relating to the home dialysis department							16.00	
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00	
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00	
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00	
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00	
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X	21.00	
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOETINE-EP AL	329,927	0	306,929	0	22.00		

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 16-0080

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

Worksheet S-5

Date/Time Prepared:
1/26/2022 10:21 am

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

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 16-0080

Period:

Worksheet S-9

Hospice CCN: 16-1527

From 07/01/2020
To 06/30/2021PARTS I THROUGH IV
Date/Time Prepared:
1/26/2022 10:21 am

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	9,181	0	105	9,286	11.00
12.00	Hospice Inpatient Respite Care	10	0	0	10	12.00
13.00	Hospice General Inpatient Care	8	0	0	8	13.00
14.00	Total Hospice Days	9,199	0	105	9,304	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	10	0	0	10	15.00
16.00	Hospice General Inpatient Care	8	0	0	8	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 16-0080

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

Worksheet S-10

Date/Time Prepared:
1/26/2022 10:21 am

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.243956	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		10,319,039	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		54,516,375	6.00
7.00	Medicaid cost (line 1 times line 6)		13,299,597	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		2,980,558	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		38,795	9.00
10.00	Stand-alone CHIP charges		196,840	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		48,020	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		9,225	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)		2,532	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		3,165	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		772	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		171,646	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,989,783	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)	2,649,073	320,348	2,969,421
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	646,257	320,348	966,605
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)	646,257	320,348	966,605
		1.00	2.00	3.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,281,194	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		249,317	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		383,564	27.01
28.00	Non-Medicare bad debt expense (see instructions)		2,897,630	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		841,141	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,807,746	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,797,529	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0080

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

Worksheet A

Date/Time Prepared:
1/26/2022 10:21 am

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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	2,663,327	2,663,327	1.00	
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG		0	942,732	942,732	1.01	
1.02	00102	CAP REL COSTS-MAT BUILDING		0	0	0	1.02	
1.03	00103	CAP REL COSTS-CHILD CARE		0	12,893	12,893	1.03	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	2,462,784	2,462,784	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	339,847	426,469	766,316	8,533,636	9,299,952	4.00
5.02	00550	A&G-INFO SVCS	188,793	6,825,254	7,014,047	-56,913	6,957,134	5.02
5.03	00560	A&G-PURCH	335,469	6,649	342,118	-74,319	267,799	5.03
5.04	00570	A&G-ADMIT/REG	688,513	1,928,600	2,617,113	-161,970	2,455,143	5.04
5.06	00590	A&G-ALL OTHER	1,968,253	5,094,773	7,063,026	1,397,765	8,460,791	5.06
6.00	00600	MAINTENANCE & REPAIRS	448,609	4,229,507	4,678,116	-113,458	4,564,658	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	75,725	12,832	88,557	272,506	361,063	8.00
9.00	00900	HOUSEKEEPING	666,446	634,067	1,300,513	-227,860	1,072,653	9.00
10.00	01000	DIETARY	718,492	855,681	1,574,173	-86,133	1,488,040	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,078,823	821,009	1,899,832	-211,047	1,688,785	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	124,002	169,395	293,397	-120,676	172,721	14.00
15.00	01500	PHARMACY	1,305,647	12,694,596	14,000,243	-11,978,767	2,021,476	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	610,736	237,512	848,248	-117,012	731,236	16.00
17.00	01700	SOCIAL SERVICE	99,050	23,195	122,245	-16,034	106,211	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	462,965	462,965	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,133,783	2,953,797	8,087,580	-2,239,538	5,848,042	30.00
31.00	03100	INTENSIVE CARE UNIT	1,745,642	1,234,194	2,979,836	-499,910	2,479,926	31.00
43.00	04300	NURSERY	0	0	0	497,943	497,943	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,548,044	5,180,748	7,728,792	-3,899,301	3,829,491	50.00
51.00	05100	RECOVERY ROOM	264,979	81,536	346,515	-60,178	286,337	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	237,431	58,570	296,001	221,924	517,925	52.00
53.00	05300	ANESTHESIOLOGY	1,260,166	628,026	1,888,192	-563,105	1,325,087	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,702,081	1,391,810	3,093,891	-825,274	2,268,617	54.00
54.01	05401	RADIATION ONCOLOGY	317,384	843,815	1,161,199	-239,672	921,527	54.01
58.00	05800	MRI	134,012	304,965	438,977	-40,776	398,201	58.00
59.00	05900	CARDIAC CATHETERIZATION	467,648	1,332,766	1,800,414	-1,229,528	570,886	59.00
60.00	06000	LABORATORY	1,251,183	3,306,637	4,557,820	-333,899	4,223,921	60.00
65.00	06500	RESPIRATORY THERAPY	767,741	528,051	1,295,792	-178,196	1,117,596	65.00
66.00	06600	PHYSICAL THERAPY	449,414	135,938	585,352	-81,585	503,767	66.00
67.00	06700	OCCUPATIONAL THERAPY	227,177	61,854	289,031	-34,615	254,416	67.00
68.00	06800	SPEECH PATHOLOGY	149,489	37,826	187,315	-22,108	165,207	68.00
69.00	06900	ELECTROCARDIOLOGY	173,236	101,867	275,103	-72,352	202,751	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	117,950	74,617	192,567	-38,647	153,920	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,982,345	2,982,345	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,952,352	1,952,352	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,612,844	13,612,844	73.00
74.00	07400	RENAL DIALYSIS	681,116	1,324,594	2,005,710	-144,838	1,860,872	74.00
76.97	07697	CARDIAC REHABILITATION	107,088	27,065	134,153	-16,914	117,239	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,372,769	6,198,481	16,571,250	-2,896,666	13,674,584	90.00
91.00	09100	EMERGENCY	1,592,320	4,426,775	6,019,095	-554,888	5,464,207	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	41,192	41,192	-10,123	31,069	95.00
101.00	10100	HOME HEALTH AGENCY	2,429,634	1,937,409	4,367,043	-597,789	3,769,254	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		5,319,280	5,319,280	-5,319,280	0	113.00
116.00	11600	HOSPICE	456,815	492,643	949,458	96,691	1,046,149	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,235,507	71,983,995	113,219,502	3,049,336	116,268,838	118.00
	NONREIMBURSABLE COST CENTERS							
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	49	49	194.01
194.07	07957	PHYSICIAN CLINICS	14,192,019	9,465,846	23,657,865	-2,384,528	21,273,337	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	96,588	47,668	144,256	-15,132	129,124	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	12,255	2,910	15,165	-1,976	13,189	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	701	701	-701	0	194.16
194.17	07967	CHILD DAY CARE CENTER	668,308	291,315	959,623	-607,012	352,611	194.17
194.18	07968	MARKETING & ADVERTISING	57,295	501,153	558,448	-8,484	549,964	194.18
194.19	07969	MERCY FOUNDATION	55,530	11,860	67,390	-8,504	58,886	194.19
194.20	07970	RETAIL PHARMACY	178,747	36,676	215,423	-23,048	192,375	194.20
200.00		TOTAL (SUM OF LINES 118 through 199)	56,496,249	82,342,124	138,838,373	0	138,838,373	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0080

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

Worksheet A

Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-754,511	1,908,816	1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	37,550	980,282	1.01
1.02	00102	CAP REL COSTS-MAT BUILDING	0	0	1.02
1.03	00103	CAP REL COSTS-CHILD CARE	0	12,893	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	454,350	2,917,134	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	676,094	9,976,046	4.00
5.02	00550	A&G-INFO SVCS	-846,412	6,110,722	5.02
5.03	00560	A&G-PURCH	-34,203	233,596	5.03
5.04	00570	A&G-ADMIT/REG	-390,005	2,065,138	5.04
5.06	00590	A&G-ALL OTHER	-2,123,264	6,337,527	5.06
6.00	00600	MAINTENANCE & REPAIRS	-541,442	4,023,216	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	361,063	8.00
9.00	00900	HOUSEKEEPING	-30,818	1,041,835	9.00
10.00	01000	DIETARY	-431,658	1,056,382	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-1,685	1,687,100	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	172,721	14.00
15.00	01500	PHARMACY	-554,832	1,466,644	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,444	726,792	16.00
17.00	01700	SOCIAL SERVICE	0	106,211	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-462,965	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-413,207	5,434,835	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,479,926	31.00
43.00	04300	NURSERY	0	497,943	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	69	3,829,560	50.00
51.00	05100	RECOVERY ROOM	0	286,337	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	517,925	52.00
53.00	05300	ANESTHESIOLOGY	-822,450	502,637	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-143,990	2,124,627	54.00
54.01	05401	RADIATION ONCOLOGY	-74,795	846,732	54.01
58.00	05800	MRI	0	398,201	58.00
59.00	05900	CARDIAC CATHETERIZATION	-2,450	568,436	59.00
60.00	06000	LABORATORY	-131,626	4,092,295	60.00
65.00	06500	RESPIRATORY THERAPY	-10,023	1,107,573	65.00
66.00	06600	PHYSICAL THERAPY	0	503,767	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	254,416	67.00
68.00	06800	SPEECH PATHOLOGY	0	165,207	68.00
69.00	06900	ELECTROCARDIOLOGY	0	202,751	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,174	152,746	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,982,345	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,952,352	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,612,844	73.00
74.00	07400	RENAL DIALYSIS	-6,803	1,854,069	74.00
76.97	07697	CARDIAC REHABILITATION	-9,143	108,096	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-8,848,688	4,825,896	90.00
91.00	09100	EMERGENCY	-2,646,399	2,817,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-30,769	300	95.00
101.00	10100	HOME HEALTH AGENCY	-18,205	3,751,049	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-757	1,045,392	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-18,168,655	98,100,183	118.00
NONREIMBURSABLE COST CENTERS					
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	49	194.01
194.07	07957	PHYSICIAN CLINICS	0	21,273,337	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	129,124	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	13,189	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	352,611	194.17
194.18	07968	MARKETING & ADVERTISING	0	549,964	194.18
194.19	07969	MERCY FOUNDATION	0	58,886	194.19
194.20	07970	RETAIL PHARMACY	0	192,375	194.20
200.00		TOTAL (SUM OF LINES 118 through 199)	-18,168,655	120,669,718	200.00

RECLASSIFICATIONS

Provider CCN: 16-0080

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

Worksheet A-6

Date/Time Prepared:
1/26/2022 10:21 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CHARGEABLE SUPPLIES AND IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,982,345		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,952,352		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
	TOTALS		0	4,934,697		
	B - Chargeable Drugs Reclass					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,612,844		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	13,612,844		
	C - LAUNDRY EXPENSE					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	299,403		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
	TOTALS		0	299,403		

RECLASSIFICATIONS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
1/26/2022 10:21 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
D - DIETARY EXPENSE					
1.00 DIETARY	10.00	0	139,700		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
TOTALS		0	139,700		
E - DIRECT ASSIGNED EMP BENE					
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,168,024		1.00
2.00 INTEREST EXPENSE	113.00	0	93,199		2.00
3.00 PASSTHRU COSTS	194.01	0	49		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
TOTALS		0	8,261,272		

RECLASSIFICATIONS

Provider CCN: 16-0080

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

Worksheet A-6

Date/Time Prepared:
1/26/2022 10:21 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	F - INT, DEPR, OTHER FROM 113					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,903,489		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	622,392		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	93,071		3.00
4.00	A&G-ALL OTHER	5.06	0	1,793,527		4.00
	TOTALS		0	5,412,479		
	G - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-SOUTH 1970	1.01	0	942,732		1.00
	BLUFF BLDG					
2.00	CAP REL COSTS-CHILD CARE	1.03	0	12,893		2.00
	TOTALS		0	955,625		
	H - CHILDCARE RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	347,520	34,834		1.00
	TOTALS		347,520	34,834		
	J - MOVEABLE EQUIPMENT					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,462,784		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
	TOTALS		0	2,462,784		
	K - HC BUSINESS OFFICE TO HOSPICE					
1.00	HOSPICE	116.00	92,590	70,801		1.00
	TOTALS		92,590	70,801		
	L - EMPLOYEE HEALTH & WELLNESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	100,105		1.00
	TOTALS		0	100,105		
	N - CRNA					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	435,024	27,941		1.00
	TOTALS		435,024	27,941		
	O - LDRP					
1.00	NURSERY	43.00	420,690	77,253		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	202,405	58,898		2.00
	TOTALS		623,095	136,151		
500.00	Grand Total: Increases		1,498,229	36,448,636		500.00

RECLASSIFICATIONS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
1/26/2022 10:21 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CHARGEABLE SUPPLIES AND IMPLANTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	379	0		1.00
2.00	A&G-INFO SVCS	5.02	0	101	0		2.00
3.00	A&G-PURCH	5.03	0	4,852	0		3.00
4.00	A&G-ADMIT/REG	5.04	0	7,022	0		4.00
5.00	A&G-ALL OTHER	5.06	0	65,756	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	458	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	6,934	0		7.00
8.00	HOUSEKEEPING	9.00	0	43,190	0		8.00
9.00	DIETARY	10.00	0	3,947	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	68	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	36,931	0		11.00
12.00	PHARMACY	15.00	0	16,688	0		12.00
13.00	SOCIAL SERVICE	17.00	0	99	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	222,071	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	125,142	0		15.00
16.00	OPERATING ROOM	50.00	0	2,906,111	0		16.00
17.00	RECOVERY ROOM	51.00	0	3,649	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	835	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	174	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	55,158	0		20.00
21.00	RADIATION ONCOLOGY	54.01	0	6,059	0		21.00
22.00	MRI	58.00	0	1,273	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	890,318	0		23.00
24.00	LABORATORY	60.00	0	26,965	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	16,964	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	3,333	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	1,830	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	1,230	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	9,710	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,275	0		30.00
31.00	CARDIAC REHABILITATION	76.97	0	748	0		31.00
32.00	CLINIC	90.00	0	295,076	0		32.00
33.00	EMERGENCY	91.00	0	172,351	0		33.00
	TOTALS		0	4,934,697			
	B - Chargeable Drugs Reclass						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,306	0		1.00
2.00	A&G-ALL OTHER	5.06	0	75	0		2.00
3.00	DIETARY	10.00	0	46	0		3.00
4.00	PHARMACY	15.00	0	11,627,690	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	111	0		5.00
6.00	OPERATING ROOM	50.00	0	4,211	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	233,055	0		7.00
8.00	RADIATION ONCOLOGY	54.01	0	139	0		8.00
9.00	MRI	58.00	0	7,218	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	219,152	0		10.00
11.00	LABORATORY	60.00	0	2,001	0		11.00
12.00	SPEECH PATHOLOGY	68.00	0	1,124	0		12.00
13.00	CLINIC	90.00	0	1,503,716	0		13.00
	TOTALS		0	13,612,844			
	C - LAUNDRY EXPENSE						
1.00	A&G-ALL OTHER	5.06	0	813	0		1.00
2.00	HOUSEKEEPING	9.00	0	10,522	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,222	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	56,643	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	36,820	0		5.00
6.00	OPERATING ROOM	50.00	0	53,717	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,700	0		7.00
8.00	RADIATION ONCOLOGY	54.01	0	1,943	0		8.00
9.00	MRI	58.00	0	2,082	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	1,839	0		10.00
11.00	LABORATORY	60.00	0	1,163	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	3,212	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	10,008	0		13.00
14.00	RENAL DIALYSIS	74.00	0	6,095	0		14.00
15.00	CLINIC	90.00	0	17,372	0		15.00
16.00	EMERGENCY	91.00	0	43,262	0		16.00
17.00	AMBULANCE SERVICES	95.00	0	10,123	0		17.00
18.00	HOME HEALTH AGENCY	101.00	0	159	0		18.00
19.00	PHYSICIAN CLINICS	194.07	0	27,378	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	330	0		20.00
	TOTALS		0	299,403			

RECLASSIFICATIONS

Provider CCN: 16-0080

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

Worksheet A-6

Date/Time Prepared:
1/26/2022 10:21 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	D - DIETARY EXPENSE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,057	0		1.00
2.00	A&G-ADMIT/REG	5.04	0	3	0		2.00
3.00	A&G-ALL OTHER	5.06	0	13,180	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	764	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	30,440	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	7,209	0		6.00
7.00	OPERATING ROOM	50.00	0	5,687	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	239	0		8.00
9.00	RADIATION ONCOLOGY	54.01	0	211	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	3,671	0		10.00
11.00	LABORATORY	60.00	0	103	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	54	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	17	0		13.00
14.00	SPEECH PATHOLOGY	68.00	0	116	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	1,016	0		15.00
16.00	RENAL DIALYSIS	74.00	0	113	0		16.00
17.00	CARDIAC REHABILITATION	76.97	0	626	0		17.00
18.00	CLINIC	90.00	0	46	0		18.00
19.00	EMERGENCY	91.00	0	6,662	0		19.00
20.00	HOME HEALTH AGENCY	101.00	0	968	0		20.00
21.00	PHYSICIAN CLINICS	194.07	0	12,150	0		21.00
22.00	MEDICALLY ASSISTED TREATMENT BLDG	194.08	0	314	0		22.00
23.00	CHILD DAY CARE CENTER	194.17	0	53,148	0		23.00
24.00	MERCY FOUNDATION	194.19	0	820	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	86	0		25.00
	TOTALS		0	139,700			
	E - DIRECT ASSIGNED EMP BENE						
1.00	A&G-INFO SVCS	5.02	0	23,889	0		1.00
2.00	A&G-PURCH	5.03	0	67,405	0		2.00
3.00	A&G-ADMIT/REG	5.04	0	154,641	0		3.00
4.00	A&G-ALL OTHER	5.06	0	276,043	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	83,253	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	19,963	0		6.00
7.00	HOUSEKEEPING	9.00	0	173,561	0		7.00
8.00	DIETARY	10.00	0	165,928	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	197,418	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	29,862	0		10.00
11.00	PHARMACY	15.00	0	168,925	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	114,775	0		12.00
13.00	SOCIAL SERVICE	17.00	0	15,935	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	843,945	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	287,050	0		15.00
16.00	OPERATING ROOM	50.00	0	427,299	0		16.00
17.00	RECOVERY ROOM	51.00	0	38,340	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	35,864	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	98,824	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	267,268	0		20.00
21.00	RADIATION ONCOLOGY	54.01	0	53,283	0		21.00
22.00	MRI	58.00	0	20,203	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	65,795	0		23.00
24.00	LABORATORY	60.00	0	223,145	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	116,489	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	68,701	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	32,785	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	19,638	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	33,996	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	19,317	0		30.00
31.00	RENAL DIALYSIS	74.00	0	114,662	0		31.00
32.00	CARDIAC REHABILITATION	76.97	0	15,540	0		32.00
33.00	CLINIC	90.00	0	1,017,217	0		33.00
34.00	EMERGENCY	91.00	0	259,853	0		34.00
35.00	HOME HEALTH AGENCY	101.00	0	411,546	0		35.00
36.00	HOSPICE	116.00	0	66,700	0		36.00
37.00	PHYSICIAN CLINICS	194.07	0	2,005,025	0		37.00
38.00	MEDICALLY ASSISTED TREATMENT BLDG	194.08	0	14,818	0		38.00
39.00	TENDER CARE (PRENATAL CLASSES)	194.13	0	1,976	0		39.00
40.00	CHILD DAY CARE CENTER	194.17	0	171,179	0		40.00
41.00	MARKETING & ADVERTISING	194.18	0	8,484	0		41.00
42.00	MERCY FOUNDATION	194.19	0	7,684	0		42.00
43.00	RETAIL PHARMACY	194.20	0	23,048	0		43.00

RECLASSIFICATIONS

Provider CCN: 16-0080

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

Worksheet A-6

Date/Time Prepared:
1/26/2022 10:21 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	TOTALS		0	8,261,272			
	F - INT, DEPR, OTHER FROM 113						
1.00	INTEREST EXPENSE	113.00	0	2,903,489	9		1.00
2.00	INTEREST EXPENSE	113.00	0	622,392	11		2.00
3.00	INTEREST EXPENSE	113.00	0	93,071	12		3.00
4.00	INTEREST EXPENSE	113.00	0	1,793,527	0		4.00
	TOTALS		0	5,412,479			
	G - BUILDING DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	955,625	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	955,625			
	H - CHILDCARE RECLASS						
1.00	CHILD DAY CARE CENTER	194.17	347,520	34,834	0		1.00
	TOTALS		347,520	34,834			
	J - MOVEABLE EQUIPMENT						
1.00	A&G-INFO SVCS	5.02	0	32,923	9		1.00
2.00	A&G-PURCH	5.03	0	2,062	0		2.00
3.00	A&G-ADMIT/REG	5.04	0	304	0		3.00
4.00	A&G-ALL OTHER	5.06	0	39,895	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	29,747	0		5.00
6.00	HOUSEKEEPING	9.00	0	587	0		6.00
7.00	DIETARY	10.00	0	55,912	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	12,797	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	52,661	0		9.00
10.00	PHARMACY	15.00	0	165,464	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,237	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	327,082	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	43,689	0		13.00
14.00	OPERATING ROOM	50.00	0	502,276	0		14.00
15.00	RECOVERY ROOM	51.00	0	18,189	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,680	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	1,142	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	254,854	0		18.00
19.00	RADIATION ONCOLOGY	54.01	0	178,037	0		19.00
20.00	MRI	58.00	0	10,000	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	48,753	0		21.00
22.00	LABORATORY	60.00	0	80,522	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	44,689	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	6,322	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	17,622	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,639	0		26.00
27.00	RENAL DIALYSIS	74.00	0	23,968	0		27.00
28.00	CLINIC	90.00	0	63,239	0		28.00
29.00	EMERGENCY	91.00	0	72,760	0		29.00
30.00	HOME HEALTH AGENCY	101.00	0	21,725	0		30.00
31.00	PHYSICIAN CLINICS	194.07	0	339,975	0		31.00
32.00	MERCY LIVING CENTER - NORTH	194.16	0	701	0		32.00
33.00	CHILD DAY CARE CENTER	194.17	0	331	0		33.00
	TOTALS		0	2,462,784			
	K - HC BUSINESS OFFICE TO HOSPICE						
1.00	HOME HEALTH AGENCY	101.00	92,590	70,801	0		1.00
	TOTALS		92,590	70,801			
	L - EMPLOYEE HEALTH & WELLNESS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	100,105	0	0		1.00
	TOTALS		100,105	0			
	N - CRNA						
1.00	ANESTHESIOLOGY	53.00	435,024	27,941	0		1.00
	TOTALS		435,024	27,941			
	O - LDRP						
1.00	ADULTS & PEDIATRICS	30.00	623,095	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	136,151	0		2.00
	TOTALS		623,095	136,151			
500.00	Grand Total: Decreases		1,598,334	36,348,531			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
1/26/2022 10:21 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	905,281	49,971	0	49,971	0	1.00	
2.00	Land Improvements	3,665,158	0	0	0	0	2.00	
3.00	Buildings and Fixtures	91,337,586	4,822,057	0	4,822,057	68,108	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	43,102,978	4,812,096	0	4,812,096	789,127	6.00	
7.00	HIT designated Assets	26,605,150	1,043,916	0	1,043,916	0	7.00	
8.00	Subtotal (sum of lines 1-7)	165,616,153	10,728,040	0	10,728,040	857,235	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	165,616,153	10,728,040	0	10,728,040	857,235	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	955,252	0					1.00
2.00	Land Improvements	3,665,158	1,993,602					2.00
3.00	Buildings and Fixtures	96,091,535	50,060,742					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	47,125,947	28,724,358					6.00
7.00	HIT designated Assets	27,649,066	0					7.00
8.00	Subtotal (sum of lines 1-7)	175,486,958	80,778,702					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	175,486,958	80,778,702					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	0	0	0	0	1.01
1.02	CAP REL COSTS-MAT BUILDING	0	0	0	0	0	1.02
1.03	CAP REL COSTS-CHILD CARE	0	0	0	0	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	0				1.01
1.02	CAP REL COSTS-MAT BUILDING	0	0				1.02
1.03	CAP REL COSTS-CHILD CARE	0	0				1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	100,711,945	0	100,711,945	0.573900	0	1.00
1.01	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS-MAT BUILDING	0	0	0	0.000000	0	1.02
1.03	CAP REL COSTS-CHILD CARE	0	0	0	0.000000	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	74,775,013	0	74,775,013	0.426100	0	2.00
3.00	Total (sum of lines 1-2)	175,486,958	0	175,486,958	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	1,947,864	0	1.00
1.01	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	0	0	980,282	0	1.01
1.02	CAP REL COSTS-MAT BUILDING	0	0	0	0	0	1.02
1.03	CAP REL COSTS-CHILD CARE	0	0	0	12,893	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,917,134	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,858,173	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	-132,119	93,071	0	0	1,908,816	1.00
1.01	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	0	0	0	980,282	1.01
1.02	CAP REL COSTS-MAT BUILDING	0	0	0	0	0	1.02
1.03	CAP REL COSTS-CHILD CARE	0	0	0	0	12,893	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,917,134	2.00
3.00	Total (sum of lines 1-2)	-132,119	93,071	0	0	5,819,125	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0080

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

Worksheet A-8

Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		A	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-754,511	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - CAP REL COSTS-SOUTH 1970 BLUFF BLDG (chapter 2)			0CAP REL COSTS-SOUTH 1970 BLUFF BLDG	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-MAT BUILDING (chapter 2)			0CAP REL COSTS-MAT BUILDING	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-CHILD CARE (chapter 2)			0CAP REL COSTS-CHILD CARE	1.03	0	1.03
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-12,798,445			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-2,091,103			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-394,476	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-1,394	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-SOUTH 1970 BLUFF BLDG	A	37,550	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	1.01	9	26.01
26.02	Depreciation - CAP REL COSTS-MAT BUILDING			0CAP REL COSTS-MAT BUILDING	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-CHILD CARE			0CAP REL COSTS-CHILD CARE	1.03	0	26.03
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0080

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

Worksheet A-8

Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00	2.00	3.00	4.00	5.00			
28.00	Non-physician Anesthetist	A	-462,965	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	Non Patient Drug Revenue	B	-554,832	PHARMACY	15.00	0	33.01
33.02	Rental Space Revenue	B	-129,075	MAINTENANCE & REPAIRS	6.00	0	33.02
33.03	Other Operating Revenue	B	-2,535	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.03
33.04	Other Operating Revenue	B	-30,055	A&G-ALL OTHER	5.06	0	33.04
33.05	Other Operating Revenue	B	-2,580	ADULTS & PEDIATRICS	30.00	0	33.05
33.06	Other Operating Revenue	B	-1,026	LABORATORY	60.00	0	33.06
33.07	Other Operating Revenue	B	-7	RENAL DIALYSIS	74.00	0	33.07
33.08	Other Operating Revenue	B	-9,825	CLINIC	90.00	0	33.08
33.09	Other Operating Revenue	B	-11,136	HOME HEALTH AGENCY	101.00	0	33.09
33.10	Other Revenue Copies	B	-3,825	MEDICAL RECORDS & LIBRARY	16.00	0	33.10
33.11	Other Revenue Copies	B	-7,069	HOME HEALTH AGENCY	101.00	0	33.11
33.12	Clinical Lab Revenue	B	-25,259	LABORATORY	60.00	0	33.12
33.13	MANAGEMENT REVENUE MRI	B	-59,574	RADIOLOGY-DIAGNOSTIC	54.00	0	33.13
33.14	CE Revenue	B	-437	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.14
33.15	CE Revenue	B	-772	NURSING ADMINISTRATION	13.00	0	33.15
33.16	IC Other Revenue	B	-4,359	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.17	IC Other Revenue	B	-108,040	A&G-ALL OTHER	5.06	0	33.17
33.18	IC Other Revenue	B	69	OPERATING ROOM	50.00	0	33.18
33.19	IC Other Revenue	B	-7,950	RADIOLOGY-DIAGNOSTIC	54.00	0	33.19
33.20	IC Other Revenue	B	0	RETAIL PHARMACY	194.20	0	33.20
33.21	IC Rent Revenue	B	-76,466	RADIOLOGY-DIAGNOSTIC	54.00	0	33.21
33.22	Income Taxes	B	15,000	A&G-ALL OTHER	5.06	0	33.22
33.23	Child Care Revenue	B	-619	MEDICAL RECORDS & LIBRARY	16.00	0	33.23
34.00	OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	34.00
34.01	Physician Recruiting Expense	A	-44,415	CLINIC	90.00	0	34.01
34.02	OFFSET PATIENT TRANSPORTATION	A	-3,462	A&G-ALL OTHER	5.06	0	34.02
34.03	OFFSET PATIENT TRANSPORTATION	A	-913	NURSING ADMINISTRATION	13.00	0	34.03
34.04	OFFSET PATIENT TRANSPORTATION	A	-240	ADULTS & PEDIATRICS	30.00	0	34.04
34.05	OFFSET PATIENT TRANSPORTATION	A	-2,450	CARDIAC CATHETERIZATION	59.00	0	34.05
34.06	OFFSET PATIENT TRANSPORTATION	A	-30,769	AMBULANCE SERVICES	95.00	0	34.06
34.07	OFFSET PATIENT TRANSPORTATION	A	-757	HOSPICE	116.00	0	34.07
34.08	Medicaid Tax Expense	A	-579,642	A&G-ALL OTHER	5.06	0	34.08
34.09	PT Tuition	A	-1,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.09
34.10	Donations Expense	A	-12,700	A&G-ALL OTHER	5.06	0	34.10
34.11	Advertising Expense	A	-30	MAINTENANCE & REPAIRS	6.00	0	34.11
34.12	LOBBYING EXPENSE	A	-6,561	A&G-ALL OTHER	5.06	0	34.12
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-18,168,655				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: 16-0080

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

Worksheet A-8-1

Date/Time Prepared:
1/26/2022 10:21 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	IC-TH-LOAN	622,392	622,392	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	IC-TH-CAPITAL	451,135	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	IC-TIS-CAPITAL	3,215	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC-DUB-HR	97,667	97,667	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC-TH-PENSION	1,065,705	0	4.01
4.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC-TH-HR ALLOCATION	170,743	231,784	4.02
4.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC-TH-PHARMACY REBATE	-342,832	-342,832	4.03
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC-TH-STOP LOSS	0	129,820	4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC-TH-TUITION	11,853	11,853	4.05
4.06	4.00	EMPLOYEE BENEFITS DEPARTMENT	IC-TH-WORKERS COMP	299,742	490,161	4.06
4.07	5.02	A&G-INFO SVCS	IC-DUB-IT	-870	-870	4.07
4.08	5.02	A&G-INFO SVCS	IC-TIS-AMORTIZATION	1,162,507	1,356,868	4.08
4.09	5.02	A&G-INFO SVCS	IC-TH-OPERATING ALLOCATION	3,900,030	4,552,081	4.09
4.10	5.03	A&G-PURCH	IC-DUB-SUPPLY CHAIN	17,107	17,107	4.10
4.11	5.03	A&G-PURCH	IC-TH-SUPPLY CHAIN	95,673	129,876	4.11
4.12	5.04	A&G-ADMIT/REG	IC-TH-PFS ALLOCATION	1,090,925	1,480,930	4.12
4.13	5.06	A&G-ALL OTHER	IC-DUB-A&G OTHER	185,985	185,985	4.13
4.14	5.06	A&G-ALL OTHER	IC-TH-A&G OTHER	2,708,318	3,676,540	4.14
4.15	5.06	A&G-ALL OTHER	IC-TH-INTEGRATED RISK	48,038	199,457	4.15
4.16	5.06	A&G-ALL OTHER	IC-TH-MALPRACTICE	85,740	157,915	4.16
4.17	5.06	A&G-ALL OTHER	IC-TH-PROPERTY	81,333	104,148	4.17
4.18	6.00	MAINTENANCE & REPAIRS	IC-DUB-MAINT & REPAIRS	76,193	76,193	4.18
4.19	6.00	MAINTENANCE & REPAIRS	IC-TH-MAINT & REPAIRS	1,153,393	1,565,730	4.19
4.20	9.00	HOUSEKEEPING	IC-TH-HOUSEKEEPING	86,205	117,023	4.20
4.21	10.00	DIETARY	IC-DUB-DIETARY	37,546	37,546	4.21
4.22	10.00	DIETARY	IC-TH-DIETARY	100,104	135,892	4.22
4.23	5.06	A&G-ALL OTHER	IC-MERCYONE-ACO	749,371	864,692	4.23
4.24	13.00	NURSING ADMINISTRATION	IC-MT CARMEL - NURSE ADMIN	6,636	6,636	4.24
4.25	15.00	PHARMACY	IC-DUB-PHARMACY	5,357	5,357	4.25
4.26	16.00	MEDICAL RECORDS & LIBRARY	IC-DUB-HIM	510	510	4.26
4.27	30.00	ADULTS & PEDIATRICS	IC-TH-PAT CARE	26,342	26,342	4.27
4.28	31.00	INTENSIVE CARE UNIT	IC-TH-PAT CARE	113,671	113,671	4.28
4.29	50.00	OPERATING ROOM	IC-DUB-OR	1,520	1,520	4.29
4.30	54.01	RADIATION ONCOLOGY	IC-TH-ONCOLOGY	24,751	33,600	4.30
4.31	58.00	MRI	IC-MRI	84,416	84,416	4.31
4.32	60.00	LABORATORY	IC-DUB-LAB	175	175	4.32
4.33	65.00	RESPIRATORY THERAPY	IC-DUB-RESPIRATORY	27,368	27,368	4.33
4.34	90.00	CLINIC	IC-TH-MALPRACTICE	23,418	43,131	4.34
4.35	90.00	CLINIC	IC-MC-PBP	340,703	462,504	4.35
4.36	91.00	EMERGENCY	IC-TH-ER	113,043	113,043	4.36
4.37	101.00	HOME HEALTH AGENCY	IC-DUB-HOMECARE	4,155	4,155	4.37
4.38	101.00	HOME HEALTH AGENCY	IC-TH-HOMECARE	193,033	193,033	4.38
4.39	0.00			0	0	4.39
4.40	0.00			0	0	4.40
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			14,922,316	17,013,419	5.00

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

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

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

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

6.00	G	0.00	TRINITY HEALTH	100.00	6.00
7.00	G	0.00	TRINITY INFO SV	100.00	7.00
8.00	G	0.00	MERCY1-DUB	1.00	8.00

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

Provider CCN: 16-0080

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

Worksheet A-8-1

Date/Time Prepared:
1/26/2022 10:21 am

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
9.00	G		0.00	MERCYONE	100.00	9.00
10.00	G		0.00	MT CARMEL	1.00	10.00
10.01	G		0.00	MRI	75.00	10.01
10.02	G		0.00	MERCY1-MC	1.00	10.02
10.03	G		0.00	MERCY HOMECARE	100.00	10.03
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				100.00

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

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

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

Provider CCN: 16-0080

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

Worksheet A-8-1

Date/Time Prepared:
1/26/2022 10:21 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	11		1.00
2.00	451,135	9		2.00
3.00	3,215	9		3.00
4.00	0	0		4.00
4.01	1,065,705	0		4.01
4.02	-61,041	0		4.02
4.03	0	0		4.03
4.04	-129,820	0		4.04
4.05	0	0		4.05
4.06	-190,419	0		4.06
4.07	0	0		4.07
4.08	-194,361	0		4.08
4.09	-652,051	0		4.09
4.10	0	0		4.10
4.11	-34,203	0		4.11
4.12	-390,005	0		4.12
4.13	0	0		4.13
4.14	-968,222	0		4.14
4.15	-151,419	0		4.15
4.16	-72,175	0		4.16
4.17	-22,815	0		4.17
4.18	0	0		4.18
4.19	-412,337	0		4.19
4.20	-30,818	0		4.20
4.21	0	0		4.21
4.22	-35,788	0		4.22
4.23	-115,321	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
4.26	0	0		4.26
4.27	0	0		4.27
4.28	0	0		4.28
4.29	0	0		4.29
4.30	-8,849	0		4.30
4.31	0	0		4.31
4.32	0	0		4.32
4.33	0	0		4.33
4.34	-19,713	0		4.34
4.35	-121,801	0		4.35
4.36	0	0		4.36
4.37	0	0		4.37
4.38	0	0		4.38
4.39	0	0		4.39
4.40	0	0		4.40
5.00	-2,091,103			5.00

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

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	HOME OFFICE-IT		7.00
8.00	HOSPITAL		8.00
9.00	HOME OFFICE		9.00
10.00	HOSPITAL		10.00
10.01	JOINT VENTURE		10.01

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

Provider CCN: 16-0080

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

Worksheet A-8-1

Date/Time Prepared:
1/26/2022 10:21 am

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
10.02	HOSPITAL		10.02
10.03	HOME CARE		10.03
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0080

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

Worksheet A-8-2

Date/Time Prepared:
1/26/2022 10:21 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	A&G-ALL OTHER	67,852	67,852	0	211,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	410,387	410,387	0	211,500	0	2.00
3.00	53.00	ANESTHESIOLOGY	822,450	822,450	0	239,400	0	3.00
4.00	54.01	RADIATION ONCOLOGY	112,720	0	112,720	211,500	460	4.00
5.00	60.00	LABORATORY	228,784	0	228,784	211,500	1,214	5.00
6.00	65.00	RESPIRATORY THERAPY	18,564	0	18,564	211,500	84	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	6,563	0	6,563	211,500	53	7.00
8.00	74.00	RENAL DIALYSIS	31,200	0	31,200	211,500	240	8.00
9.00	76.97	CARDIAC REHABILITATION	15,346	0	15,346	211,500	61	9.00
10.00	90.00	CLINIC	8,659,543	8,649,148	10,395	211,500	65	10.00
11.00	91.00	EMERGENCY	2,752,149	2,466,149	286,000	211,500	1,040	11.00
200.00			13,125,558	12,415,986	709,572		3,217	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	5.06	A&G-ALL OTHER	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.01	RADIATION ONCOLOGY	46,774	2,339	0	0	0	4.00
5.00	60.00	LABORATORY	123,443	6,172	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	8,541	427	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	5,389	269	0	0	0	7.00
8.00	74.00	RENAL DIALYSIS	24,404	1,220	0	0	0	8.00
9.00	76.97	CARDIAC REHABILITATION	6,203	310	0	0	0	9.00
10.00	90.00	CLINIC	6,609	330	0	0	0	10.00
11.00	91.00	EMERGENCY	105,750	5,288	0	0	0	11.00
200.00			327,113	16,355	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	5.06	A&G-ALL OTHER	0	0	0	67,852		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	410,387		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	822,450		3.00
4.00	54.01	RADIATION ONCOLOGY	0	46,774	65,946	65,946		4.00
5.00	60.00	LABORATORY	0	123,443	105,341	105,341		5.00
6.00	65.00	RESPIRATORY THERAPY	0	8,541	10,023	10,023		6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	5,389	1,174	1,174		7.00
8.00	74.00	RENAL DIALYSIS	0	24,404	6,796	6,796		8.00
9.00	76.97	CARDIAC REHABILITATION	0	6,203	9,143	9,143		9.00
10.00	90.00	CLINIC	0	6,609	3,786	8,652,934		10.00
11.00	91.00	EMERGENCY	0	105,750	180,250	2,646,399		11.00
200.00			0	327,113	382,459	12,798,445		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	SOUTH 1970 BLUFF BLDG	MAT BUILDING	CHILD CARE	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,908,816	1,908,816				1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	980,282	0	980,282			1.01
1.02	00102	CAP REL COSTS-MAT BUILDING	0	0	0	0		1.02
1.03	00103	CAP REL COSTS-CHILD CARE	12,893	0	0	0	12,893	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,917,134					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,976,046	6,310	6,936	0	0	4.00
5.02	00550	A&G-INFO SVCS	6,110,722	23,866	0	0	0	5.02
5.03	00560	A&G-PURCH	233,596	48,444	0	0	0	5.03
5.04	00570	A&G-ADMIT/REG	2,065,138	26,242	0	0	0	5.04
5.06	00590	A&G-ALL OTHER	6,337,527	132,653	34,251	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,023,216	34,081	0	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	361,063	9,815	85,941	0	0	8.00
9.00	00900	HOUSEKEEPING	1,041,835	11,558	0	0	0	9.00
10.00	01000	DIETARY	1,056,382	68,201	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,687,100	68,532	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	172,721	28,248	0	0	0	14.00
15.00	01500	PHARMACY	1,466,644	32,942	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	726,792	32,133	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	106,211	14,781	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,434,835	203,864	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,479,926	48,892	0	0	0	31.00
43.00	04300	NURSERY	497,943	28,414	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,829,560	188,137	0	0	0	50.00
51.00	05100	RECOVERY ROOM	286,337	7,469	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	517,925	29,709	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	502,637	1,276	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,124,627	152,498	0	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	846,732	188,263	0	0	0	54.01
58.00	05800	MRI	398,201	20,283	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	568,436	73,751	0	0	0	59.00
60.00	06000	LABORATORY	4,092,295	52,903	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,107,573	22,055	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	503,767	0	257,308	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	254,416	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	165,207	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	202,751	2,726	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	152,746	15,706	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,982,345	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,952,352	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,612,844	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,854,069	0	143,681	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	108,096	7,021	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,825,896	182,450	0	0	0	90.00
91.00	09100	EMERGENCY	2,817,808	67,334	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	300	28,813	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,751,049	0	427,790	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,045,392	0	24,375	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	98,100,183	1,859,370	980,282	0	0	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	49		0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	21,273,337	46,827	0	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	129,124	0	0	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	13,189	672	0	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	0	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	352,611	0	0	0	12,893	194.17
194.18	07968	MARKETING & ADVERTISING	549,964	0	0	0	0	194.18
194.19	07969	MERCY FOUNDATION	58,886	1,947	0	0	0	194.19

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	SOUTH 1970 BLUFF BLDG	MAT BUILDING	CHILD CARE	
			0	1.00	1.01	1.02	1.03	
194.20	07970	RETAIL PHARMACY	192,375	0	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	120,669,718	1,908,816	980,282	0	12,893	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	A&G-INFO SVCS	A&G-PURCH	
			MOVBLE EQUIP					
			2.00	4.00	4A	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,917,134					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,989,292				4.00
5.02	00550	A&G-INFO SVCS	38,997	33,792	6,207,377	6,207,377		5.02
5.03	00560	A&G-PURCH	2,442	60,046	344,528	18,684	363,212	5.03
5.04	00570	A&G-ADMIT/REG	360	123,238	2,214,978	120,120	0	5.04
5.06	00590	A&G-ALL OTHER	47,255	352,300	6,903,986	374,410	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	35,235	80,297	4,172,829	226,297	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	13,554	470,373	25,509	0	8.00
9.00	00900	HOUSEKEEPING	695	119,288	1,173,376	63,633	0	9.00
10.00	01000	DIETARY	66,227	128,604	1,319,414	71,553	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,158	193,100	1,963,890	106,504	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	62,376	22,195	285,540	15,485	0	14.00
15.00	01500	PHARMACY	195,990	233,699	1,929,275	104,627	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,650	109,316	870,891	47,229	0	16.00
17.00	01700	SOCIAL SERVICE	0	17,729	138,721	7,523	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	77,865	77,865	4,223	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	387,424	807,373	6,833,496	370,587	25,157	30.00
31.00	03100	INTENSIVE CARE UNIT	51,749	312,454	2,893,021	156,891	11,911	31.00
43.00	04300	NURSERY	0	75,300	601,657	32,628	1,746	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	594,940	456,077	5,068,714	274,881	52,268	50.00
51.00	05100	RECOVERY ROOM	21,545	47,429	362,780	19,674	9,331	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,174	78,727	629,535	34,140	2,620	52.00
53.00	05300	ANESTHESIOLOGY	1,353	147,693	652,959	35,411	10,990	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	301,871	304,657	2,883,653	156,383	52,374	54.00
54.01	05401	RADIATION ONCOLOGY	210,883	56,809	1,302,687	70,646	7,424	54.01
58.00	05800	MRI	11,845	23,987	454,316	24,638	4,564	58.00
59.00	05900	CARDIAC CATHETERIZATION	57,747	83,705	783,639	42,498	13,121	59.00
60.00	06000	LABORATORY	95,377	223,950	4,464,525	242,116	30,810	60.00
65.00	06500	RESPIRATORY THERAPY	52,934	137,419	1,319,981	71,584	3,015	65.00
66.00	06600	PHYSICAL THERAPY	7,488	80,441	849,004	46,042	2,028	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	40,663	295,079	16,002	1,731	67.00
68.00	06800	SPEECH PATHOLOGY	0	26,757	191,964	10,410	556	68.00
69.00	06900	ELECTROCARDIOLOGY	20,873	31,008	257,358	13,957	9,676	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,416	21,112	200,980	10,899	1,446	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,982,345	161,736	1,849	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,952,352	105,878	3,795	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	13,612,844	738,238	47,187	73.00
74.00	07400	RENAL DIALYSIS	28,390	121,914	2,148,054	116,491	24,058	74.00
76.97	07697	CARDIAC REHABILITATION	0	19,168	134,285	7,282	677	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	74,906	1,856,632	6,939,884	376,357	9,116	90.00
91.00	09100	EMERGENCY	86,183	285,011	3,256,336	176,594	26,508	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	29,113	1,579	0	95.00
101.00	10100	HOME HEALTH AGENCY	25,733	418,310	4,622,882	250,704	7,537	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	98,339	1,168,106	63,348	1,717	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,513,216	7,319,958	94,964,592	4,813,391	363,212	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	49	3	0	194.01
194.07	07957	PHYSICIAN CLINICS	402,696	2,540,246	24,263,106	1,315,783	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	17,288	146,412	7,940	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	2,194	16,055	871	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	830	0	830	45	0	194.16
194.17	07967	CHILD DAY CARE CENTER	392	57,418	423,314	22,957	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	10,255	560,219	30,381	0	194.18
194.19	07969	MERCY FOUNDATION	0	9,939	70,772	3,838	0	194.19
194.20	07970	RETAIL PHARMACY	0	31,994	224,369	12,168	0	194.20
200.00		Cross Foot Adjustments			0			200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	A&G-INFO SVCS	A&G-PURCH	
			MVBLE	EQUIP					
			2.00	4.00		4A	5.02	5.03	
201.00		Negative Cost Centers		0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,917,134		9,989,292	120,669,718	6,207,377	363,212	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			A&G-ADMIT/REG	Subtotal	A&G-ALL OTHER	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	
			5.04	5A.04	5.06	6.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG	2,335,098					5.04
5.06	00590	A&G-ALL OTHER	0	7,278,396	7,278,396			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	4,399,126	282,371	4,681,497		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	495,882	31,830	88,593	616,305	8.00
9.00	00900	HOUSEKEEPING	0	1,237,009	79,401	26,166	21,718	9.00
10.00	01000	DIETARY	0	1,390,967	89,283	154,393	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,070,394	132,894	155,142	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	301,025	19,322	63,948	2,522	14.00
15.00	01500	PHARMACY	0	2,033,902	130,552	74,573	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	918,120	58,932	72,744	0	16.00
17.00	01700	SOCIAL SERVICE	0	146,244	9,387	33,462	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	82,088	5,269	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	161,740	7,390,980	474,412	461,503	116,910	30.00
31.00	03100	INTENSIVE CARE UNIT	76,580	3,138,403	201,448	110,681	75,999	31.00
43.00	04300	NURSERY	11,228	647,259	41,546	64,323	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	336,043	5,731,906	367,920	425,903	110,875	50.00
51.00	05100	RECOVERY ROOM	59,990	451,775	28,999	16,907	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,848	683,143	43,850	67,255	0	52.00
53.00	05300	ANESTHESIOLOGY	70,659	770,019	49,426	2,888	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	336,631	3,429,041	220,103	345,224	30,342	54.00
54.01	05401	RADIATION ONCOLOGY	47,733	1,428,490	91,692	426,190	4,011	54.01
58.00	05800	MRI	29,342	512,860	32,919	45,917	4,298	58.00
59.00	05900	CARDIAC CATHETERIZATION	84,361	923,619	59,285	166,958	3,796	59.00
60.00	06000	LABORATORY	198,084	4,935,535	316,802	119,763	2,401	60.00
65.00	06500	RESPIRATORY THERAPY	19,387	1,413,967	90,760	49,929	0	65.00
66.00	06600	PHYSICAL THERAPY	13,036	910,110	58,418	198,723	6,630	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,130	323,942	20,793	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,573	206,503	13,255	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	62,208	343,199	22,029	6,172	20,658	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,296	222,621	14,290	35,556	679	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,889	3,157,819	202,694	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,398	2,086,423	133,923	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	303,379	14,701,648	943,669	0	0	73.00
74.00	07400	RENAL DIALYSIS	154,676	2,443,279	156,829	110,967	12,581	74.00
76.97	07697	CARDIAC REHABILITATION	4,351	146,595	9,410	15,893	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	58,609	7,383,966	473,962	413,030	35,856	90.00
91.00	09100	EMERGENCY	170,428	3,629,866	232,994	152,431	89,296	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	30,692	1,970	65,227	20,895	95.00
101.00	10100	HOME HEALTH AGENCY	48,459	4,929,582	316,420	330,389	328	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	11,040	1,244,211	79,863	18,825	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,335,098	93,570,606	5,538,922	4,319,675	559,795	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	52	3	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	25,578,889	1,641,895	106,007	56,510	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	154,352	9,908	50,700	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	16,926	1,086	1,521	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	875	56	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	446,271	28,645	199,185	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	590,600	37,909	0	0	194.18
194.19	07969	MERCY FOUNDATION	0	74,610	4,789	4,409	0	194.19
194.20	07970	RETAIL PHARMACY	0	236,537	15,183	0	0	194.20
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,335,098	120,669,718	7,278,396	4,681,497	616,305	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG						5.04
5.06	00590	A&G-ALL OTHER						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,364,294					9.00
10.00	01000	DIETARY	46,124	1,680,767				10.00
11.00	01100	CAFETERIA	0	1,196,412	1,196,412			11.00
13.00	01300	NURSING ADMINISTRATION	46,348	0	26,629	2,431,407		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,104	0	7,608	0	413,529	14.00
15.00	01500	PHARMACY	22,278	0	26,629	0	6,668	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,732	0	22,825	0	53	16.00
17.00	01700	SOCIAL SERVICE	9,997	0	3,804	0	20	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	137,875	418,078	146,461	668,628	3,947	30.00
31.00	03100	INTENSIVE CARE UNIT	33,065	66,277	51,356	230,733	2,065	31.00
43.00	04300	NURSERY	19,216	0	13,315	70,336	990	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	127,237	0	79,888	269,001	24,740	50.00
51.00	05100	RECOVERY ROOM	5,051	0	7,608	40,501	70	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,092	0	5,706	38,537	50	52.00
53.00	05300	ANESTHESIOLOGY	863	0	5,706	0	699	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	103,134	0	49,454	2,677	4,548	54.00
54.01	05401	RADIATION ONCOLOGY	127,322	0	9,510	18,045	364	54.01
58.00	05800	MRI	13,717	0	3,804	0	101	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,878	0	11,413	30,466	4,661	59.00
60.00	06000	LABORATORY	35,779	0	45,650	1,218	89,642	60.00
65.00	06500	RESPIRATORY THERAPY	14,916	0	20,923	0	6,886	65.00
66.00	06600	PHYSICAL THERAPY	59,368	0	13,315	0	226	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,706	0	42	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3,804	0	17	68.00
69.00	06900	ELECTROCARDIOLOGY	1,844	0	5,706	17,189	196	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,622	0	3,804	0	1,003	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	155,441	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	101,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	33,151	0	22,825	53,860	0	74.00
76.97	07697	CARDIAC REHABILITATION	4,748	0	3,804	7,555	63	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	123,391	0	114,125	222,931	5,663	90.00
91.00	09100	EMERGENCY	45,538	0	49,454	174,963	3,617	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	19,486	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	98,702	0	38,042	106,986	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,624	0	3,804	35,508	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,256,202	1,680,767	802,678	1,989,134	413,529	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	31,669	0	344,280	439,870	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	15,146	0	1,902	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	454	0	0	2,271	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	0	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	59,506	0	39,944	132	0	194.17
194.18	07968	MARKETING & ADVERTISING	1,317	0	1,902	0	0	194.18
194.19	07969	MERCY FOUNDATION	0	0	1,902	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	0	3,804	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,364,294	1,680,767	1,196,412	2,431,407	413,529	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
			15.00	16.00	17.00	19.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG						5.04
5.06	00590	A&G-ALL OTHER						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	2,294,602					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,094,406				16.00
17.00	01700	SOCIAL SERVICE	0	0	202,914			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	87,357		19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,906	75,803	0	0	9,899,503	30.00
31.00	03100	INTENSIVE CARE UNIT	2,707	35,891	0	0	3,948,625	31.00
43.00	04300	NURSERY	0	5,262	0	0	862,247	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,869	157,494	0	0	7,304,833	50.00
51.00	05100	RECOVERY ROOM	50	28,116	0	0	579,077	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	126	7,896	0	0	866,655	52.00
53.00	05300	ANESTHESIOLOGY	0	33,116	0	87,357	950,074	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,215	157,783	0	0	4,346,521	54.00
54.01	05401	RADIATION ONCOLOGY	13	22,371	0	0	2,128,008	54.01
58.00	05800	MRI	0	13,752	0	0	627,368	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,067	39,538	0	0	1,290,681	59.00
60.00	06000	LABORATORY	49	92,836	0	0	5,639,675	60.00
65.00	06500	RESPIRATORY THERAPY	121	9,086	0	0	1,606,588	65.00
66.00	06600	PHYSICAL THERAPY	0	6,109	0	0	1,252,899	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,216	0	0	355,699	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,675	0	0	225,254	68.00
69.00	06900	ELECTROCARDIOLOGY	231	29,155	0	0	446,379	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,357	0	0	292,932	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,572	0	0	3,521,526	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,434	0	0	2,333,537	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,222,231	142,185	0	0	18,009,733	73.00
74.00	07400	RENAL DIALYSIS	0	72,492	68,899	0	2,974,883	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,039	0	0	190,107	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	40,366	27,468	0	0	8,840,758	90.00
91.00	09100	EMERGENCY	8,651	79,875	0	0	4,466,685	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	138,270	95.00
101.00	10100	HOME HEALTH AGENCY	0	22,711	10,558	0	5,853,718	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	5,174	123,457		1,516,466	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,294,602	1,094,406	202,914	87,357	90,468,701	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	55	194.01
194.07	07957	PHYSICIAN CLINICS	0	0	0	0	28,199,120	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	0	0	232,008	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	0	0	0	22,258	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	0	0	931	194.16
194.17	07967	CHILD DAY CARE CENTER	0	0	0	0	773,683	194.17
194.18	07968	MARKETING & ADVERTISING	0	0	0	0	631,728	194.18
194.19	07969	MERCY FOUNDATION	0	0	0	0	85,710	194.19
194.20	07970	RETAIL PHARMACY	0	0	0	0	255,524	194.20
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,294,602	1,094,406	202,914	87,357	120,669,718	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG		1.01
1.02	00102	CAP REL COSTS-MAT BUILDING		1.02
1.03	00103	CAP REL COSTS-CHILD CARE		1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00550	A&G-INFO SVCS		5.02
5.03	00560	A&G-PURCH		5.03
5.04	00570	A&G-ADMIT/REG		5.04
5.06	00590	A&G-ALL OTHER		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	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	0	54.00
54.01	05401	RADIATION ONCOLOGY	0	54.01
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	-329,927	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	113.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951	PASSTHRU COSTS	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	194.18
194.19	07969	MERCY FOUNDATION	0	194.19
194.20	07970	RETAIL PHARMACY	0	194.20
200.00		Cross Foot Adjustments	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total		1/20/2022 10:11 am
			25.00	26.00		
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	120,339,791		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			CAPITAL RELATED COSTS					
			Directly Assigned New Capital Related Costs	BLDG & FIXT	SOUTH 1970 BLUFF BLDG	MAT BUILDING		CHILD CARE
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	6,310	6,936	0	0	4.00
5.02	00550	A&G-INFO SVCS	0	23,866	0	0	0	5.02
5.03	00560	A&G-PURCH	0	48,444	0	0	0	5.03
5.04	00570	A&G-ADMIT/REG	0	26,242	0	0	0	5.04
5.06	00590	A&G-ALL OTHER	81,397	132,653	34,251	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	777	34,081	0	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,815	85,941	0	0	8.00
9.00	00900	HOUSEKEEPING	0	11,558	0	0	0	9.00
10.00	01000	DIETARY	0	68,201	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	68,532	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,670	28,248	0	0	0	14.00
15.00	01500	PHARMACY	0	32,942	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	32,133	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	14,781	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,676	203,864	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,741	48,892	0	0	0	31.00
43.00	04300	NURSERY	0	28,414	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,770	188,137	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	7,469	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	29,709	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,276	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	152,498	0	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	0	188,263	0	0	0	54.01
58.00	05800	MRI	0	20,283	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	73,751	0	0	0	59.00
60.00	06000	LABORATORY	0	52,903	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	4,327	22,055	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	257,308	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	160	2,726	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,706	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	143,681	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	7,021	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	182,450	0	0	0	90.00
91.00	09100	EMERGENCY	0	67,334	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	28,813	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	12,714	0	427,790	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	28,026	0	24,375	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	194,258	1,859,370	980,282	0	0	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	1,791,031	46,827	0	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	0	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	672	0	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	0	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	0	0	0	12,893	194.17
194.18	07968	MARKETING & ADVERTISING	0	0	0	0	0	194.18
194.19	07969	MERCY FOUNDATION	0	1,947	0	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	0	0	0	0	194.20

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	SOUTH 1970 BLUFF BLDG	MAT BUILDING	CHILD CARE	
			1.00	1.01	1.02	1.03	
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,985,289	1,908,816	980,282	0	12,893	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	A&G-INFO SVCS	A&G-PURCH	
			MOVBLE EQUIP					
			2.00	2A	4.00	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	13,246	13,246			4.00
5.02	00550	A&G-INFO SVCS	38,997	62,863	45	62,908		5.02
5.03	00560	A&G-PURCH	2,442	50,886	80	189	51,155	5.03
5.04	00570	A&G-ADMIT/REG	360	26,602	163	1,218	0	5.04
5.06	00590	A&G-ALL OTHER	47,255	295,556	466	3,797	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	35,235	70,093	106	2,295	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	95,756	18	259	0	8.00
9.00	00900	HOUSEKEEPING	695	12,253	158	645	0	9.00
10.00	01000	DIETARY	66,227	134,428	170	726	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,158	83,690	256	1,080	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	62,376	93,294	29	157	0	14.00
15.00	01500	PHARMACY	195,990	228,932	309	1,061	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,650	34,783	145	479	0	16.00
17.00	01700	SOCIAL SERVICE	0	14,781	23	76	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	103	43	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	387,424	612,964	1,069	3,758	3,532	30.00
31.00	03100	INTENSIVE CARE UNIT	51,749	106,382	414	1,591	1,672	31.00
43.00	04300	NURSERY	0	28,414	100	331	245	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	594,940	819,847	604	2,788	7,338	50.00
51.00	05100	RECOVERY ROOM	21,545	29,014	63	200	1,310	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,174	32,883	104	346	368	52.00
53.00	05300	ANESTHESIOLOGY	1,353	2,629	196	359	1,543	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	301,871	454,369	403	1,586	7,518	54.00
54.01	05401	RADIATION ONCOLOGY	210,883	399,146	75	716	1,042	54.01
58.00	05800	MRI	11,845	32,128	32	250	641	58.00
59.00	05900	CARDIAC CATHETERIZATION	57,747	131,498	111	431	1,842	59.00
60.00	06000	LABORATORY	95,377	148,280	297	2,455	4,325	60.00
65.00	06500	RESPIRATORY THERAPY	52,934	79,316	182	726	423	65.00
66.00	06600	PHYSICAL THERAPY	7,488	264,796	107	467	285	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	54	162	243	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	35	106	78	68.00
69.00	06900	ELECTROCARDIOLOGY	20,873	23,759	41	142	1,358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,416	27,122	28	111	203	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,640	260	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,074	533	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,487	6,624	73.00
74.00	07400	RENAL DIALYSIS	28,390	172,071	161	1,181	3,377	74.00
76.97	07697	CARDIAC REHABILITATION	0	7,021	25	74	95	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	74,906	257,356	2,458	3,817	1,280	90.00
91.00	09100	EMERGENCY	86,183	153,517	377	1,791	3,721	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	28,813	0	16	0	95.00
101.00	10100	HOME HEALTH AGENCY	25,733	466,237	554	2,543	1,058	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	52,401	130	642	241	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,513,216	5,547,126	9,691	48,815	51,155	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	402,696	2,240,554	3,384	13,300	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	23	81	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	672	3	9	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	830	830	0	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	392	13,285	76	233	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	0	14	308	0	194.18
194.19	07969	MERCY FOUNDATION	0	1,947	13	39	0	194.19
194.20	07970	RETAIL PHARMACY	0	0	42	123	0	194.20
200.00		Cross Foot Adjustments		0				200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	A&G-INFO SVCS	A&G-PURCH	
			MVBLE EQUIP					
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,917,134	7,804,414	13,246	62,908	51,155	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			A&G-ADMIT/REG	A&G-ALL OTHER	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.04	5.06	6.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG	27,983					5.04
5.06	00590	A&G-ALL OTHER	0	299,819				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	11,631	84,125			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,311	1,592	98,936		8.00
9.00	00900	HOUSEKEEPING	0	3,271	470	3,486	20,283	9.00
10.00	01000	DIETARY	0	3,678	2,774	0	686	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	5,474	2,788	0	689	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	796	1,149	405	284	14.00
15.00	01500	PHARMACY	0	5,378	1,340	0	331	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,428	1,307	0	323	16.00
17.00	01700	SOCIAL SERVICE	0	387	601	0	149	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	217	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,945	19,542	8,295	18,768	2,046	30.00
31.00	03100	INTENSIVE CARE UNIT	921	8,298	1,989	12,200	492	31.00
43.00	04300	NURSERY	135	1,711	1,156	0	286	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,041	15,155	7,653	17,799	1,892	50.00
51.00	05100	RECOVERY ROOM	721	1,194	304	0	75	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	203	1,806	1,209	0	299	52.00
53.00	05300	ANESTHESIOLOGY	850	2,036	52	0	13	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,951	9,066	6,204	4,871	1,533	54.00
54.01	05401	RADIATION ONCOLOGY	574	3,777	7,658	644	1,893	54.01
58.00	05800	MRI	353	1,356	825	690	204	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,014	2,442	3,000	609	742	59.00
60.00	06000	LABORATORY	2,382	13,050	2,152	385	532	60.00
65.00	06500	RESPIRATORY THERAPY	233	3,739	897	0	222	65.00
66.00	06600	PHYSICAL THERAPY	157	2,406	3,571	1,064	883	66.00
67.00	06700	OCCUPATIONAL THERAPY	134	857	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	43	546	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	748	907	111	3,316	27	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	112	589	639	109	158	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	143	8,349	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	293	5,517	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,648	38,871	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,860	6,460	1,994	2,020	493	74.00
76.97	07697	CARDIAC REHABILITATION	52	388	286	0	71	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	705	19,523	7,422	5,756	1,834	90.00
91.00	09100	EMERGENCY	2,049	9,597	2,739	14,335	677	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	81	1,172	3,354	290	95.00
101.00	10100	HOME HEALTH AGENCY	583	13,034	5,937	53	1,467	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	133	3,290	338	0	84	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,983	228,158	77,624	89,864	18,675	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	67,642	1,905	9,072	471	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	408	911	0	225	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	45	27	0	7	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	2	0	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	1,180	3,579	0	885	194.17
194.18	07968	MARKETING & ADVERTISING	0	1,562	0	0	20	194.18
194.19	07969	MERCY FOUNDATION	0	197	79	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	625	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	27,983	299,819	84,125	98,936	20,283	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG						5.04
5.06	00590	A&G-ALL OTHER						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	142,462					10.00
11.00	01100	CAFETERIA	101,408	101,408				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,257	96,234			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	645	0	96,759		14.00
15.00	01500	PHARMACY	0	2,257	0	1,560	241,168	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,935	0	12	0	16.00
17.00	01700	SOCIAL SERVICE	0	322	0	5	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,436	12,414	26,466	923	516	30.00
31.00	03100	INTENSIVE CARE UNIT	5,618	4,353	9,132	483	285	31.00
43.00	04300	NURSERY	0	1,129	2,784	232	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,771	10,647	5,789	1,037	50.00
51.00	05100	RECOVERY ROOM	0	645	1,603	16	5	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	484	1,525	12	13	52.00
53.00	05300	ANESTHESIOLOGY	0	484	0	164	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,192	106	1,064	443	54.00
54.01	05401	RADIATION ONCOLOGY	0	806	714	85	1	54.01
58.00	05800	MRI	0	322	0	24	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	967	1,206	1,090	112	59.00
60.00	06000	LABORATORY	0	3,869	48	20,974	5	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,773	0	1,611	13	65.00
66.00	06600	PHYSICAL THERAPY	0	1,129	0	53	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	484	0	10	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	322	0	4	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	484	680	46	24	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	322	0	235	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,372	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,809	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	233,563	73.00
74.00	07400	RENAL DIALYSIS	0	1,935	2,132	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	322	299	15	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	9,673	8,823	1,325	4,242	90.00
91.00	09100	EMERGENCY	0	4,192	6,925	846	909	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	3,224	4,234	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	322	1,405	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	142,462	68,034	78,729	96,759	241,168	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	29,183	17,410	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	161	0	0	0	194.08
194.13	07963	TENDERCARE (PRENATAL CLASSES)	0	0	90	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	0	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	3,386	5	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	161	0	0	0	194.18
194.19	07969	MERCY FOUNDATION	0	161	0	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	322	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	142,462	101,408	96,234	96,759	241,168	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	19.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG						5.04
5.06	00590	A&G-ALL OTHER						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	41,412					16.00
17.00	01700	SOCIAL SERVICE	0	16,344				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	363			19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,866	0		750,540	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,357	0		155,187	0	31.00
43.00	04300	NURSERY	199	0		36,722	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,955	0		907,316	0	50.00
51.00	05100	RECOVERY ROOM	1,063	0		36,213	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	299	0		39,551	0	52.00
53.00	05300	ANESTHESIOLOGY	1,252	0		9,578	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,997	0		501,303	0	54.00
54.01	05401	RADIATION ONCOLOGY	846	0		417,977	0	54.01
58.00	05800	MRI	520	0		37,345	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,495	0		146,559	0	59.00
60.00	06000	LABORATORY	3,510	0		202,264	0	60.00
65.00	06500	RESPIRATORY THERAPY	344	0		89,479	0	65.00
66.00	06600	PHYSICAL THERAPY	231	0		275,149	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	197	0		2,141	0	67.00
68.00	06800	SPEECH PATHOLOGY	63	0		1,197	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,102	0		32,745	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	165	0		29,793	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	211	0		46,975	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	432	0		31,658	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,376	0		295,569	0	73.00
74.00	07400	RENAL DIALYSIS	2,741	5,550		201,975	0	74.00
76.97	07697	CARDIAC REHABILITATION	77	0		8,725	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,039	0		325,253	0	90.00
91.00	09100	EMERGENCY	3,020	0		204,695	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0		33,726	0	95.00
101.00	10100	HOME HEALTH AGENCY	859	850		500,633	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	196	9,944		69,126	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,412	16,344	0	5,389,394	0	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0		0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	0		2,382,921	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0		1,809	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	0		853	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0		832	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	0		22,629	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	0		2,065	0	194.18
194.19	07969	MERCY FOUNDATION	0	0		2,436	0	194.19
194.20	07970	RETAIL PHARMACY	0	0		1,112	0	194.20
200.00		Cross Foot Adjustments			363	363	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	19.00	24.00	25.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	41,412	16,344	363	7,804,414	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 10:21 am

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	SOUTH 1970 BLUFF BLDG (SQUARE FEET)	MAT BUILDING (SQUARE FEET)	CHILD CARE (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.00	1.01	1.02	1.03	2.00	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	196,029					1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG	0	34,345				1.01
1.02	00102	CAP REL COSTS-MAT BUILDING	0	0	2,300			1.02
1.03	00103	CAP REL COSTS-CHILD CARE	0	0	0	9,036		1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2,462,783	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	648	243	0	0	0	4.00
5.02	00550	A&G-INFO SVCS	2,451	0	0	0	32,923	5.02
5.03	00560	A&G-PURCH	4,975	0	0	0	2,062	5.03
5.04	00570	A&G-ADMIT/REG	2,695	0	0	0	304	5.04
5.06	00590	A&G-ALL OTHER	13,623	1,200	0	0	39,895	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,500	0	0	0	29,747	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,008	3,011	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,187	0	0	0	587	9.00
10.00	01000	DIETARY	7,004	0	0	0	55,912	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,038	0	0	0	12,797	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,901	0	0	2,901	52,661	14.00
15.00	01500	PHARMACY	3,383	0	0	0	165,464	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,300	0	0	3,300	2,237	16.00
17.00	01700	SOCIAL SERVICE	1,518	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,936	0	0	0	327,082	30.00
31.00	03100	INTENSIVE CARE UNIT	5,021	0	0	0	43,689	31.00
43.00	04300	NURSERY	2,918	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,321	0	0	0	502,276	50.00
51.00	05100	RECOVERY ROOM	767	0	0	0	18,189	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,051	0	0	0	2,680	52.00
53.00	05300	ANESTHESIOLOGY	131	0	0	0	1,142	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,661	0	0	0	254,854	54.00
54.01	05401	RADIATION ONCOLOGY	19,334	0	0	0	178,037	54.01
58.00	05800	MRI	2,083	0	0	0	10,000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,574	0	0	7,574	48,753	59.00
60.00	06000	LABORATORY	5,433	0	0	0	80,522	60.00
65.00	06500	RESPIRATORY THERAPY	2,265	0	0	0	44,689	65.00
66.00	06600	PHYSICAL THERAPY	0	9,015	0	0	6,322	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	280	0	0	0	17,622	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,613	0	0	0	9,638	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,034	0	0	23,968	74.00
76.97	07697	CARDIAC REHABILITATION	721	0	0	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	18,737	0	0	0	63,239	90.00
91.00	09100	EMERGENCY	6,915	0	0	0	72,760	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	2,959	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	14,988	0	0	21,725	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	854	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	190,951	34,345	0	0	2,121,776	118.00
	NONREIMBURSABLE COST CENTERS							
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	4,809	0	0	0	339,975	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	2,300	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	69	0	0	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	0	0	701	194.16
194.17	07967	CHILD DAY CARE CENTER	0	0	0	9,036	331	194.17
194.18	07968	MARKETING & ADVERTISING	0	0	0	0	0	194.18
194.19	07969	MERCY FOUNDATION	200	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	0	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	SOUTH 1970 BLUFF BLDG (SQUARE FEET)	MAT BUILDING (SQUARE FEET)	CHILD CARE (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.00	1.01	1.02	1.03	2.00	
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,908,816	980,282	0	12,893	2,917,134	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.737416	28.542204	0.000000	1.426848	1.184487	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	A&G-INFO SVCS (ACCUM. COST)	A&G-PURCH (GROSS CHAR GES)	A&G-ADMIT/REG (GROSS CHAR GES)	
			4.00	5A.02	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	55,808,882					4.00
5.02	00550	A&G-INFO SVCS	188,793	-6,207,377	114,462,341			5.02
5.03	00560	A&G-PURCH	335,469	0	344,528	369,488,089		5.03
5.04	00570	A&G-ADMIT/REG	688,513	0	2,214,978	0	369,488,089	5.04
5.06	00590	A&G-ALL OTHER	1,968,253	0	6,903,986	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	448,609	0	4,172,829	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	75,725	0	470,373	0	0	8.00
9.00	00900	HOUSEKEEPING	666,446	0	1,173,376	0	0	9.00
10.00	01000	DIETARY	718,492	0	1,319,414	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,078,823	0	1,963,890	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	124,002	0	285,540	0	0	14.00
15.00	01500	PHARMACY	1,305,647	0	1,929,275	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	610,736	0	870,891	0	0	16.00
17.00	01700	SOCIAL SERVICE	99,050	0	138,721	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	435,024	0	77,865	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,510,688	0	6,833,496	25,591,811	25,591,811	30.00
31.00	03100	INTENSIVE CARE UNIT	1,745,642	0	2,893,021	12,117,138	12,117,138	31.00
43.00	04300	NURSERY	420,690	0	601,657	1,776,534	1,776,534	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,548,044	0	5,068,714	53,171,418	53,171,418	50.00
51.00	05100	RECOVERY ROOM	264,979	0	362,780	9,492,146	9,492,146	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	439,836	0	629,535	2,665,760	2,665,760	52.00
53.00	05300	ANESTHESIOLOGY	825,142	0	652,959	11,180,156	11,180,156	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,702,081	0	2,883,653	53,274,694	53,274,694	54.00
54.01	05401	RADIATION ONCOLOGY	317,384	0	1,302,687	7,552,706	7,552,706	54.01
58.00	05800	MRI	134,012	0	454,316	4,642,745	4,642,745	58.00
59.00	05900	CARDIAC CATHETERIZATION	467,648	0	783,639	13,348,306	13,348,306	59.00
60.00	06000	LABORATORY	1,251,183	0	4,464,525	31,342,472	31,342,472	60.00
65.00	06500	RESPIRATORY THERAPY	767,741	0	1,319,981	3,067,532	3,067,532	65.00
66.00	06600	PHYSICAL THERAPY	449,414	0	849,004	2,062,613	2,062,613	66.00
67.00	06700	OCCUPATIONAL THERAPY	227,177	0	295,079	1,761,103	1,761,103	67.00
68.00	06800	SPEECH PATHOLOGY	149,489	0	191,964	565,382	565,382	68.00
69.00	06900	ELECTROCARDIOLOGY	173,236	0	257,358	9,843,048	9,843,048	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	117,950	0	200,980	1,470,876	1,470,876	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,982,345	1,881,243	1,881,243	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,952,352	3,860,375	3,860,375	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	13,612,844	48,003,044	48,003,044	73.00
74.00	07400	RENAL DIALYSIS	681,116	0	2,148,054	24,474,030	24,474,030	74.00
76.97	07697	CARDIAC REHABILITATION	107,088	0	134,285	688,500	688,500	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,372,769	0	6,939,884	9,273,556	9,273,556	90.00
91.00	09100	EMERGENCY	1,592,320	0	3,256,336	26,966,414	26,966,414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	29,113	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	2,337,044	0	4,622,882	7,667,574	7,667,574	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	549,405	0	1,168,106	1,746,913	1,746,913	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,895,660	-6,207,377	88,757,215	369,488,089	369,488,089	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	49	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	14,192,019	0	24,263,106	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	96,588	0	146,412	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	12,255	0	16,055	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	830	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	320,788	0	423,314	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	57,295	0	560,219	0	0	194.18
194.19	07969	MERCY FOUNDATION	55,530	0	70,772	0	0	194.19
194.20	07970	RETAIL PHARMACY	178,747	0	224,369	0	0	194.20
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	A&G-INFO SVCS (ACCUM. COST)	A&G-PURCH (GROSS CHAR GES)	A&G-ADMIT/REG (GROSS CHAR GES)	
		4.00	5A.02	5.02	5.03	5.04	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	9,989,292		6,207,377	363,212	2,335,098	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.178991		0.054231	0.000983	0.006320	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	13,246		62,908	51,155	27,983	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000237		0.000550	0.000138	0.000076	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:

1/26/2022 10:21 am

Cost Center Description		Reconciliation	A&G-ALL OTHER (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	6.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG					1.01
1.02	00102	CAP REL COSTS-MAT BUILDING					1.02
1.03	00103	CAP REL COSTS-CHILD CARE					1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00550	A&G-INFO SVCS					5.02
5.03	00560	A&G-PURCH					5.03
5.04	00570	A&G-ADMIT/REG					5.04
5.06	00590	A&G-ALL OTHER	-7,278,396	113,391,322			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	4,399,126	212,375		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	495,882	4,019	785,770	8.00
9.00	00900	HOUSEKEEPING	0	1,237,009	1,187	27,690	207,169
10.00	01000	DIETARY	0	1,390,967	7,004	0	7,004
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	2,070,394	7,038	0	7,038
14.00	01400	CENTRAL SERVICES & SUPPLY	0	301,025	2,901	3,215	2,901
15.00	01500	PHARMACY	0	2,033,902	3,383	0	3,383
16.00	01600	MEDICAL RECORDS & LIBRARY	0	918,120	3,300	0	3,300
17.00	01700	SOCIAL SERVICE	0	146,244	1,518	0	1,518
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	82,088	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	7,390,980	20,936	149,060	20,936
31.00	03100	INTENSIVE CARE UNIT	0	3,138,403	5,021	96,896	5,021
43.00	04300	NURSERY	0	647,259	2,918	0	2,918
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	5,731,906	19,321	141,362	19,321
51.00	05100	RECOVERY ROOM	0	451,775	767	0	767
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	683,143	3,051	0	3,051
53.00	05300	ANESTHESIOLOGY	0	770,019	131	0	131
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,429,041	15,661	38,685	15,661
54.01	05401	RADIATION ONCOLOGY	0	1,428,490	19,334	5,114	19,334
58.00	05800	MRI	0	512,860	2,083	5,480	2,083
59.00	05900	CARDIAC CATHETERIZATION	0	923,619	7,574	4,840	7,574
60.00	06000	LABORATORY	0	4,935,535	5,433	3,061	5,433
65.00	06500	RESPIRATORY THERAPY	0	1,413,967	2,265	0	2,265
66.00	06600	PHYSICAL THERAPY	0	910,110	9,015	8,453	9,015
67.00	06700	OCCUPATIONAL THERAPY	0	323,942	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	206,503	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	343,199	280	26,338	280
70.00	07000	ELECTROENCEPHALOGRAPHY	0	222,621	1,613	866	1,613
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,157,819	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,086,423	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,701,648	0	0	0
74.00	07400	RENAL DIALYSIS	0	2,443,279	5,034	16,040	5,034
76.97	07697	CARDIAC REHABILITATION	0	146,595	721	0	721
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	7,383,966	18,737	45,715	18,737
91.00	09100	EMERGENCY	0	3,629,866	6,915	113,849	6,915
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	30,692	2,959	26,640	2,959
101.00	10100	HOME HEALTH AGENCY	0	4,929,582	14,988	418	14,988
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	1,244,211	854	0	854
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-7,278,396	86,292,210	195,961	713,722	190,755
NONREIMBURSABLE COST CENTERS							
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	PASSTHRU COSTS	0	52	0	0	0
194.07	07957	PHYSICIAN CLINICS	0	25,578,889	4,809	72,048	4,809
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	154,352	2,300	0	2,300
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	16,926	69	0	69
194.16	07966	MERCY LIVING CENTER - NORTH	0	875	0	0	0
194.17	07967	CHILD DAY CARE CENTER	0	446,271	9,036	0	9,036
194.18	07968	MARKETING & ADVERTISING	0	590,600	0	0	200
194.19	07969	MERCY FOUNDATION	0	74,610	200	0	0
194.20	07970	RETAIL PHARMACY	0	236,537	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			Reconciliation	A&G-ALL OTHER (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5A.06	5.06	6.00	8.00	9.00	
202.00		Cost to be allocated (per Wkst. B, Part I)		7,278,396	4,681,497	616,305	1,364,294	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.064188	22.043541	0.784333	6.585416	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		299,819	84,125	98,936	20,283	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.002644	0.396115	0.125910	0.097906	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG						1.01
1.02	00102	CAP REL COSTS-MAT BUILDING						1.02
1.03	00103	CAP REL COSTS-CHILD CARE						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00550	A&G-INFO SVCS						5.02
5.03	00560	A&G-PURCH						5.03
5.04	00570	A&G-ADMIT/REG						5.04
5.06	00590	A&G-ALL OTHER						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	153,882					10.00
11.00	01100	CAFETERIA	109,537	629				11.00
13.00	01300	NURSING ADMINISTRATION	0	14	443,166			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4	0	7,934,160		14.00
15.00	01500	PHARMACY	0	14	0	127,939	14,056,183	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12	0	1,019	0	16.00
17.00	01700	SOCIAL SERVICE	0	2	0	391	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,277	77	121,869	75,720	30,054	30.00
31.00	03100	INTENSIVE CARE UNIT	6,068	27	42,055	39,618	16,585	31.00
43.00	04300	NURSERY	0	7	12,820	18,994	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	42	49,030	474,673	60,458	50.00
51.00	05100	RECOVERY ROOM	0	4	7,382	1,352	309	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3	7,024	966	774	52.00
53.00	05300	ANESTHESIOLOGY	0	3	0	13,414	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	26	488	87,260	25,819	54.00
54.01	05401	RADIATION ONCOLOGY	0	5	3,289	6,992	80	54.01
58.00	05800	MRI	0	2	0	1,946	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6	5,553	89,421	6,536	59.00
60.00	06000	LABORATORY	0	24	222	1,719,925	300	60.00
65.00	06500	RESPIRATORY THERAPY	0	11	0	132,110	743	65.00
66.00	06600	PHYSICAL THERAPY	0	7	0	4,340	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3	0	810	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2	0	326	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3	3,133	3,757	1,412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2	0	19,243	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,982,346	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,952,352	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	13,612,846	73.00
74.00	07400	RENAL DIALYSIS	0	12	9,817	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	2	1,377	1,206	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	60	40,633	108,649	247,270	90.00
91.00	09100	EMERGENCY	0	26	31,890	69,391	52,997	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	20	19,500	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2	6,472	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	153,882	422	362,554	7,934,160	14,056,183	118.00
NONREIMBURSABLE COST CENTERS								
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	181	80,174	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	1	0	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	0	414	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	0	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	21	24	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	1	0	0	0	194.18
194.19	07969	MERCY FOUNDATION	0	1	0	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	2	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,680,767	1,196,412	2,431,407	413,529	2,294,602	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.922441	1,902.085851	5.486448	0.052120	0.163245	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	142,462	101,408	96,234	96,759	241,168	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.925787	161.220986	0.217151	0.012195	0.017157	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-SOUTH 1970 BLUFF BLDG				1.01
1.02	00102	CAP REL COSTS-MAT BUILDING				1.02
1.03	00103	CAP REL COSTS-CHILD CARE				1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.02	00550	A&G-INFO SVCS				5.02
5.03	00560	A&G-PURCH				5.03
5.04	00570	A&G-ADMIT/REG				5.04
5.06	00590	A&G-ALL OTHER				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	369,488,089			16.00
17.00	01700	SOCIAL SERVICE	0	3,325		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	100	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	25,591,811	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,117,138	0	0	31.00
43.00	04300	NURSERY	1,776,534	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	53,171,418	0	0	50.00
51.00	05100	RECOVERY ROOM	9,492,146	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,665,760	0	0	52.00
53.00	05300	ANESTHESIOLOGY	11,180,156	0	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,274,694	0	0	54.00
54.01	05401	RADIATION ONCOLOGY	7,552,706	0	0	54.01
58.00	05800	MRI	4,642,745	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,348,306	0	0	59.00
60.00	06000	LABORATORY	31,342,472	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,067,532	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,062,613	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,761,103	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	565,382	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,843,048	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,470,876	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,881,243	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,860,375	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,003,044	0	0	73.00
74.00	07400	RENAL DIALYSIS	24,474,030	1,129	0	74.00
76.97	07697	CARDIAC REHABILITATION	688,500	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,273,556	0	0	90.00
91.00	09100	EMERGENCY	26,966,414	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,667,574	173	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	1,746,913	2,023		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	369,488,089	3,325	100	118.00
NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
194.01	07951	PASSTHRU COSTS	0	0	0	194.01
194.07	07957	PHYSICIAN CLINICS	0	0	0	194.07
194.08	07952	MEDICALLY ASSISTED TREATMENT BLDG	0	0	0	194.08
194.13	07963	TENDER CARE (PRENATAL CLASSES)	0	0	0	194.13
194.16	07966	MERCY LIVING CENTER - NORTH	0	0	0	194.16
194.17	07967	CHILD DAY CARE CENTER	0	0	0	194.17
194.18	07968	MARKETING & ADVERTISING	0	0	0	194.18
194.19	07969	MERCY FOUNDATION	0	0	0	194.19
194.20	07970	RETAIL PHARMACY	0	0	0	194.20
200.00		Cross Foot Adjustments				200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
		16.00	17.00	19.00		
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,094,406	202,914	87,357		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002962	61.026767	873.570000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	41,412	16,344	363		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000112	4.915489	3.630000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

Provider CCN: 16-0080
Period: From 07/01/2020 To 06/30/2021
Worksheet B-2
Date/Time Prepared: 1/26/2022 10:21 am

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	-329,927 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00

Worksheet C
Part I
Date/Time Prepared:
1/26/2022 10:21 am

MCRIF32 - 17.1.172.0

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 16-0080		Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 1/26/2022 10:21 am	
				Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						9.00	10.00	
30.00	03000	ADULTS & PEDIATRICS	23,483,445		23,483,445			30.00
31.00	03100	INTENSIVE CARE UNIT	12,117,138		12,117,138			31.00
43.00	04300	NURSERY	1,776,534		1,776,534			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,426,624	40,744,794	53,171,418	0.137383	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,786,722	7,705,424	9,492,146	0.061006	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,369,418	296,342	2,665,760	0.325106	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,339,537	7,840,619	11,180,156	0.084979	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,078,667	43,196,027	53,274,694	0.081587	0.000000	54.00
54.01	05401	RADIATION ONCOLOGY	8,090	7,544,616	7,552,706	0.281754	0.000000	54.01
58.00	05800	MRI	309,967	4,332,778	4,642,745	0.135129	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,580,227	8,768,079	13,348,306	0.096692	0.000000	59.00
60.00	06000	LABORATORY	11,436,052	19,906,420	31,342,472	0.179937	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	2,647,529	420,003	3,067,532	0.523740	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	692,109	1,370,504	2,062,613	0.607433	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	666,289	1,094,814	1,761,103	0.201975	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	285,632	279,750	565,382	0.398410	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,110,630	6,732,418	9,843,048	0.045350	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,106	1,449,770	1,470,876	0.199155	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	852,050	1,029,193	1,881,243	1.871914	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,369,825	2,490,550	3,860,375	0.604485	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,648,804	36,354,240	48,003,044	0.375179	0.000000	73.00
74.00	07400	RENAL DIALYSIS	208,070	24,265,960	24,474,030	0.108072	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	688,500	688,500	0.276118	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,629	9,265,927	9,273,556	0.953330	0.000000	90.00
91.00	09100	EMERGENCY	3,947,702	23,018,712	26,966,414	0.165639	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	386,482	1,721,884	2,108,366	0.469287	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	7,667,574	7,667,574			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,746,913	1,746,913			116.00
200.00		Subtotal (see instructions)	109,556,278	259,931,811	369,488,089			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	109,556,278	259,931,811	369,488,089			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 16-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 1/26/2022 10:21 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.137383		50.00
51.00	05100	RECOVERY ROOM	0.061006		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325106		52.00
53.00	05300	ANESTHESIOLOGY	0.084979		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.081587		54.00
54.01	05401	RADIATION ONCOLOGY	0.290486		54.01
58.00	05800	MRI	0.135129		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096692		59.00
60.00	06000	LABORATORY	0.183298		60.00
65.00	06500	RESPIRATORY THERAPY	0.527007		65.00
66.00	06600	PHYSICAL THERAPY	0.607433		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.201975		67.00
68.00	06800	SPEECH PATHOLOGY	0.398410		68.00
69.00	06900	ELECTROCARDIOLOGY	0.045350		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199953		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.871914		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.604485		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.375179		73.00
74.00	07400	RENAL DIALYSIS	0.108350		74.00
76.97	07697	CARDIAC REHABILITATION	0.289397		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.953738		90.00
91.00	09100	EMERGENCY	0.172323		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.469287		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

MCRIF32 - 17.1.172.0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 10:21 am

		Title XIX			Hospital	Cost		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,483,445		23,483,445			30.00
31.00	03100	INTENSIVE CARE UNIT	12,117,138		12,117,138			31.00
43.00	04300	NURSERY	1,776,534		1,776,534			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,426,624	40,744,794	53,171,418	0.137383	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,786,722	7,705,424	9,492,146	0.061006	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,369,418	296,342	2,665,760	0.325106	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,339,537	7,840,619	11,180,156	0.084979	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,078,667	43,196,027	53,274,694	0.081587	0.000000	54.00
54.01	05401	RADIATION ONCOLOGY	8,090	7,544,616	7,552,706	0.281754	0.000000	54.01
58.00	05800	MRI	309,967	4,332,778	4,642,745	0.135129	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,580,227	8,768,079	13,348,306	0.096692	0.000000	59.00
60.00	06000	LABORATORY	11,436,052	19,906,420	31,342,472	0.179937	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	2,647,529	420,003	3,067,532	0.523740	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	692,109	1,370,504	2,062,613	0.607433	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	666,289	1,094,814	1,761,103	0.201975	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	285,632	279,750	565,382	0.398410	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,110,630	6,732,418	9,843,048	0.045350	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,106	1,449,770	1,470,876	0.199155	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	852,050	1,029,193	1,881,243	1.871914	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,369,825	2,490,550	3,860,375	0.604485	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,648,804	36,354,240	48,003,044	0.375179	0.000000	73.00
74.00	07400	RENAL DIALYSIS	208,070	24,265,960	24,474,030	0.108072	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	688,500	688,500	0.276118	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,629	9,265,927	9,273,556	0.953330	0.000000	90.00
91.00	09100	EMERGENCY	3,947,702	23,018,712	26,966,414	0.165639	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	386,482	1,721,884	2,108,366	0.469287	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	7,667,574	7,667,574			101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,746,913	1,746,913			116.00
200.00		Subtotal (see instructions)	109,556,278	259,931,811	369,488,089			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	109,556,278	259,931,811	369,488,089			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 10:21 am

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
1/26/2022 10:21 am

			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	750,540	0	750,540	9,485	79.13	30.00
31.00	INTENSIVE CARE UNIT	155,187		155,187	2,210	70.22	31.00
43.00	NURSERY	36,722		36,722	714	51.43	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	942,449		942,449	12,409		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,713	372,940				
31.00	INTENSIVE CARE UNIT	1,152	80,893				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	5,865	453,833				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
1/26/2022 10:21 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	907,316	53,171,418	0.017064	5,431,383	92,681	50.00
51.00	05100	RECOVERY ROOM	36,213	9,492,146	0.003815	704,688	2,688	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,551	2,665,760	0.014837	5,438	81	52.00
53.00	05300	ANESTHESIOLOGY	9,578	11,180,156	0.000857	1,076,160	922	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	501,303	53,274,694	0.009410	5,335,159	50,204	54.00
54.01	05401	RADIATION ONCOLOGY	417,977	7,552,706	0.055341	7,931	439	54.01
58.00	05800	MRI	37,345	4,642,745	0.008044	132,576	1,066	58.00
59.00	05900	CARDIAC CATHETERIZATION	146,559	13,348,306	0.010980	1,596,350	17,528	59.00
60.00	06000	LABORATORY	202,264	31,342,472	0.006453	5,683,955	36,679	60.00
65.00	06500	RESPIRATORY THERAPY	89,479	3,067,532	0.029170	1,112,953	32,465	65.00
66.00	06600	PHYSICAL THERAPY	275,149	2,062,613	0.133398	398,903	53,213	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,141	1,761,103	0.001216	372,586	453	67.00
68.00	06800	SPEECH PATHOLOGY	1,197	565,382	0.002117	186,342	394	68.00
69.00	06900	ELECTROCARDIOLOGY	32,745	9,843,048	0.003327	1,554,215	5,171	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29,793	1,470,876	0.020255	11,072	224	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,975	1,881,243	0.024970	457,575	11,426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,658	3,860,375	0.008201	617,500	5,064	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	295,569	48,003,044	0.006157	5,406,893	33,290	73.00
74.00	07400	RENAL DIALYSIS	201,975	24,474,030	0.008253	110,420	911	74.00
76.97	07697	CARDIAC REHABILITATION	8,725	688,500	0.012672	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	325,253	9,273,556	0.035073	7,629	268	90.00
91.00	09100	EMERGENCY	204,695	26,966,414	0.007591	1,738,402	13,196	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	75,014	2,108,366	0.035579	83,604	2,975	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	3,918,474	322,696,485		32,031,734	361,338	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 1/26/2022 10:21 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	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	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	9,485	0.00	4,713	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	2,210	0.00	1,152	31.00		
43.00	04300	NURSERY		0	714	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00		
200.00		Total (lines 30 through 199)		0	12,409		5,865	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
43.00	04300	NURSERY	0						43.00	
44.00	04400	SKILLED NURSING FACILITY	0						44.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 10:21 am

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 10:21 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	53,171,418	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	9,492,146	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,665,760	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,180,156	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	53,274,694	0.000000	54.00
54.01	05401	RADIATION ONCOLOGY	0	0	0	7,552,706	0.000000	54.01
58.00	05800	MRI	0	0	0	4,642,745	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	13,348,306	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	31,342,472	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,067,532	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,062,613	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,761,103	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	565,382	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,843,048	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,470,876	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,881,243	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,860,375	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	48,003,044	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	24,474,030	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	688,500	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	9,273,556	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	26,966,414	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,108,366	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	322,696,485		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 10:21 am

			Title XVIII		Hospital	PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	5,431,383	0	16,235,925	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	704,688	0	1,924,992	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	5,438	0	473	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,076,160	0	2,044,845	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,335,159	0	14,651,776	0	54.00
54.01	05401	RADIATION ONCOLOGY	0.000000	7,931	0	3,478,718	0	54.01
58.00	05800	MRI	0.000000	132,576	0	1,219,451	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	1,596,350	0	4,326,952	0	59.00
60.00	06000	LABORATORY	0.000000	5,683,955	0	4,691,989	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,112,953	0	51,910	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	398,903	0	20,176	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	372,586	0	14,114	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	186,342	0	4,891	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,554,215	0	1,677,500	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	11,072	0	445,983	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	457,575	0	455,668	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	617,500	0	957,325	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	5,406,893	0	15,363,683	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	110,420	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	271,800	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	7,629	0	3,474,657	0	90.00
91.00	09100	EMERGENCY	0.000000	1,738,402	0	6,271,072	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	83,604	0	377,798	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		32,031,734	0	77,961,698	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 16-0080		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 1/26/2022 10:21 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.137383	16,235,925	0	0	2,230,540	50.00
51.00	05100	RECOVERY ROOM	0.061006	1,924,992	0	0	117,436	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325106	473	0	0	154	52.00
53.00	05300	ANESTHESIOLOGY	0.084979	2,044,845	0	0	173,769	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.081587	14,651,776	0	0	1,195,394	54.00
54.01	05401	RADIATION ONCOLOGY	0.281754	3,478,718	0	0	980,143	54.01
58.00	05800	MRI	0.135129	1,219,451	0	0	164,783	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096692	4,326,952	0	0	418,382	59.00
60.00	06000	LABORATORY	0.179937	4,691,989	9,478	0	844,262	60.00
65.00	06500	RESPIRATORY THERAPY	0.523740	51,910	0	0	27,187	65.00
66.00	06600	PHYSICAL THERAPY	0.607433	20,176	0	0	12,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.201975	14,114	0	0	2,851	67.00
68.00	06800	SPEECH PATHOLOGY	0.398410	4,891	0	0	1,949	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045350	1,677,500	0	0	76,075	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199155	445,983	0	0	88,820	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.871914	455,668	0	0	852,971	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.604485	957,325	0	0	578,689	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.375179	15,363,683	2,378	231,046	5,764,131	73.00
74.00	07400	RENAL DIALYSIS	0.108072	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.276118	271,800	0	0	75,049	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.953330	3,474,657	0	0	3,312,495	90.00
91.00	09100	EMERGENCY	0.165639	6,271,072	3,850	4,333	1,038,734	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.469287	377,798	0	0	177,296	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		77,961,698	15,706	235,379	18,133,366	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		77,961,698	15,706	235,379	18,133,366	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
1/26/2022 10:21 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	RADIATION ONCOLOGY	0	0		54.01
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	1,705	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	892	86,684		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	638	718		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	3,235	87,402		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	3,235	87,402		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 1/26/2022 10:21 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,485	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,485	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)		8,537	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		4,713	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,899,503	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		9,899,503	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,899,503	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,043.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,918,958	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)		4,918,958	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0080

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

Worksheet D-1

Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description		Title XVIII			Hospital	PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	3,948,625	2,210	1,786.71	1,152	2,058,290
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,201,537
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,178,785
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					453,833
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					361,338
52.00	Total Program excludable cost (sum of lines 50 and 51)					815,171
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,363,614
	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)					948
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,043.70
89.00	Observation bed cost (line 87 x line 88) (see instructions)					989,428

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0080

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

Worksheet D-1

Date/Time Prepared:
1/26/2022 10:21 am

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	750,540	9,899,503	0.075816	989,428	75,014
91.00	Nursing Program cost	0	9,899,503	0.000000	989,428	0
92.00	Allied health cost	0	9,899,503	0.000000	989,428	0
93.00	All other Medical Education	0	9,899,503	0.000000	989,428	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 1/26/2022 10:21 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		11,495,169		30.00
31.00	03100	INTENSIVE CARE UNIT		4,862,592		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.137383	5,431,383	746,180	50.00
51.00	05100	RECOVERY ROOM	0.061006	704,688	42,990	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325106	5,438	1,768	52.00
53.00	05300	ANESTHESIOLOGY	0.084979	1,076,160	91,451	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.081587	5,335,159	435,280	54.00
54.01	05401	RADIATION ONCOLOGY	0.290486	7,931	2,304	54.01
58.00	05800	MRI	0.135129	132,576	17,915	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096692	1,596,350	154,354	59.00
60.00	06000	LABORATORY	0.183298	5,683,955	1,041,858	60.00
65.00	06500	RESPIRATORY THERAPY	0.527007	1,112,953	586,534	65.00
66.00	06600	PHYSICAL THERAPY	0.607433	398,903	242,307	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.201975	372,586	75,253	67.00
68.00	06800	SPEECH PATHOLOGY	0.398410	186,342	74,241	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045350	1,554,215	70,484	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199953	11,072	2,214	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.871914	457,575	856,541	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.604485	617,500	373,269	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.375179	5,406,893	2,028,553	73.00
74.00	07400	RENAL DIALYSIS	0.108350	110,420	11,964	74.00
76.97	07697	CARDIAC REHABILITATION	0.289397	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.953738	7,629	7,276	90.00
91.00	09100	EMERGENCY	0.172323	1,738,402	299,567	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.469287	83,604	39,234	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		32,031,734	7,201,537	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)		32,031,734		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 1/26/2022 10:21 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		2,357,890	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,937,945	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		52,342	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		94,187	2.04
3.00	Managed Care Simulated Payments		3,883,461	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		108.29	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.90	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.61	31.00
32.00	Sum of lines 30 and 31		29.51	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.56	33.00
34.00	Disproportionate share adjustment (see instructions)		315,129	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 1/26/2022 10:21 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.000068948	0.000058590	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		575,757	485,712	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		144,726	363,286	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		508,012		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (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 (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		10,265,505		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		12,759,036		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		12,759,036		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		711,853		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		333,770		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)		13,804,659		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		13,804,659		61.00
62.00	Deductibles billed to program beneficiaries		1,214,796		62.00
63.00	Coinsurance billed to program beneficiaries		8,086		63.00
64.00	Allowable bad debts (see instructions)		187,869		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		122,115		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		129,844		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		12,703,892		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)				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)		16,675		70.93
70.94	HRR adjustment amount (see instructions)		-28,633		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 1/26/2022 10:21 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2020	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)	2021	226,417	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)		12,918,351	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		13,015,966	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)		-97,615	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	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: 16-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 1/26/2022 10:21 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		90,637	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,133,366	2.00
3.00	OPPS payments		18,388,811	3.00
4.00	Outlier payment (see instructions)		230,622	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)		90,637	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		251,085	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)		251,085	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		251,085	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		160,448	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)		90,637	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)		18,619,433	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,896	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,344,113	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)		15,364,061	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)		15,364,061	30.00
31.00	Primary payer payments		1,471	31.00
32.00	Subtotal (line 30 minus line 31)		15,362,590	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)		195,695	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		127,202	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		105,027	36.00
37.00	Subtotal (see instructions)		15,489,792	37.00
38.00	MSP-LCC reconciliation amount from PS&R		10	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		15,489,782	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		15,421,931	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)		67,851	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
1/26/2022 10:21 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		13,015,966		15,421,931	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)		13,015,966		15,421,931	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		67,851	6.01	
6.02	SETTLEMENT TO PROGRAM		97,615		0	6.02	
7.00	Total Medicare program liability (see instructions)		12,918,351		15,489,782	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
1/26/2022 10:21 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8 through 12, and 32.			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 through 12, and 32.			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

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

Provider CCN: 16-0080

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

Worksheet G

Date/Time Prepared:
1/26/2022 10:21 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	659,935	0	0	0	1.00
2.00 Temporary investments	34,785,707	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	59,424,922	0	0	0	4.00
5.00 Other receivable	1,518,747	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-41,545,545	0	0	0	6.00
7.00 Inventory	2,968,337	0	0	0	7.00
8.00 Prepaid expenses	300,782	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)	58,112,885	0	0	0	11.00
FIXED ASSETS					
12.00 Land	955,251	0	0	0	12.00
13.00 Land improvements	3,665,158	0	0	0	13.00
14.00 Accumulated depreciation	-2,818,831	0	0	0	14.00
15.00 Buildings	60,356,262	0	0	0	15.00
16.00 Accumulated depreciation	-43,978,982	0	0	0	16.00
17.00 Leasehold improvements	277,218	0	0	0	17.00
18.00 Accumulated depreciation	-114,985	0	0	0	18.00
19.00 Fixed equipment	35,548,652	0	0	0	19.00
20.00 Accumulated depreciation	-26,775,007	0	0	0	20.00
21.00 Automobiles and trucks	22,507	0	0	0	21.00
22.00 Accumulated depreciation	-1,641	0	0	0	22.00
23.00 Major movable equipment	51,900,606	0	0	0	23.00
24.00 Accumulated depreciation	-38,209,611	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)	40,826,597	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	44,039,009	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	44,039,009	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	142,978,491	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	7,575,459	0	0	0	37.00
38.00 Salaries, wages, and fees payable	5,486,923	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	2,322,246	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	312,209	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	15,696,837	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	16,036,361	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	4,391,224	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	20,427,585	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	36,124,422	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	106,854,069	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	106,854,069	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	142,978,491	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0080

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

Worksheet G-1

Date/Time Prepared:
1/26/2022 10:21 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		100,881,007		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		10,714,403				2.00
3.00	Total (sum of line 1 and line 2)		111,595,410		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	UNREST NA REL FOR CAP	1,627,167		0		0	5.00
6.00	UNREST CARES ACT GRANTS CAP	147,765		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)		1,774,932		0		10.00
11.00	Subtotal (line 3 plus line 10)		113,370,342		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	UNREST NA EQUITY TRANSFERS EXT	103,084		0		0	13.00
14.00	IC UNREST NA EQUITY TRANSFERS	6,413,189		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)		6,516,273		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		106,854,069		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	UNREST NA REL FOR CAP		0				5.00
6.00	UNREST CARES ACT GRANTS CAP		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	UNREST NA EQUITY TRANSFERS EXT		0				13.00
14.00	IC UNREST NA EQUITY TRANSFERS		0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 16-0080

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	27,952,297		27,952,297	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	27,952,297		27,952,297	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,068,302		13,068,302	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	13,068,302		13,068,302	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	41,020,599		41,020,599	17.00
18.00	Ancillary services	69,235,659	227,101,696	296,337,355	18.00
19.00	Outpatient services	0	21,380,159	21,380,159	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		7,667,574	7,667,574	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,746,913	1,746,913	26.00
27.00	PHYSICIAN SERVICES	5,598,104	82,370,734	87,968,838	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	115,854,362	340,267,076	456,121,438	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		138,838,373		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)		138,838,373		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0080

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

Worksheet G-3

Date/Time Prepared:
1/26/2022 10:21 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	456,121,438	1.00
2.00	Less contractual allowances and discounts on patients' accounts	329,787,429	2.00
3.00	Net patient revenues (line 1 minus line 2)	126,334,009	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	138,838,373	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-12,504,364	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OP/NON OP REVENUE	3,681,938	24.00
24.50	COVID-19 PHE Funding	4,130,422	24.50
25.00	Total other income (sum of lines 6-24)	7,812,360	25.00
26.00	Total (line 5 plus line 25)	-4,692,004	26.00
27.00	OTHER OP/NON OP EXPENSES	-15,406,407	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-15,406,407	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	10,714,403	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0080

Period:

Worksheet H

HHA CCN: 16-7154

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

1/26/2022 10:21 am

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	431,698	123,340	2,011	281,381	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	807,258	189,909	56,316	0	28,470	6.00
7.00	Physical Therapy	249,619	58,723	21,231	0	7,756	7.00
8.00	Occupational Therapy	91,256	21,468	6,483	0	3,981	8.00
9.00	Speech Pathology	42,283	9,947	3,767	0	1,034	9.00
10.00	Medical Social Services	5,143	1,210	260	0	196	10.00
11.00	Home Health Aide	126,873	29,847	10,383	0	8,676	11.00
12.00	Supplies (see instructions)	0	0	0	0	62,102	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	582,915	152,000	125	306,303	550,489	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,337,045	586,444	100,576	587,684	662,704	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	-505,199	333,231	-18,205	315,026		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,081,953	0	1,081,953		6.00
7.00	Physical Therapy	0	337,329	0	337,329		7.00
8.00	Occupational Therapy	0	123,188	0	123,188		8.00
9.00	Speech Pathology	0	57,031	0	57,031		9.00
10.00	Medical Social Services	0	6,809	0	6,809		10.00
11.00	Home Health Aide	0	175,779	0	175,779		11.00
12.00	Supplies (see instructions)	0	62,102	0	62,102		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	1,591,832	0	1,591,832		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)	-505,199	3,769,254	-18,205	3,751,049		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 16-0080

Period:

Worksheet H-1

HHA CCN: 16-7154

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/26/2022 10:21 amHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation		
			Bldgs & Fixtures	Movable Equipment			Subtotal (cols. 0-4)	
							0	
	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	315,026	0	0	0	0	315,026	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,081,953	0	0	0	0	1,081,953	6.00
7.00	Physical Therapy	337,329	0	0	0	0	337,329	7.00
8.00	Occupational Therapy	123,188	0	0	0	0	123,188	8.00
9.00	Speech Pathology	57,031	0	0	0	0	57,031	9.00
10.00	Medical Social Services	6,809	0	0	0	0	6,809	10.00
11.00	Home Health Aide	175,779	0	0	0	0	175,779	11.00
12.00	Supplies (see instructions)	62,102	0	0	0	0	62,102	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	1,591,832	0	0	0	0	1,591,832	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)	3,751,049	0	0	0	0	3,751,049	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	315,026						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	99,197	1,181,150					6.00
7.00	Physical Therapy	30,927	368,256					7.00
8.00	Occupational Therapy	11,294	134,482					8.00
9.00	Speech Pathology	5,229	62,260					9.00
10.00	Medical Social Services	624	7,433					10.00
11.00	Home Health Aide	16,116	191,895					11.00
12.00	Supplies (see instructions)	5,694	67,796					12.00
13.00	Drugs	0	0					13.00
14.00	DME	145,945	1,737,777					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)		3,751,049					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0080

Period:

Worksheet H-1

HHA CCN: 16-7154

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/26/2022 10:21 amHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	14,988			0		1.00
2.00	Capital Related - Movable Equipment		21,726		0		2.00
3.00	Plant Operation & Maintenance	0	0	14,988	0		3.00
4.00	Transportation (see instructions)	0	0	0	177,001		4.00
5.00	Administrative and General	750	2,750	750	22,441	-315,026	3,436,023
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	6,938	8,768	6,938	80,611	0	1,081,953
7.00	Physical Therapy	0	0	0	37,190	0	337,329
8.00	Occupational Therapy	0	0	0	11,335	0	123,188
9.00	Speech Pathology	0	0	0	6,613	0	57,031
10.00	Medical Social Services	0	0	0	487	0	6,809
11.00	Home Health Aide	0	0	0	18,149	0	175,779
12.00	Supplies (see instructions)	0	0	0	0	0	62,102
13.00	Drugs	0	0	0	0	0	0
14.00	DME	7,300	10,208	7,300	175	0	1,591,832
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	14,988	21,726	14,988	177,001	-315,026	3,436,023
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		315,026
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.091683

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0080

Period:

Worksheet H-2

HHA CCN: 16-7154

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/26/2022 10:21 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		Agency 1				
			BLDG & FIXT	SOUTH 1970 BLUFF BLDG	MAT BUILDING	CHILD CARE	MVBLE EQUIP		
		0	1.00	1.01	1.02	1.03	2.00		
1.00	Administrative and General	0	0	21,407	0	0	3,257	1.00	
2.00	Skilled Nursing Care	1,181,150	0	198,026	0	0	10,386	2.00	
3.00	Physical Therapy	368,256	0	0	0	0	0	3.00	
4.00	Occupational Therapy	134,482	0	0	0	0	0	4.00	
5.00	Speech Pathology	62,260	0	0	0	0	0	5.00	
6.00	Medical Social Services	7,433	0	0	0	0	0	6.00	
7.00	Home Health Aide	191,895	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	67,796	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	1,737,777	0	208,357	0	0	12,090	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19) (2)	3,751,049	0	427,790	0	0	25,733	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	A&G- INFO SVCS	A&G-PURCH	A&G-ADMIT/REG	Subtotal		
		4.00	4A	5.02	5.03	5.04	5A.04		
1.00	Administrative and General	77,270	101,934	5,528	0	0	107,462	1.00	
2.00	Skilled Nursing Care	144,492	1,534,054	83,193	1,003	6,448	1,624,698	2.00	
3.00	Physical Therapy	44,680	412,936	22,394	395	2,538	438,263	3.00	
4.00	Occupational Therapy	16,334	150,816	8,179	206	1,326	160,527	4.00	
5.00	Speech Pathology	7,568	69,828	3,787	39	252	73,906	5.00	
6.00	Medical Social Services	921	8,354	453	11	72	8,890	6.00	
7.00	Home Health Aide	22,709	214,604	11,638	164	1,054	227,460	7.00	
8.00	Supplies (see instructions)	0	67,796	3,677	1,824	11,727	85,024	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	104,336	2,062,560	111,855	3,895	25,042	2,203,352	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)	418,310	4,622,882	250,704	7,537	48,459	4,929,582	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000				0.000000	21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0080

Period:

Worksheet H-2

HHA CCN: 16-7154

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/26/2022 10:21 amHome Health
Agency I

PPS

Cost Center Description		A&G-ALL OTHER	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		5.00	6.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	6,898	16,533	0	4,939	0	15,217	1.00
2.00	Skilled Nursing Care	104,286	152,938	328	45,690	0	0	2.00
3.00	Physical Therapy	28,131	0	0	0	0	0	3.00
4.00	Occupational Therapy	10,304	0	0	0	0	0	4.00
5.00	Speech Pathology	4,744	0	0	0	0	0	5.00
6.00	Medical Social Services	571	0	0	0	0	0	6.00
7.00	Home Health Aide	14,600	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	5,458	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	141,428	160,918	0	48,073	0	22,825	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)	316,420	330,389	328	98,702	0	38,042	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	106,986	0	0	3,022	10,558	0	2.00
3.00	Physical Therapy	0	0	0	1,190	0	0	3.00
4.00	Occupational Therapy	0	0	0	621	0	0	4.00
5.00	Speech Pathology	0	0	0	118	0	0	5.00
6.00	Medical Social Services	0	0	0	34	0	0	6.00
7.00	Home Health Aide	0	0	0	494	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	5,496	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	11,736	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	106,986	0	0	22,711	10,558	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0080

Period:

Worksheet H-2

HHA CCN: 16-7154

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/26/2022 10:21 amHome Health
Agency I

PPS

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	151,049	0	151,049				1.00
2.00	Skilled Nursing Care	2,048,506	0	2,048,506	54,259	2,102,765		2.00
3.00	Physical Therapy	467,584	0	467,584	12,385	479,969		3.00
4.00	Occupational Therapy	171,452	0	171,452	4,541	175,993		4.00
5.00	Speech Pathology	78,768	0	78,768	2,086	80,854		5.00
6.00	Medical Social Services	9,495	0	9,495	251	9,746		6.00
7.00	Home Health Aide	242,554	0	242,554	6,425	248,979		7.00
8.00	Supplies (see instructions)	95,978	0	95,978	2,542	98,520		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	2,588,332	0	2,588,332	68,560	2,656,892		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	5,853,718	0	5,853,718	151,049	5,853,718		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.				0.026487			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0080

Period:

Worksheet H-2

HHA CCN: 16-7154

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/26/2022 10:21 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		BLDG & FIXT (SQUARE FEET)	SOUTH 1970 BLUFF BLDG (SQUARE FEET)	MAT BUILDING (SQUARE FEET)	CHILD CARE (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	1.03	2.00		
1.00	Administrative and General	0	750	0	0	2,750	431,698	1.00
2.00	Skilled Nursing Care	0	6,938	0	0	8,768	807,258	2.00
3.00	Physical Therapy	0	0	0	0	0	249,619	3.00
4.00	Occupational Therapy	0	0	0	0	0	91,256	4.00
5.00	Speech Pathology	0	0	0	0	0	42,283	5.00
6.00	Medical Social Services	0	0	0	0	0	5,143	6.00
7.00	Home Health Aide	0	0	0	0	0	126,873	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	7,300	0	0	10,207	582,914	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	14,988	0	0	21,725	2,337,044	20.00
21.00	Total cost to be allocated	0	427,790	0	0	25,733	418,310	21.00
22.00	Unit cost multiplier	0.000000	28.542167	0.000000	0.000000	1.184488	0.178991	22.00
Cost Center Description		Reconciliation	A&G-INFO SVCS (ACCUM. COST)	A&G-PURCH (GROSS CHAR GES)	A&G-ADMIT/REG (GROSS CHAR GES)	Reconciliation	A&G-ALL OTHER (ACCUM. COST)	
		5A.02	5.02	5.03	5.04	5A.06	5.06	
1.00	Administrative and General	0	101,934	0	0	0	107,462	1.00
2.00	Skilled Nursing Care	0	1,534,054	1,020,250	1,020,250	0	1,624,698	2.00
3.00	Physical Therapy	0	412,936	401,612	401,612	0	438,263	3.00
4.00	Occupational Therapy	0	150,816	209,817	209,817	0	160,527	4.00
5.00	Speech Pathology	0	69,828	39,839	39,839	0	73,906	5.00
6.00	Medical Social Services	0	8,354	11,382	11,382	0	8,890	6.00
7.00	Home Health Aide	0	214,604	166,753	166,753	0	227,460	7.00
8.00	Supplies (see instructions)	0	67,796	1,855,535	1,855,535	0	85,024	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	2,062,560	3,962,386	3,962,386	0	2,203,352	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)		4,622,882	7,667,574	7,667,574		4,929,582	20.00
21.00	Total cost to be allocated		250,704	7,537	48,459		316,420	21.00
22.00	Unit cost multiplier		0.054231	0.000983	0.006320		0.064188	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0080

Period:

Worksheet H-2

HHA CCN: 16-7154

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/26/2022 10:21 amHome Health
Agency I

PPS

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	
		6.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	750	0	750	0	8	0	1.00
2.00	Skilled Nursing Care	6,938	418	6,938	0	0	19,500	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	7,300	0	7,300	0	12	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	14,988	418	14,988	0	20	19,500	20.00
21.00	Total cost to be allocated	330,389	328	98,702	0	38,042	106,986	21.00
22.00	Unit cost multiplier	22.043568	0.784689	6.585402	0.000000	1,902.100000	5.486462	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
		14.00	15.00	16.00	17.00	19.00		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	1,020,250	173	0		2.00
3.00	Physical Therapy	0	0	401,612	0	0		3.00
4.00	Occupational Therapy	0	0	209,817	0	0		4.00
5.00	Speech Pathology	0	0	39,839	0	0		5.00
6.00	Medical Social Services	0	0	11,382	0	0		6.00
7.00	Home Health Aide	0	0	166,753	0	0		7.00
8.00	Supplies (see instructions)	0	0	1,855,535	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	3,962,386	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	7,667,574	173	0		20.00
21.00	Total cost to be allocated	0	0	22,711	10,558	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.002962	61.028902	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet H-3

HHA CCN: 16-7154

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/26/2022 10:21 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,102,765		2,102,765	10,842	193.95	1.00
2.00	Physical Therapy	3.00	479,969	0	479,969	2,954	162.48	2.00
3.00	Occupational Therapy	4.00	175,993	0	175,993	1,516	116.09	3.00
4.00	Speech Pathology	5.00	80,854	0	80,854	394	205.21	4.00
5.00	Medical Social Services	6.00	9,746		9,746	75	129.95	5.00
6.00	Home Health Aide	7.00	248,979		248,979	3,304	75.36	6.00
7.00	Total (sum of lines 1-6)		3,098,306	0	3,098,306	19,085		7.00
				Program Visits				
				Part B				
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		99914	0	1,551			8.00
8.01	Skilled Nursing Care		99916	0	3,742			8.01
9.00	Physical Therapy		99914	0	505			9.00
9.01	Physical Therapy		99916	0	1,219			9.01
10.00	Occupational Therapy		99914	0	258			10.00
10.01	Occupational Therapy		99916	0	613			10.01
11.00	Speech Pathology		99914	0	65			11.00
11.01	Speech Pathology		99916	0	173			11.01
12.00	Medical Social Services		99914	0	3			12.00
12.01	Medical Social Services		99916	0	25			12.01
13.00	Home Health Aide		99914	0	65			13.00
13.01	Home Health Aide		99916	0	600			13.01
14.00	Total (sum of lines 8-13)			0	8,819			14.00
		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	98,520	0	98,520	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
				Program Visits		Cost of Services		
				Part B		Part B		
				Not Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance		
				Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	5,293		0	1,026,577		1.00
2.00	Physical Therapy	0	1,724		0	280,116		2.00
3.00	Occupational Therapy	0	871		0	101,114		3.00
4.00	Speech Pathology	0	238		0	48,840		4.00
5.00	Medical Social Services	0	28		0	3,639		5.00
6.00	Home Health Aide	0	665		0	50,114		6.00
7.00	Total (sum of lines 1-6)	0	8,819		0	1,510,400		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet H-3

HHA CCN: 16-7154

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/26/2022 10:21 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1				
		6.00	7.00	8.00	9.00	10.00	11.00			
Limitation Cost Computation										
8.00	Skilled Nursing Care							8.00		
8.01	Skilled Nursing Care							8.01		
9.00	Physical Therapy							9.00		
9.01	Physical Therapy							9.01		
10.00	Occupational Therapy							10.00		
10.01	Occupational Therapy							10.01		
11.00	Speech Pathology							11.00		
11.01	Speech Pathology							11.01		
12.00	Medical Social Services							12.00		
12.01	Medical Social Services							12.01		
13.00	Home Health Aide							13.00		
13.01	Home Health Aide							13.01		
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	0	0	0	0	0	15.00		
16.00	Cost of Drugs		0	0		0	0	16.00		
Cost Center Description		Total Program Cost (sum of cols. 9-10)								
		12.00								
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION										
Cost Per Visit Computation										
1.00	Skilled Nursing Care	1,026,577							1.00	
2.00	Physical Therapy	280,116							2.00	
3.00	Occupational Therapy	101,114							3.00	
4.00	Speech Pathology	48,840							4.00	
5.00	Medical Social Services	3,639							5.00	
6.00	Home Health Aide	50,114							6.00	
7.00	Total (sum of lines 1-6)	1,510,400							7.00	
Cost Center Description										
		12.00								
Limitation Cost Computation										
8.00	Skilled Nursing Care								8.00	
8.01	Skilled Nursing Care								8.01	
9.00	Physical Therapy								9.00	
9.01	Physical Therapy								9.01	
10.00	Occupational Therapy								10.00	
10.01	Occupational Therapy								10.01	
11.00	Speech Pathology								11.00	
11.01	Speech Pathology								11.01	
12.00	Medical Social Services								12.00	
12.01	Medical Social Services								12.01	
13.00	Home Health Aide								13.00	
13.01	Home Health Aide								13.01	
14.00	Total (sum of lines 8-13)								14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet H-3

HHA CCN: 16-7154

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/26/2022 10:21 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.607433	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.201975	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.398410	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	1.871914	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.375179	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0080 HHA CCN: 16-7154		Period: From 07/01/2020 To 06/30/2021		Worksheet H-4 Part I-II Date/Time Prepared: 1/26/2022 10:21 am	
		Title XVIII		Home Health Agency I		PPS	
		Part A		Part B			
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance	
		1.00		2.00		3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES							
Reasonable Cost of Part A & Part B Services							
1.00	Reasonable cost of services (see instructions)	0	0	0	0	0	1.00
2.00	Total charges	0	2,416,825	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	19,531	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	2,416,825	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	2,416,825	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	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	1,796,872	0	0	0	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	66,396	0	0	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	36,138	0	0	0	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	5,522	0	0	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	13,804	0	0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	0	0	0	16.00
17.00	Total Other Payments	0	0	0	0	0	17.00
18.00	DME Payments	0	0	0	0	0	18.00
19.00	Oxygen Payments	0	0	0	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	0	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	0	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	1,918,732	0	0	0	22.00
23.00	Excess reasonable cost (from line 8)	0	0	0	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	1,918,732	0	0	0	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	0	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	1,918,732	0	0	0	26.00
27.00	Reimbursable bad debts (from your records)	0	0	0	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	0	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	1,918,732	0	0	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	0	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	0	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	0	0	0	30.99
31.00	Subtotal (see instructions)	0	1,918,732	0	0	0	31.00
31.01	Sequestration adjustment (see instructions)	0	0	0	0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	0	0	0	31.02
32.00	Interim payments (see instructions)	0	1,918,732	0	0	0	32.00
33.00	Tentative settlement (for contractor use only)	0	0	0	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	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	0	0	35.00

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

Provider CCN: 16-0080

Period:

Worksheet H-5

HHA CCN: 16-7154

From 07/01/2020
To 06/30/2021Date/Time Prepared:
1/26/2022 10:21 amHome Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,918,732	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		1,918,732	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		1,918,732	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 16-0080

Period:

Worksheet I-1

Component CCN: 16-2313

From 07/01/2020
To 06/30/2021Date/Time Prepared:
1/26/2022 10:21 am

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	258,119	HOURS OF SERVICE	9,817.00	4.72
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00
4.00	TECHNICIANS	141,901	HOURS OF SERVICE	10,491.00	5.04
5.00	SOCIAL WORKERS	31,795	HOURS OF SERVICE	1,129.00	0.54
6.00	DIETICIANS	18,903	HOURS OF SERVICE	824.00	0.40
7.00	PHYSICIANS	0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	78,757	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	529,475			9.00
10.00	EMPLOYEE BENEFITS	163,856	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	963	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	184,194	REQUISITIONS		14.00
15.00	DRUGS	769,261	REQUISITIONS		15.00
16.00	OTHER	206,320	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,854,069			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	143,681	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	28,390	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	121,914	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	452,054	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	144,118	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS		24.00
25.00	PHARMACY	0	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	230,657	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,974,883			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0	30.00
30.97	CARDIAC REHABILITATION	0	CHARGES	0	30.97
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,974,883			31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 16-0080

Period:

Worksheet I-2

Component CCN: 16-2313

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

Date/Time Prepared:

1/26/2022 10:21 am

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	287,799	29,353	258,119	192,599	285,770	439,334	1.00
MAINTENANCE								
2.00	Hemodialysis	287,799	29,353	258,119	192,599	285,770	439,334	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						329,927	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	287,799	29,353	258,119	192,599	285,770	439,334	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	184,194	0	1,677,168	967,788	2,644,956		1.00
MAINTENANCE								
2.00	Hemodialysis	184,194	0	1,677,168	967,788	2,644,956		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	184,194	0	1,677,168	967,788	2,644,956		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,644,956		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0080
Component CCN: 16-2313Period:
From 07/01/2020
To 06/30/2021Worksheet I-3
Date/Time Prepared:
1/26/2022 10:21 am

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis	
		Building (Square Feet)	Equipment (%) of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	287,799	29,353	258,119	192,599	285,770	1.00
MAINTENANCE							
2.00	Hemodialysis	5,034	0.72	9,817.00	12,443.00	529,475	2.00
2.01	AKI-Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	5,034	0.72	9,817.00	12,443.00	529,475	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	57.171037	40,768.055556	26.293063	15.478502	0.539723	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	439,334	184,194	0	1,677,168	967,788	1.00
MAINTENANCE							
2.00	Hemodialysis	437,901	184,194	0			2.00
2.01	AKI-Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI-Intermittent Peritoneal	0	0	0			3.01
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	437,901	184,194	0		1,677,168	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.003272	1.000000	0.000000		0.577037	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 16-0080

Period:

Worksheet I-4

Component CCN: 16-2313

From 07/01/2020
To 06/30/2021Date/Time Prepared:
1/26/2022 10:21 am

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	8,751	2,644,956	302.25	6,016	1,818,336
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	0	0	0.00	0	0
10.00	Home Program - CCPD	0	0	0.00	0	0
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	8,751	2,644,956		6,016	1,818,336
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	8,751				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	1,382,992	229.89			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			
10.00	Home Program - CCPD	0	0.00			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,382,992				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 16-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet I-5 Date/Time Prepared: 1/26/2022 10:21 am
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,818,336		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	1,382,992	1,229,613	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,382,992	1,229,613	2.03
2.04	Outlier payments	14,004		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	562	500	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	562	500	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	346,204	307,809	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	346,204	307,809	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	308,309	8.00
9.00	Program payment (see instructions)	0	983,290	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	2,974,883		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	2,644,956		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.889096		14.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0

Hospice CCN: 16-1527

From 07/01/2020

To 06/30/2021

Date/Time Prepared:

1/26/2022 10:21 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		28,026	28,026	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	3,373	99,945	103,318	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	149,160	23,725	172,885	4,101	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	17,933	17,933	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	30,971	30,971	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	110,549	110,549	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	36,134	0	36,134	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		179,731	179,731	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	207,942	0	207,942	0	28.00
29.00	LPN/LVN**	116,804	0	116,804	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	13,886	0	13,886	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	22,107	0	22,107	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	757	757	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	297	297	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	708	708	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	549,406	492,642	1,042,048	4,101	1,046,149

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0

Hospice CCN: 16-1527

From 07/01/2020
To 06/30/2021Date/Time Prepared:
1/26/2022 10:21 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	28,026	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	103,318	3.00
4.00	ADMINISTRATIVE & GENERAL*	-757	176,229	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	17,933	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	30,971	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	110,549	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	36,134	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	179,731	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	207,942	28.00
29.00	LPN/LVN**	0	116,804	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	13,886	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	22,107	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	757	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	297	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	708	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-757	1,045,392	100.00

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

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

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

Provider CCN: 16-0080

Period:

Worksheet 0-2

Hospice CCN: 16-1527

From 07/01/2020
To 06/30/2021Date/Time Prepared:
1/26/2022 10:21 am

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	207,652	0	207,652	0	207,652	28.00
29.00	LPN/LVN	116,641	0	116,641	0	116,641	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	13,867	0	13,867	0	13,867	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	22,107	0	22,107	0	22,107	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	755	755	0	755	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	297	297	0	297	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	707	707	0	707	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	360,267	1,759	362,026	0	362,026	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	207,652	28.00
29.00	LPN/LVN	0	116,641	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	13,867	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	22,107	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	755	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	297	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	707	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	362,026	100.00

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

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

Provider CCN: 16-0080

Period:

Worksheet 0-3

Hospice CCN: 16-1527

From 07/01/2020
To 06/30/2021Date/Time Prepared:
1/26/2022 10:21 am

						Hospice I		1/20/2022 10:11 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL			
		1.00	2.00	3.00	4.00	5.00			
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25.00	INPATIENT CARE-CONTRACTED		69,127	69,127	0	69,127	25.00		
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00		
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00		
28.00	REGISTERED NURSE	112	0	112	0	112	28.00		
29.00	LPN/LVN	63	0	63	0	63	29.00		
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00		
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00		
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00		
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00		
34.00	SPIRITUAL COUNSELING	7	0	7	0	7	34.00		
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00		
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00		
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00		
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00		
39.00	PATIENT TRANSPORTATION	0	1	1	0	1	39.00		
40.00	IMAGING SERVICES	0	0	0	0	0	40.00		
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00		
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00		
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50		
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00		
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00		
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00		
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00		
100.00	TOTAL *	182	69,128	69,310	0	69,310	100.00		

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	69,127	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	112	28.00
29.00	LPN/LVN	0	63	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	7	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	69,310	100.00

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

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

Provider CCN: 16-0080

Period:

Worksheet 0-4

Hospice CCN: 16-1527

From 07/01/2020
To 06/30/2021Date/Time Prepared:
1/26/2022 10:21 am

						Hospice I		1/20/2022 10:11 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL			
		1.00	2.00	3.00	4.00	5.00			
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25.00	INPATIENT CARE-CONTRACTED		110,604	110,604	0	110,604	25.00		
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00		
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00		
28.00	REGISTERED NURSE	178	0	178	0	178	28.00		
29.00	LPN/LVN	100	0	100	0	100	29.00		
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00		
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00		
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00		
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00		
34.00	SPIRITUAL COUNSELING	12	0	12	0	12	34.00		
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00		
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00		
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00		
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00		
39.00	PATIENT TRANSPORTATION	0	1	1	0	1	39.00		
40.00	IMAGING SERVICES	0	0	0	0	0	40.00		
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00		
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	1	1	0	1	42.00		
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50		
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00		
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00		
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00		
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00		
100.00	TOTAL *	290	110,606	110,896	0	110,896	100.00		

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	110,604	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	178	28.00
29.00	LPN/LVN	0	100	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	12	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	1	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	110,896	100.00

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

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

Provider CCN: 16-0080

Period:

Worksheet 0-5

Hospice CCN: 16-1527

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

1/26/2022 10:21 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	24,375	24,375	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	28,026	0	28,026	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	103,318	98,339	201,657	3.00
4.00	ADMINISTRATIVE & GENERAL	176,229	159,772	336,001	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	18,825	18,825	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	5,624	5,624	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	35,508	35,508	9.00
10.00	ROUTINE MEDICAL SUPPLIES	17,933	0	17,933	10.00
11.00	MEDICAL RECORDS	0	5,174	5,174	11.00
12.00	STAFF TRANSPORTATION	30,971	0	30,971	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	110,549	0	110,549	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	36,134	0	36,134	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	123,457	123,457	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	362,026	0	362,026	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	69,310	0	69,310	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	110,896	0	110,896	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	1,045,392	471,074	1,516,466	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/26/2022 10:21 am

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	24,375	24,375					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	28,026		28,026				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	201,657	0	0	201,657			3.00
4.00	ADMINISTRATIVE & GENERAL	336,001	0	0	0	336,001		4.00
5.00	PLANT OPERATION & MAINTENANCE	18,825	0	0	0	18,825		5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0		6.00
7.00	HOUSEKEEPING	5,624	0	0	0	5,624		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	35,508	0	0	0	35,508		9.00
10.00	ROUTINE MEDICAL SUPPLIES	17,933	0	0	0	17,933		10.00
11.00	MEDICAL RECORDS	5,174	0	0	0	5,174		11.00
12.00	STAFF TRANSPORTATION	30,971	0	0	0	30,971		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0		13.00
14.00	PHARMACY	110,549	0	0	0	110,549		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	36,134	0	0	0	36,134		15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		123,457		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	362,026			201,267	563,293		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	69,310	21,949	15,570	217	107,046		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	110,896	2,426	12,456	173	125,951		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	1,516,466	24,375	28,026	201,657	1,516,466		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/26/2022 10:21 am

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	336,001						4.00
5.00	PLANT OPERATION & MAINTENANCE	5,358	24,183					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	1,601	0			7,225		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	10,107	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	5,104	0			0		10.00
11.00	MEDICAL RECORDS	1,473	0			0		11.00
12.00	STAFF TRANSPORTATION	8,815	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	31,466	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	10,285	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	35,140	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	160,333						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	30,469	21,776		0	6,506	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	35,850	2,407		0	719	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	336,001	24,183		0	7,225	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/26/2022 10:21 am

Descriptions		Hospice I				
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	45,615				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	23,037			10.00
11.00	MEDICAL RECORDS	0		6,647		11.00
12.00	STAFF TRANSPORTATION	0			39,786	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	45,527	22,992	6,634	39,709	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	47	25	7	43	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	41	20	6	34	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	45,615	23,037	6,647	39,786	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/26/2022 10:21 am

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	142,015					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	46,419				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				158,597		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	141,740	46,329	0		1,026,557	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	153	50	0	0	166,122	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	122	40	0	0	165,190	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	158,597	158,597	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	142,015	46,419	0	158,597	1,516,466	100.00

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

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	854					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		28,026				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	549,406			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-336,001	1,180,465	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	18,825	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	5,624	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	35,508	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	17,933	10.00
11.00	MEDICAL RECORDS	0	0	0	0	5,174	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	30,971	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	110,549	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	36,134	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	123,457	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			548,343	0	563,293	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	769	15,570	591	0	107,046	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	85	12,456	472	0	125,951	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	24,375	28,026	201,657		336,001	100.00
101.00	UNIT COST MULTIPLIER	28.542155	1.000000	0.367046		0.284634	101.00

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

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	854					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		854			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		7,763	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					7,748	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	769	0	769	0	8	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	85	0	85	0	7	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	24,183	0	7,225	0	45,615	100.00
101.00	UNIT COST MULTIPLIER	28.317330	0.000000	8.460187	0.000000	5.875950	101.00

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

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Descriptions		Hospice I				
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)
		10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES	9,304				10.00
11.00	MEDICAL RECORDS		9,304			11.00
12.00	STAFF TRANSPORTATION			109,141		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0	13.00
14.00	PHARMACY			0	0	130,007 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0 15.00
16.00	OTHER GENERAL SERVICE			0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	9,286	9,286	108,930	0	129,755 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	10	10	117	0	140 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8	8	94	0	112 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0 60.00
61.00	VOLUNTEER PROGRAM			0	0	0 61.00
62.00	FUNDRAISING			0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0 65.00
66.00	RESIDENTIAL CARE			0	0	0 66.00
67.00	ADVERTISING			0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0 68.00
69.00	THRIFT STORE			0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	23,037	6,647	39,786	0	142,015 100.00
101.00	UNIT COST MULTIPLIER	2.476032	0.714424	0.364538	0.000000	1.092364 101.00

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

Provider CCN: 16-0080

Period:

Worksheet 0-6

Hospice CCN: 16-1527

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/26/2022 10:21 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	9,304				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			100		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	9,286	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	10	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	100		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	46,419	0	158,597		100.00
101.00	UNIT COST MULTIPLIER	4.989144	0.000000	1,585.970000		101.00

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

Provider CCN: 16-0080

Period:

Worksheet 0-7

Hospice CCN: 16-1527

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

Date/Time Prepared:
1/26/2022 10:21 am

					Hospice I		
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.607433	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.201975	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.398410	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.375179	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.179937	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.871914	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.97	CARDIAC REHABILITATION	76.97	0.276118	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 16-0080

Period:

Worksheet 0-8

Hospice CCN: 16-1527

From 07/01/2020
To 06/30/2021Date/Time Prepared:
1/26/2022 10:21 am

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,026,557	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			9,286	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			110.55	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	9,181	0		9.00
10.00	Program cost (line 8 times line 9)	1,014,960	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			166,122	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			10	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			16,612.20	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	10	0		14.00
15.00	Program cost (line 13 times line 14)	166,122	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			165,190	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			8	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			20,648.75	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	8	0		19.00
20.00	Program cost (line 18 times line 19)	165,190	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,357,869	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			9,304	22.00
23.00	Average cost per diem (line 21 divided by line 22)			145.94	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0080	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 1/26/2022 10:21 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		696,316	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		15,537	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)		29.99	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		711,853	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