

SoutheastHEALTH

Title XVIII Medicare Cost Report

Provider CCN: 26-0110

Year Ended December 31, 2019

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: 26-0110	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 8/19/2020 11:28 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 8/19/2020	Time: 11:28 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SOUTHEASTHEALTH (26-0110) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Encryption Information

ECR: Date: 8/19/2020 Time: 11:28 am
SX.RuTtgi2WzMQAB6fw1C1xgIPxFu0
5z0VF059L0JogT17.Jmyt6ewVfTKHN
OKby2uCdF00L860H

PI: Date: 8/19/2020 Time: 11:28 am
tos1RzxK5YaaEVZASck9je22jkkT10
EBWJg04s3mwf8rTCJR4ffEGTAuk7Q
WUV30Ic4qx0.6jke

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	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	-460,600	112,718	0	4,839,755 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	-1,411	0	-42,447	0 3.00
5.00	Swing Bed - SNF	0	0	0	0	0 5.00
6.00	Swing Bed - NF	0	0	0	0	0 6.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
10.01	RURAL HEALTH CLINIC II	0	122,902	0	0	0 10.01
10.02	RURAL HEALTH CLINIC III	0	0	0	0	0 10.02
200.00	Total	0	-462,011	235,620	0	4,797,308 200.00

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: 26-0110		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/19/2020 11:28 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1701 LACEY STREET			PO Box:				1.00			
2.00	City: CAPE GIRARDEAU			State: MO		Zip Code: 63701		County: CAPE GIRARDEAU			
		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		SOUTHEASTHEALTH	260110	16020	1	06/30/1966	N	P	O	
4.00	Subprovider - IPF										
5.00	Subprovider - IRF		COMPREHENSIVE REHAB UNIT	26T110	16020	5	01/01/2002	N	P	O	
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		SOUTHEAST MO HOSP REG HOME HEALTH	267121	16020		06/30/1985	N	P	N	
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice		SOUTHEAST HOSPICE	261537	16020		07/21/1993				
15.00	Hospital-Based Health Clinic - RHC										
15.01	Hospital-Based Health Clinic - RHC II		PLAZA PRIMARY CARE WEST	268657	16020		02/01/2011	N	O	N	
15.02	Hospital-Based Health Clinic - RHC III		SOUTHEAST PEDIATRICS	268674	16020		07/16/2012	N	O	N	
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019		12/31/2019		20.00
21.00	Type of Control (see instructions)						2				21.00
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N				23.00

Worksheet S-2
Part I
Date/Time Prepared:
8/19/2020 11:28 am

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/19/2020 11:28 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.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.01	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.02	1		60.03	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.03	1		60.04	
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.05	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00 62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00 62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N					63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
8/19/2020 11:28 am

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA 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.							
64.00	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	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	N	N
						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
				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			0
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:			2,950,852	0	0	118.01
				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.			Y			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

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/19/2020 11:28 am	
		1.00		2.00			
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		HB0719		140.00	
		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: SOUTHEAST HOSPITAL	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 1701 LACEY STREET	PO Box:				142.00	
143.00	City: CAPE GIRARDEAU	State: MO		Zip Code: 63701		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.	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	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/19/2020 11:28 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0110	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/19/2020 11:28 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
			Part A		Part B
			Y/N	Date	Y/N
			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)	Y	03/11/2020	Y	03/11/2020
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)	N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/19/2020 11:28 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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD	LLP		41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	417.865.8701	SFDCOSTREPORTS@BKD.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/19/2020 11:28 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.	COST REPORTS	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: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/19/2020 11:28 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	207	75,555	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)		207	75,555	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
10.01 ADULT SPECIAL CARE	33.01	14	5,110	0.00	0	10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
11.01 CARDIOTHORACIC ICU	34.01	12	4,380	0.00	0	11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		233	85,045	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	11	4,015		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						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	88.00				0	26.00
26.01 RURAL HEALTH CLINIC II	88.01				0	26.01
26.02 RURAL HEALTH CLINIC III	88.02				0	26.02
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		244				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/19/2020 11:28 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)	14,585	1,841	27,386			1.00
2.00	HMO and other (see instructions)	3,803	3,062				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	253	25				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)	14,585	1,841	27,386			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	ADULT SPECIAL CARE	1,367	194	2,395			10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	CARDIOTHORACIC ICU	1,246	206	2,370			11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		162	2,032			13.00
14.00	Total (see instructions)	17,198	2,403	34,183	0.00	1,768.23	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	1,338	142	2,218	0.00	14.25	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	3,255	310	5,820	0.00	13.62	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	16.33	24.00
24.10	HOSPICE (non-distinct part)			5			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.01	RURAL HEALTH CLINIC II	8,651	1,191	36,330	0.00	42.86	26.01
26.02	RURAL HEALTH CLINIC III	0	497	26,265	0.00	21.95	26.02
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	1,877.24	27.00
28.00	Observation Bed Days		325	5,967			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			481			30.00
31.00	Employee discount days - IRF			16			31.00
32.00	Labor & delivery days (see instructions)	0	13	37			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,429	367	6,939	1.00
2.00 HMO and other (see instructions)			710	611		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				2		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
10.01 ADULT SPECIAL CARE						10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
11.01 CARDIOTHORACIC ICU						11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,429	367	6,939	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	118	9	185	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						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	0.00					26.00
26.01 RURAL HEALTH CLINIC II	0.00					26.01
26.02 RURAL HEALTH CLINIC III	0.00					26.02
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: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/19/2020 11:28 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	8/19/2020 11:28 am 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	131,826,088	0	131,826,088	3,904,657.05	33.76	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		3,575,411	0	3,575,411	36,302.30	98.49	3.00	
4.00	Physician-Part A - Administrative		544,233	0	544,233	2,162.92	251.62	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		17,349,733	0	17,349,733	115,409.37	150.33	5.00	
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		2,013,212	0	2,013,212	108,709.96	18.52	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		9,287,312	0	9,287,312	221,102.25	42.00	8.00	
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00	
10.00	Excluded area salaries (see instructions)		35,484,028	91,893	35,575,921	756,612.80	47.02	10.00	
	OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		4,981,143	0	4,981,143	85,121.00	58.52	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		0	0	0	0.00	0.00	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		7,818,272	0	7,818,272	204,784.29	38.18	14.01	
14.02	Related organization salaries		0	0	0	0.00	0.00	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)		16,439,318	0	16,439,318			17.00	
18.00	Wage-related costs (other) (see instructions)							18.00	
19.00	Excluded areas		4,319,389	0	4,319,389			19.00	
20.00	Non-physician anesthetist Part A		0	0	0			20.00	
21.00	Non-physician anesthetist Part B		145,024	0	145,024			21.00	
22.00	Physician Part A - Administrative		50,274	0	50,274			22.00	
22.01	Physician Part A - Teaching		0	0	0			22.01	
23.00	Physician Part B		1,527,982	0	1,527,982			23.00	
24.00	Wage-related costs (RHC/FQHC)		560,881	0	560,881			24.00	
25.00	Interns & residents (in an approved program)		0	0	0			25.00	
25.50	Home office wage-related (core)		1,767,717	0	1,767,717			25.50	
25.51	Related organization wage-related (core)		0	0	0			25.51	
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52	

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/19/2020 11:28 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	902,401	0	902,401	33,857.19	26.65	26.00
27.00	Administrative & General	5.00	16,213,054	0	16,213,054	529,622.33	30.61	27.00
28.00	Administrative & General under contract (see inst.)		1,556,056	0	1,556,056	10,453.82	148.85	28.00
29.00	Maintenance & Repairs	6.00	2,101,932	0	2,101,932	82,814.67	25.38	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	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,955,957	0	1,955,957	159,937.00	12.23	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,281,611	0	1,281,611	98,808.16	12.97	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,104,360	-55,782	3,048,578	109,355.37	27.88	38.00
39.00	Central Services and Supply	14.00	727,013	0	727,013	45,665.46	15.92	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,613,092	0	1,613,092	87,135.02	18.51	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
8/19/2020 11:28 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)	101,156,476	0	101,156,476	3,433,586.99	29.46	1.00
2.00	Excluded area salaries (see instructions)	35,484,028	91,893	35,575,921	756,612.80	47.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)	65,672,448	-91,893	65,580,555	2,676,974.19	24.50	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,799,415	0	12,799,415	289,905.29	44.15	4.00
5.00	Subtotal wage-related costs (see inst.)	18,257,309	0	18,257,309	0.00	27.84	5.00
6.00	Total (sum of lines 3 thru 5)	96,729,172	-91,893	96,637,279	2,966,879.48	32.57	6.00
7.00	Total overhead cost (see instructions)	29,455,476	-55,782	29,399,694	1,157,649.02	25.40	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
8/19/2020 11:28 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	5,272,494	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	80,772	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	8,593,821	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	171,829	9.00
10.00	Dental, Hearing and Vision Plan	142,813	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	582,216	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	729,868	14.00
15.00	'Workers' Compensation Insurance	0	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	7,444,115	17.00
18.00	Medicare Taxes - Employers Portion Only	-57	18.00
19.00	Unemployment Insurance	24,998	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	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	23,042,869	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: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
8/19/2020 11:28 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	4,981,143	23,042,869	1.00
2.00	Hospital	4,981,143	21,568,617	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	146,717	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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	172,374	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	171,034	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	612,884	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	371,243	14.02
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 26-0110 Component CCN: 26-7121		Period: From 01/01/2019 To 12/31/2019		Worksheet S-4 Date/Time Prepared: 8/19/2020 11:28 am	
						Home Health Agency I		PPS	
						1.00			
0.00 County								0.00	
				Title V	Title XVIII	Title XIX	Other	Total	
				1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours	320	0	0	29	349	1.00		
2.00	Unduplicated Census Count (see instructions)	0.00	309.00	0.00	0.00	0.00	2.00		
		Enter the number of hours in your normal work week			Number of Employees (Full Time Equivalent)				
					Staff	Contract	Total		
		0			1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)	40.00			0.00	0.00	0.00	3.00	
4.00	Director(s) and Assistant Director(s)				1.00	0.00	1.00	4.00	
5.00	Other Administrative Personnel				1.81	0.00	1.81	5.00	
6.00	Direct Nursing Service				5.76	0.00	5.76	6.00	
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00	
8.00	Physical Therapy Service				2.72	0.00	2.72	8.00	
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00	
10.00	Occupational Therapy Service				1.00	0.00	1.00	10.00	
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00	
12.00	Speech Pathology Service				0.08	0.00	0.08	12.00	
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00	
14.00	Medical Social Service				0.55	0.00	0.55	14.00	
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00	
16.00	Home Health Aide				0.18	0.00	0.18	16.00	
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00	
18.00	DIETICIAN				0.14	0.00	0.14	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).	16020					20.00		
20.01		99926					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	1,242	70	40	26	1,378	21.00		
22.00	Skilled Nursing Visit Charges	185,369	10,448	5,970	3,881	205,668	22.00		
23.00	Physical Therapy Visits	1,349	8	78	7	1,442	23.00		
24.00	Physical Therapy Visit Charges	341,771	2,028	19,773	1,775	365,347	24.00		
25.00	Occupational Therapy Visits	189	4	5	3	201	25.00		
26.00	Occupational Therapy Visit Charges	47,912	1,014	1,268	761	50,955	26.00		
27.00	Speech Pathology Visits	31	0	0	0	31	27.00		
28.00	Speech Pathology Visit Charges	7,859	0	0	0	7,859	28.00		
29.00	Medical Social Service Visits	10	1	3	0	14	29.00		
30.00	Medical Social Service Visit Charges	1,603	160	481	0	2,244	30.00		
31.00	Home Health Aide Visits	169	13	2	5	189	31.00		
32.00	Home Health Aide Visit Charges	9,126	702	108	270	10,206	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,990	96	128	41	3,255	33.00		
34.00	Other Charges	0	0	0	0	0	34.00		
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	593,640	14,352	27,600	6,687	642,279	35.00		
36.00	Total Number of Episodes (standard/non outlier)	296		42	4	342	36.00		
37.00	Total Number of Outlier Episodes		4		0	4	37.00		
38.00	Total Non-Routine Medical Supply Charges	3,901	678	96	241	4,916	38.00		

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 26-0110 Component CCN: 26-8657		Period: From 01/01/2019 To 12/31/2019		Worksheet S-8 Date/Time Prepared: 8/19/2020 11:28 am	
				RHC II		Cost			
				1.00					
Clinic Address and Identification									
1.00	Street				817 S MOUNT AUB		1.00		
				City		State		ZIP Code	
				1.00		2.00		3.00	
2.00	City, State, ZIP Code, County				CAPE GIRARDEAU		MO 63701		2.00
								1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban						0		3.00
				Grant Award		Date			
				1.00		2.00			
Source of Federal Funds									
4.00	Community Health Center (Section 330(d), PHS Act)								4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)								5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)								6.00
7.00	Appalachian Regional Commission								7.00
8.00	Look-Alikes								8.00
9.00	OTHER (SPECIFY)								9.00
				1.00		2.00			
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)				N		0		10.00
				Sunday		Monday		Tuesday	
				from to		from to		from	
				1.00 2.00		3.00 4.00		5.00	
Facility hours of operations (1)									
11.00	CLINIC				07:00		07:00		11.00
				1.00		2.00			
12.00	Have you received an approval for an exception to the productivity standard?				N				12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.				N		0		13.00
				Provider name		CCN number			
				1.00		2.00			
14.00	RHC/FQHC name, CCN number								14.00
				Y/N		V		Total Visits	
				1.00		2.00		3.00 4.00 5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)								15.00
				County					
				4.00					
2.00	City, State, ZIP Code, County				CAPE GIRARDEAU				2.00
				Tuesday		Wednesday		Thursday	
				to		from to		from to	
				6.00		7.00 8.00		9.00 10.00	
Facility hours of operations (1)									
11.00	CLINIC				07:00		07:00		11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 26-0110

Period:

Worksheet S-8

Component CCN: 26-8657

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/19/2020 11:28 am

RHC II

Cost

		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	07:00	04:30	08:00	12:00		11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 26-0110 Component CCN: 26-8674		Period: From 01/01/2019 To 12/31/2019		Worksheet S-8 Date/Time Prepared: 8/19/2020 11:28 am		
				RHC III		Cost				
				1.00						
Clinic Address and Identification										
1.00	Street				25 DOCTORS PARK			1.00		
				City		State		ZIP Code		
				1.00		2.00		3.00		
2.00	City, State, ZIP Code, County				CAPE GIRARDEAU			M063703-4927		
								1.00		
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban						0		3.00	
				Grant Award		Date				
				1.00		2.00				
Source of Federal Funds										
4.00	Community Health Center (Section 330(d), PHS Act)							4.00		
5.00	Migrant Health Center (Section 329(d), PHS Act)							5.00		
6.00	Health Services for the Homeless (Section 340(d), PHS Act)							6.00		
7.00	Appalachian Regional Commission							7.00		
8.00	Look-Alikes							8.00		
9.00	OTHER (SPECIFY)							9.00		
				1.00		2.00				
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)				N		0		10.00	
				Sunday		Monday		Tuesday		
				from to		from to		from		
				1.00 2.00		3.00 4.00		5.00		
Facility hours of operations (1)										
11.00	CLINIC				08:00		16:30		07:00	
								1.00 2.00		
12.00	Have you received an approval for an exception to the productivity standard?				N				12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.				N		0		13.00	
				Provider name		CCN number				
				1.00		2.00				
14.00	RHC/FQHC name, CCN number								14.00	
				Y/N		V		Total Visits		
				1.00		2.00		3.00 4.00 5.00		
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)								15.00	
				County						
				4.00						
2.00	City, State, ZIP Code, County				CAPE GIRARDEAU			2.00		
				Tuesday		Wednesday		Thursday		
				to		from to		from to		
				6.00		7.00 8.00		9.00 10.00		
Facility hours of operations (1)										
11.00	CLINIC				07:00		08:00		16:30	
								07:00		
								07:00		

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 26-0110

Period:

Worksheet S-8

Component CCN: 26-8674

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/19/2020 11:28 am

		RHC III		Cost	
		Friday		Saturday	
		from	to	from	to
		11.00	12.00	13.00	14.00
11.00	Facility hours of operations (1) CLINIC	08:00	16:30	08:00	12:00
					11.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA				Provider CCN: 26-0110 Hospice CCN: 26-1537		Period: From 01/01/2019 To 12/31/2019		Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 8/19/2020 11:28 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	10,078	170	451	10,699	11.00
12.00	Hospice Inpatient Respite Care	64	0	2	66	12.00
13.00	Hospice General Inpatient Care	0	0	5	5	13.00
14.00	Total Hospice Days	10,142	170	458	10,770	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	64	0	2	66	15.00
16.00	Hospice General Inpatient Care	0	0	5	5	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-10

Date/Time Prepared:
8/19/2020 11:28 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)			0.227565	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			20,934,403	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			99,150,846	6.00
7.00	Medicaid cost (line 1 times line 6)			22,563,262	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			1,628,859	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
	Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			1,628,859	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)	8,926,202	2,242,574	11,168,776	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,031,291	2,242,574	4,273,865	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,031,291	2,242,574	4,273,865	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			49,113,220	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			886,122	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,363,265	27.01
28.00	Non-Medicare bad debt expense (see instructions)			47,749,955	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			11,343,362	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			15,617,227	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			17,246,086	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,337,601	8,337,601	-6,445,966	1,891,635	1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2		0	0	175,963	175,963	1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3		0	0	653,237	653,237	1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4		0	0	337,747	337,747	1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5		0	0	0	0	1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6		0	0	161,041	161,041	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7		0	0	496,691	496,691	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8		0	0	586,112	586,112	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9		110,027	110,027	8,473,690	8,583,717	1.08
2.00	00200	CAP REL COSTS-MYBLE EQUIP		10,938,924	10,938,924	19,614	10,958,538	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	902,401	11,861,780	12,764,181	-1,493,217	11,270,964	4.00
5.01	01160	COMMUNICATIONS	173,125	378,670	551,795	-70,005	481,790	5.01
5.02	00550	DATA PROCESSING	2,283,780	8,226,850	10,510,630	70,005	10,580,635	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	720,429	175,179	895,608	0	895,608	5.03
5.04	00570	ADMITTING	2,458,168	1,139,830	3,597,998	0	3,597,998	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,377,482	4,436,575	6,814,057	0	6,814,057	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	8,200,070	27,665,023	35,865,093	1,305	35,866,398	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,101,932	1,556,381	3,658,313	0	3,658,313	6.00
7.00	00700	OPERATION OF PLANT	0	4,393,117	4,393,117	0	4,393,117	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	789,603	789,603	8.00
9.00	00900	HOUSEKEEPING	1,955,957	1,600,005	3,555,962	-789,603	2,766,359	9.00
10.00	01000	DIETARY	1,281,611	2,418,598	3,700,209	0	3,700,209	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,104,360	746,645	3,851,005	-55,782	3,795,223	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	727,013	861,269	1,588,282	-90,119	1,498,163	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,613,092	586,650	2,199,742	63	2,199,805	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,801,601	566,103	2,367,704	0	2,367,704	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	107,567	34,788	142,355	0	142,355	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	49,937	17,336	67,273	0	67,273	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	166,954	51,519	218,473	0	218,473	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	104,232	26,526	130,758	36,111	166,869	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,461,703	6,363,116	21,824,819	-2,289,056	19,535,763	30.00
33.01	03301	ADULT SPECIAL CARE	1,915,130	1,959,118	3,874,248	-909,163	2,965,085	33.01
34.01	03401	CARDIOTHORACIC ICU	1,461,165	1,377,515	2,838,680	219,733	3,058,413	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	839,356	228,446	1,067,802	-1,662	1,066,140	41.00
43.00	04300	NURSERY	470,309	81,944	552,253	210,264	762,517	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,569,857	28,170,633	32,740,490	-21,150,825	11,589,665	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,598,426	1,598,426	52.00
53.00	05300	ANESTHESIOLOGY	7,046,156	2,098,461	9,144,617	201,964	9,346,581	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,369,237	1,898,288	4,267,525	-767,103	3,500,422	54.00
54.01	05401	ULTRASOUND	417,209	320,287	737,496	-50,720	686,776	54.01
54.03	05403	CARDIOVASCULAR LAB	1,961,197	7,939,457	9,900,654	-6,283,372	3,617,282	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,286,419	1,080,334	3,366,753	-171,177	3,195,576	55.00
55.01	05501	CHEMOTHERAPY	737,059	310,806	1,047,865	163,820	1,211,685	55.01
56.01	05601	NUCLEAR MEDICINE	294,111	1,043,656	1,337,767	-442	1,337,325	56.01
57.00	05700	CT SCAN	579,159	1,308,185	1,887,344	-134,496	1,752,848	57.00
58.00	05800	MRI	342,835	341,938	684,773	-9,854	674,919	58.00
60.00	06000	LABORATORY	3,536,845	7,989,936	11,526,781	-1,830	11,524,951	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	380	915,832	916,212	-5,059	911,153	63.00
65.00	06500	RESPIRATORY THERAPY	1,670,325	1,289,808	2,960,133	-90,612	2,869,521	65.00
66.00	06600	PHYSICAL THERAPY	797,254	122,065	919,319	1,791	921,110	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	1,927,915	293,410	2,221,325	-267	2,221,058	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	233,250	113,557	346,807	-295	346,512	67.00
68.00	06800	SPEECH PATHOLOGY	148,781	19,362	168,143	0	168,143	68.00
69.01	06901	CV DIAGNOSTIC	662,902	315,028	977,930	50,054	1,027,984	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	412,072	520,635	932,707	-78,934	853,773	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,164,035	13,164,035	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,162,264	18,162,264	72.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,659,480	30,242,655	32,902,135	-45,936	32,856,199	73.00
74.00	07400	RENAL DIALYSIS	121,412	16,719	138,131	0	138,131	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	354,738	56,475	411,213	0	411,213	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	3,506,250	818,520	4,324,770	0	4,324,770	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,123,847	1,130,918	3,254,765	0	3,254,765	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	738,334	219,248	957,582	9,963	967,545	90.01
90.02	09002	DIABETES CENTER	168,293	24,623	192,916	0	192,916	90.02
91.00	09100	EMERGENCY	9,001,474	2,832,085	11,833,559	26,911	11,860,470	91.00
91.01	09101	G.I. LABORATORY	467,542	507,521	975,063	-272,565	702,498	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	986,135	222,195	1,208,330	27,891	1,236,221	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		4,458,129	4,458,129	-4,458,129	0	113.00
116.00	11600	HOSPICE	978,469	550,185	1,528,654	27,891	1,556,545	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	101,376,311	193,310,486	294,686,797	0	294,686,797	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	98,859	98,859	0	98,859	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	5,346	5,346	0	5,346	193.03
193.04	19304	COMMUNITY WELLNESS	0	3,804	3,804	0	3,804	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	28,068,223	6,881,335	34,949,558	0	34,949,558	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	529,664	4,964,984	5,494,648	0	5,494,648	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	657,617	4,011,465	4,669,082	0	4,669,082	193.11
193.13	19313	HEALTHPOINT	1,156,573	610,448	1,767,021	0	1,767,021	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	34,498	4,585	39,083	0	39,083	194.00
194.01	07951	FOUNDATION OFFICE	3,202	20,538	23,740	0	23,740	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	131,826,088	209,911,850	341,737,938	0	341,737,938	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
8/19/2020 11:28 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	0	1,891,635	1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	0	175,963	1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	0	653,237	1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	0	337,747	1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	0	161,041	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	496,691	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	586,112	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	-614,208	7,969,509	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-62,195	10,896,343	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,931,561	7,339,403	4.00
5.01	01160	COMMUNICATIONS	-70,277	411,513	5.01
5.02	00550	DATA PROCESSING	-397,706	10,182,929	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-8,146	887,462	5.03
5.04	00570	ADMITTING	0	3,597,998	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-1,074,951	5,739,106	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-8,127,311	27,739,087	5.06
6.00	00600	MAINTENANCE & REPAIRS	380	3,658,693	6.00
7.00	00700	OPERATION OF PLANT	-603,649	3,789,468	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	789,603	8.00
9.00	00900	HOUSEKEEPING	-84,274	2,682,085	9.00
10.00	01000	DIETARY	-1,204,107	2,496,102	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-103,748	3,691,475	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,761	1,496,402	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-110,882	2,088,923	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	-1,281,701	1,086,003	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	-130,649	11,706	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	-67,273	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	-218,473	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	166,869	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,018,555	13,517,208	30.00
33.01	03301	ADULT SPECIAL CARE	-7,305	2,957,780	33.01
34.01	03401	CARDIOTHORACIC ICU	-255,701	2,802,712	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-153,928	912,212	41.00
43.00	04300	NURSERY	-483	762,034	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-150,040	11,439,625	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,598,426	52.00
53.00	05300	ANESTHESIOLOGY	-8,380,355	966,226	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7	3,500,415	54.00
54.01	05401	ULTRASOUND	0	686,776	54.01
54.03	05403	CARDIOVASCULAR LAB	-204,057	3,413,225	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-967,733	2,227,843	55.00
55.01	05501	CHEMOTHERAPY	-49,788	1,161,897	55.01
56.01	05601	NUCLEAR MEDICINE	0	1,337,325	56.01
57.00	05700	CT SCAN	0	1,752,848	57.00
58.00	05800	MRI	0	674,919	58.00
60.00	06000	LABORATORY	-930,399	10,594,552	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	911,153	63.00
65.00	06500	RESPIRATORY THERAPY	-38,822	2,830,699	65.00
66.00	06600	PHYSICAL THERAPY	0	921,110	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	2,221,058	66.01
66.02	06602	PHYSIATRY	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	346,512	67.00
68.00	06800	SPEECH PATHOLOGY	0	168,143	68.00
69.01	06901	CV DIAGNOSTIC	0	1,027,984	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	-32,249	821,524	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,164,035	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-60,000	18,102,264	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-161,983	32,694,216	73.00
74.00	07400	RENAL DIALYSIS	0	138,131	74.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet A
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
76.00	03950	CARDIAC REHAB	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-165,720	245,493	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	-10,013	4,314,757	88.01
88.02	08802	RURAL HEALTH CLINIC III	-31,078	3,223,687	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	-505,900	461,645	90.01
90.02	09002	DIABETES CENTER	0	192,916	90.02
91.00	09100	EMERGENCY	-7,005,552	4,854,918	91.00
91.01	09101	G.I. LABORATORY	-21,540	680,958	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,236,221	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-35	1,556,510	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-43,243,735	251,443,062	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	98,859	190.00
191.01	19101	RESPIRE CARE	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	5,346	193.03
193.04	19304	COMMUNITY WELLNESS	0	3,804	193.04
193.05	19305	HOME INFUSION	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	34,949,558	193.06
193.07	19307	GENERATIONS	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	5,494,648	193.08
193.09	19309	OUTREACH LAB	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	193.10
193.11	19311	MARKETING	-4,646,378	22,704	193.11
193.13	19313	HEALTHPOINT	0	1,767,021	193.13
193.14	19314	DOCTORS PARK	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	39,083	194.00
194.01	07951	FOUNDATION OFFICE	0	23,740	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-47,890,113	293,847,825	200.00

RECLASSIFICATIONS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
8/19/2020 11:28 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - TO RECLASS BUILDING DEPRECIATION					
1.00	NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	175,963		1.00
2.00	NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	653,237		2.00
3.00	NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	337,747		3.00
4.00	NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	161,041		4.00
5.00	NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	496,691		5.00
6.00	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	586,112		6.00
7.00	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	4,035,175		7.00
	0		0	6,445,966		
	B - TO RECLASS INTEREST EXPENSE					
1.00	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	4,438,515		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	19,614		2.00
	0		0	4,458,129		
	D - TO RECLASS SUPPLY EXPENSE					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,164,035		1.00
2.00	PHYSICAL THERAPY	66.00	0	1,791		2.00
3.00			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
	0		0	13,165,826		
	E - TO RECLASS IMPLANTABLES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	18,295,108		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
	0		0	18,295,108		
	F - TO RECLASS HHA ADMIN COST					
1.00	HOME HEALTH AGENCY	101.00	27,891	0		1.00
2.00	HOSPICE	116.00	27,891	0		2.00
	0		55,782	0		
	G - TO RECLASS ADMIN TO APPROP DEPT					
1.00	CV DIAGNOSTIC	69.01	39,288	15,769		1.00
	0		39,288	15,769		
	H - TO RECLASS ADMIN TO APPROP DEPT					
1.00	CHEMOTHERAPY	55.01	202,510	32,349		1.00
	0		202,510	32,349		
	J - TO RECLASS LABOR/ DELIVERY EXPENSE					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,260,850	337,576		1.00
2.00	NURSERY	43.00	179,039	47,935		2.00
	0		1,439,889	385,511		

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

RECLASSIFICATIONS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
8/19/2020 11:28 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	K - RECLASS PHYSICIAN BENEFITS					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,305		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	63		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	312,173		3.00
4.00	ADULT SPECIAL CARE	33.01	0	475		4.00
5.00	CARDIOTHORACIC ICU	34.01	0	16,868		5.00
6.00	SUBPROVIDER - IRF	41.00	0	8,948		6.00
7.00	ANESTHESIOLOGY	53.00	0	559,910		7.00
8.00	CARDIOVASCULAR LAB	54.03	0	12,629		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	86,257		9.00
10.00	CHEMOTHERAPY	55.01	0	3,121		10.00
11.00	NEUROPHYSIOLOGY	70.01	0	2,299		11.00
12.00	HYPERBARIC WOUND CLINIC	90.01	0	33,436		12.00
13.00	G.I. LABORATORY	91.01	0	1,701		13.00
14.00	EMERGENCY	91.00	0	454,032		14.00
			0	1,493,217		
	L - TO RECLASS INVENTORY ADJMT					
1.00	OPERATING ROOM	50.00	0	19,109		1.00
2.00	CARDIOVASCULAR LAB	54.03	0	119,230		2.00
3.00		0.00	0	0		3.00
			0	138,339		
	M - TO RECLASS LAUNDRY EXPENSE					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	789,603		1.00
			0	789,603		
	O - RECLASS IT SALARIES TO COMMUNICATIO					
1.00	DATA PROCESSING	5.02	61,859	8,146		1.00
			61,859	8,146		
	P - PHARMACY TEACHING SALAIRES					
1.00	PHARMACY RESIDENCY	23.00	36,111	0		1.00
			36,111	0		
	Q - BANKED MONITOR EXPENSE					
1.00	CARDIOTHORACIC ICU	34.01	259,544	116,729		1.00
			259,544	116,729		
	R - ER TO ACUTE					
1.00	ADULTS & PEDIATRICS	30.00	0	86,589		1.00
	TOTALS		0	86,589		
500.00	Grand Total: Increases		2,094,983	45,431,281		500.00

RECLASSIFICATIONS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
8/19/2020 11:28 am

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00			
	A - TO RECLASS BUILDING DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,445,966	9	1.00	
2.00		0.00	0	0	9	2.00	
3.00		0.00	0	0	9	3.00	
4.00		0.00	0	0	9	4.00	
5.00		0.00	0	0	9	5.00	
6.00		0.00	0	0	9	6.00	
7.00		0.00	0	0	9	7.00	
	0		0	6,445,966			
	B - TO RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	4,458,129	11	1.00	
2.00		0.00	0	0	11	2.00	
	0		0	4,458,129			
	D - TO RECLASS SUPPLY EXPENSE						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	90,119	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	862,418	0	2.00	
3.00	ADULT SPECIAL CARE	33.01	0	531,414	0	3.00	
4.00	CARDIOTHORACIC ICU	34.01	0	173,408	0	4.00	
5.00	SUBPROVIDER - IRF	41.00	0	10,610	0	5.00	
6.00	NURSERY	43.00	0	16,710	0	6.00	
7.00	OPERATING ROOM	50.00	0	6,782,862	0	7.00	
8.00	ANESTHESIOLOGY	53.00	0	352,451	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	762,623	0	9.00	
10.00	ULTRASOUND	54.01	0	50,720	0	10.00	
11.00	CARDIOVASCULAR LAB	54.03	0	2,481,835	0	11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	22,575	0	12.00	
13.00	CHEMOTHERAPY	55.01	0	74,160	0	13.00	
14.00	NUCLEAR MEDICINE	56.01	0	442	0	14.00	
15.00	CT SCAN	57.00	0	134,496	0	15.00	
16.00	MRI	58.00	0	9,854	0	16.00	
17.00	LABORATORY	60.00	0	1,830	0	17.00	
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	5,059	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	79,612	0	19.00	
20.00	SOUTHEAST OUTPATIENT REHAB	66.01	0	267	0	20.00	
21.00	OCCUPATIONAL THERAPY	67.00	0	295	0	21.00	
22.00	CV DIAGNOSTIC	69.01	0	5,003	0	22.00	
23.00	NEUROPHYSIOLOGY	70.01	0	81,233	0	23.00	
24.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,825	0	24.00	
25.00	HYPERBARIC WOUND CLINIC	90.01	0	23,473	0	25.00	
26.00	EMERGENCY	91.00	0	340,532	0	26.00	
27.00	G.I. LABORATORY	91.01	0	262,000	0	27.00	
	0		0	13,165,826			
	E - TO RECLASS IMPLANTABLES						
1.00	ADULT SPECIAL CARE	33.01	0	1,951	0	1.00	
2.00	OPERATING ROOM	50.00	0	14,387,072	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,480	0	3.00	
4.00	CARDIOVASCULAR LAB	54.03	0	3,878,339	0	4.00	
5.00	RESPIRATORY THERAPY	65.00	0	11,000	0	5.00	
6.00	G.I. LABORATORY	91.01	0	12,266	0	6.00	
	0		0	18,295,108			
	F - TO RECLASS HHA ADMIN COST						
1.00	NURSING ADMINISTRATION	13.00	55,782		0	1.00	
2.00		0.00	0	0	0	2.00	
	0		55,782	0			
	G - TO RECLASS ADMIN TO APPROP DEPT						
1.00	CARDIOVASCULAR LAB	54.03	39,288	15,769	0	1.00	
	0		39,288	15,769			
	H - TO RECLASS ADMIN TO APPROP DEPT						
1.00	RADIOLOGY-THERAPEUTIC	55.00	202,510	32,349	0	1.00	
	0		202,510	32,349			
	J - TO RECLASS LABOR/ DELIVERY EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	1,439,889	385,511	0	1.00	
2.00		0.00	0	0	0	2.00	
	0		1,439,889	385,511			
	K - RECLASS PHYSICIAN BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,493,217	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

RECLASSIFICATIONS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
8/19/2020 11:28 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
0			0	1,493,217		
L - TO RECLASS INVENTORY ADJMT						
1.00	ANESTHESIOLOGY	53.00	0	5,495	0	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	132,844	0	2.00
3.00	CARDIOVASCULAR LAB		0	0	0	3.00
0			0	138,339		
M - TO RECLASS LAUNDRY EXPENSE						
1.00	HOUSEKEEPING	9.00	0	789,603	0	1.00
0			0	789,603		
O - RECLASS IT SALARIES TO COMMUNICATIO						
1.00	COMMUNICATIONS	5.01	61,859	8,146	27	1.00
0			61,859	8,146		
P - PHARMACY TEACHING SALAIRES						
1.00	DRUGS CHARGED TO PATIENTS	73.00	36,111	0	0	1.00
0			36,111	0		
Q - BANKED MONITOR EXPENSE						
1.00	ADULT SPECIAL CARE	33.01	259,544	116,729	0	1.00
0			259,544	116,729		
R - ER TO ACUTE						
1.00	EMERGENCY	91.00	0	86,589	0	1.00
0			0	86,589		
500.00	TOTALS		0	86,589		
500.00	Grand Total: Decreases		2,094,983	45,431,281		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
8/19/2020 11:28 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	17,580,441	660,335	0	660,335	1,001,203	1.00	
2.00	Land Improvements	13,230,647	477,786	0	477,786	0	2.00	
3.00	Buildings and Fixtures	203,962,040	13,658,033	0	13,658,033	753	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	121,509,865	16,465,456	0	16,465,456	10,383,249	6.00	
7.00	HIT designated Assets	4,713,528	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	360,996,521	31,261,610	0	31,261,610	11,385,205	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	360,996,521	31,261,610	0	31,261,610	11,385,205	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,239,573	0				1.00	
2.00	Land Improvements	13,708,433	0				2.00	
3.00	Buildings and Fixtures	217,619,320	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	127,592,072	0				6.00	
7.00	HIT designated Assets	4,713,528	0				7.00	
8.00	Subtotal (sum of lines 1-7)	380,872,926	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	380,872,926	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
8/19/2020 11:28 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	8,337,601	0	0	0	0	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	0	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	0	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	0	0	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	110,027	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	10,938,924	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	19,276,525	0	110,027	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	8,337,601				1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0				1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0				1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0				1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0				1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0				1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0				1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0				1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	110,027				1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,938,924				2.00
3.00	Total (sum of lines 1-2)	0	19,386,552				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	248,567,327	0	248,567,327	0.652625	0	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	0.000000	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	0.000000	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	0.000000	0	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0.000000	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0.000000	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0.000000	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0.000000	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0.000000	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	132,305,600	0	132,305,600	0.347375	0	2.00
3.00	Total (sum of lines 1-2)	380,872,927	0	380,872,927	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	1,891,635	0	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	175,963	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	653,237	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	337,747	0	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	161,041	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	496,691	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	586,112	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	4,034,035	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,883,250	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,219,711	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	0	0	0	0	1,891,635	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	0	175,963	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	0	653,237	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	0	337,747	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0	161,041	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	496,691	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0	586,112	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	3,935,474	0	0	0	7,969,509	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	13,093	0	0	0	10,896,343	2.00
3.00	Total (sum of lines 1-2)	3,948,567	0	0	0	23,168,278	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #2 (chapter 2)			0NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	1.01
1.02	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #3 (chapter 2)			0NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	1.02
1.03	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #4 (chapter 2)			0NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	1.03
1.04	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #5 (chapter 2)			0NEW CAP-REL CSTS-BLDGS & FIX #5	1.04	0	1.04
1.05	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #6 (chapter 2)			0NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	1.05
1.06	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #7 (chapter 2)			0NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	1.06
1.07	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #8 (chapter 2)			0NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	1.07
1.08	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #9 (chapter 2)	B	-613,068	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	11	1.08
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-2,709	CAP REL COSTS-MVBLE EQUIP	2.00	11	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)	A	-37,093	COMMUNICATIONS	5.01	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	-23,057,173			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	-11,143,481			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,166,584	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	B	-18,910	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-109,984	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-1,281,701	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-10,440	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
8/19/2020 11:28 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description		Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0 CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #2			0 NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	26.01
26.02	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #3			0 NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	26.02
26.03	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #4			0 NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	26.03
26.04	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #5			0 NEW CAP-REL CSTS-BLDGS & FIX #5	1.04	0	26.04
26.05	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #6			0 NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	26.05
26.06	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #7			0 NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	26.06
26.07	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #8			0 NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	26.07
26.08	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #9			0 NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	26.08
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-3,812	CAP REL COSTS-MVBLE EQUIP	2.00	11	27.00
28.00	Non-physician Anesthetist			0 NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	A	-4,009	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	MO DISCOUNT ON PAYROLL	B	-24,157	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
34.00	MISC PAYMNETS OTHER OPERATING	B	-441	OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.00
35.00	MISC OTHER REVENUE	B		0 OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.00
36.00	CREDIT CARD REBATE	B	-119,900	OTHER ADMINISTRATIVE & GENERAL	5.06	0	36.00
37.00	OTHER UNALLOWABLE PHYSICIAN - SIGN 0	A	-37,621	OTHER ADMINISTRATIVE & GENERAL	5.06	0	37.00
38.00	OTHER UNALLOWABLE PHYSICIAN - SIGN 0	B	-267,275	EMERGENCY	91.00	0	38.00
39.00	OTHER UNALLOWABLE PHYSICIAN - SIGN 0	A	-9,993	HYPERBARIC WOUND CLINIC	90.01	0	39.00
40.00	AHA DUES USED FOR LOBBYING	A	-25,538	OTHER ADMINISTRATIVE & GENERAL	5.06	0	40.00
41.00	MISC INCOME - PURCHASING	B	-8,146	PURCHASING RECEIVING AND STORES	5.03	0	41.00
42.00	MISC INCOME	B	-750	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	42.00
43.00	MISC INCOME - OTHER A&G	B	-1,313,131	OTHER ADMINISTRATIVE & GENERAL	5.06	0	43.00
44.00	MISC INCOME - HOUSEKEEPING	B	-84,274	HOUSEKEEPING	9.00	0	44.00
45.00	MISC INCOME - DIETARY	B	-304	DIETARY	10.00	0	45.00
45.01	MISC INCOME - ADULTS & PEDS	B	-10,920	ADULTS & PEDIATRICS	30.00	0	45.01
45.02	MISC INCOME - MAINTAINCE	B	380	MAINTENANCE & REPAIRS	6.00	0	45.02
45.03	MISC INCOME - IMPLANT	B	-60,000	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	45.03
45.04	MISC INCOME - RADIOLOGY	B	-7	RADIOLOGY-DIAGNOSTIC	54.00	0	45.04
45.05	MISC INCOME - RADIO LAB	B	-3,238	CARDIOVASCULAR LAB	54.03	0	45.05

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
8/19/2020 11:28 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
1.00	2.00	3.00	4.00	5.00		
45.06 MISC INCOME - THERAPEUTIC RADIOLOGY	B	-28,074	RADIOLOGY-THERAPEUTIC	55.00	0	45.06
45.07 MISC INCOME - NUCLEAR MEDICINE	B	0	CT SCAN	57.00	0	45.07
45.08 MISC INCOME - CENTRAL SUPPLY	B	-1,761	CENTRAL SERVICES & SUPPLY	14.00	0	45.08
46.00 MISC INCOME - LABORATORY	B	-18,929	LABORATORY	60.00	0	46.00
47.00 MISC INCOME RESPIRATORY	B	-38,822	RESPIRATORY THERAPY	65.00	0	47.00
49.00 MISC INCOME OP REHAB	B	0	SOUTHEAST OUTPATIENT REHAB	66.01	0	49.00
49.01 MISC INCOME - CARDIAC REHAB	B	-165,720	CARDIAC REHABILITATION	76.97	0	49.01
49.02 MISC INCOME - HOSPICE	B	-35	HOSPICE	116.00	0	49.02
49.03 NONPATIENT LAB	B	-873,568	LABORATORY	60.00	0	49.03
49.04 SCHOOL OF RAD TECH TUITION	A	-218,473	SCHOOL OF RADIOLOGICAL TECHNOLOGY	20.03	0	49.04
49.05 SCHOOL OF SURG TECH TUITION	A	-67,273	SCHOOL OF SURGICAL TECHNOLOGY	20.02	0	49.05
49.06 SCHOOL OF MED TECH TUITION	B	-130,649	SCHOOL OF MEDICAL TECHNOLOGY	20.01	0	49.06
49.07 340B DRUG PROGRAM	B	-143,073	DRUGS CHARGED TO PATIENTS	73.00	0	49.07
49.08 PRISONER MEALS	B	-26,779	DIETARY	10.00	0	49.08
49.09 OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	49.09
49.10 RENTAL INCOME	B	-559,682	OPERATION OF PLANT	7.00	0	49.10
49.11 HOSPITALIST EXPENSE - SALARY	A	-87,087	ADULTS & PEDIATRICS	30.00	0	49.11
49.12 HOSPITALIST EXPENSE - OTHER	A	-98,564	ADULTS & PEDIATRICS	30.00	0	49.12
49.13 ANESTHESIA - PROF - SALARY	A	-177,250	ANESTHESIOLOGY	53.00	0	49.13
49.14 ANESTHESIA - PROF - OTHER	A	-67,141	ANESTHESIOLOGY	53.00	0	49.14
49.15 SELF-INSURED COST	A	-3,510,549	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.15
49.16 MHA EXPENSE	A	-267,429	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.16
49.17 MHA PAID TO POOL	A	-640,624	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.17
49.18 REAL ESTATE TAXES	A	-239,060	OPERATION OF PLANT	7.00	0	49.18
49.19 RHC PHYSICIANS - HOSPITAL TIME	A	-10,013	RURAL HEALTH CLINIC II	88.01	0	49.19
49.20 RHC PHYSICIANS - HOSPITAL TIME	A	-31,078	RURAL HEALTH CLINIC III	88.02	0	49.20
49.21 PHYSICIAN BILLING SALARIES	A	-614,582	CASHIERING/ACCOUNTS RECEIVABLE	5.05	11	49.21
49.22 PHYSICIAN BILLING OTHER EXPENSES	A	-459,619	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	49.22
49.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.23
49.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-47,890,113				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: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
8/19/2020 11:28 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		2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COSTS	5,319,433	5,375,107 1.00
2.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	3,690,060	3,944,864 2.00
3.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	1,396,346	1,538,397 3.00
4.00		5.01	COMMUNICATIONS	HOME OFFICE COSTS	326,191	359,375 4.00
4.01		5.02	DATA PROCESSING	HOME OFFICE COSTS	9,667,377	10,065,083 4.01
4.02		5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE COSTS	10,740,934	11,833,614 4.02
4.03		7.00	OPERATION OF PLANT	HOME OFFICE COSTS	195,095	214,942 4.03
4.04		13.00	NURSING ADMINISTRATION	HOME OFFICE COSTS	1,019,834	1,123,582 4.04
4.06		193.11	MARKETING	HOME OFFICE COSTS	0	4,646,378 4.06
4.07		5.06	OTHER ADMINISTRATIVE & GENER	INTERNAL RENT ALLOCATION	0	4,611,209 4.07
4.08		7.00	OPERATION OF PLANT	INTERNAL RENT ALLOCATION	0	-214,940 4.08
4.09		1.08	NEW CAP-REL CSTS-BLDGS & FIX	HOME OFFICE COSTS	108,887	110,027 4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				32,464,157	43,607,638 5.00

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

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

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

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

6.00	C		0.00	SE HLTH RIPLEY	100.00	6.00
7.00	C		0.00	SE HLTHSTODDARD	100.00	7.00
8.00	C		0.00	SE HLTHREYNOLDS	100.00	8.00
9.00	C		0.00	SOUTHEAST HOSPI	100.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
8/19/2020 11:28 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	-55,674	9		1.00
2.00	-254,804	0		2.00
3.00	-142,051	0		3.00
4.00	-33,184	0		4.00
4.01	-397,706	0		4.01
4.02	-1,092,680	0		4.02
4.03	-19,847	0		4.03
4.04	-103,748	0		4.04
4.06	-4,646,378	0		4.06
4.07	-4,611,209	0		4.07
4.08	214,940	0		4.08
4.09	-1,140	9		4.09
5.00	-11,143,481			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	HOSPITAL		6.00
7.00	HOSPITAL		7.00
8.00	HOSPITAL		8.00
9.00	HOME OFFICE		9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
8/19/2020 11:28 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	5.00	OTHER ADMINISTRATIVE & GENERAL	28,703	0	28,703	211,500	98	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	898	898	0	0	0	2.00
3.00	34.01	CARDIOTHORACIC ICU	255,701	255,701	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	5,851,008	5,787,469	63,539	211,500	310	4.00
5.00	33.01	ADULT SPECIAL CARE	7,305	7,305	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	202,939	116,879	86,060	211,500	482	6.00
7.00	43.00	NURSERY	483	483	0	211,500	0	7.00
8.00	50.00	OPERATING ROOM	150,040	150,040	0	246,500	0	8.00
9.00	53.00	ANESTHESIOLOGY	8,193,559	8,091,842	101,717	239,400	482	9.00
10.00	54.03	CARDIOVASCULAR LAB	202,411	195,534	6,877	211,500	15	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	939,659	939,659	0	271,900	0	11.00
12.00	55.01	CHEMOTHERAPY	49,788	49,788	0	211,500	0	12.00
13.00	60.00	LABORATORY	37,902	37,902	0	0	0	13.00
14.00	70.01	NEUROPHYSIOLOGY	33,469	30,197	3,272	211,500	12	14.00
15.00	90.01	HYPERBARIC WOUND CLINIC	496,223	495,835	388	211,500	3	15.00
16.00	91.00	EMERGENCY	6,892,892	6,511,738	381,154	211,500	1,297	16.00
17.00	91.01	G.I. LABORATORY	26,014	0	26,014	211,500	44	17.00
200.00			23,368,994	22,671,270	697,724		2,743	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	5.00	OTHER ADMINISTRATIVE & GENERAL	9,965	498	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	2.00
3.00	34.01	CARDIOTHORACIC ICU	0	0	0	0	2,358	3.00
4.00	30.00	ADULTS & PEDIATRICS	31,522	1,576	0	0	139,164	4.00
5.00	33.01	ADULT SPECIAL CARE	0	0	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	49,011	2,451	0	0	0	6.00
7.00	43.00	NURSERY	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	55,476	2,774	0	0	170,693	9.00
10.00	54.03	CARDIOVASCULAR LAB	1,525	76	0	0	1,986	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	8,138	11.00
12.00	55.01	CHEMOTHERAPY	0	0	0	0	692	12.00
13.00	60.00	LABORATORY	0	0	0	0	0	13.00
14.00	70.01	NEUROPHYSIOLOGY	1,220	61	0	0	0	14.00
15.00	90.01	HYPERBARIC WOUND CLINIC	305	15	0	0	14,268	15.00
16.00	91.00	EMERGENCY	131,883	6,594	0	0	411,095	16.00
17.00	91.01	G.I. LABORATORY	4,474	224	0	0	0	17.00
200.00			285,381	14,269	0	0	748,394	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	5.00	OTHER ADMINISTRATIVE & GENERAL	0	9,965	18,738	18,738		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	898		2.00
3.00	34.01	CARDIOTHORACIC ICU	0	0	0	255,701		3.00
4.00	30.00	ADULTS & PEDIATRICS	1,511	33,033	30,506	5,817,975		4.00
5.00	33.01	ADULT SPECIAL CARE	0	0	0	7,305		5.00
6.00	41.00	SUBPROVIDER - IRF	0	49,011	37,049	153,928		6.00
7.00	43.00	NURSERY	0	0	0	483		7.00
8.00	50.00	OPERATING ROOM	0	0	0	150,040		8.00
9.00	53.00	ANESTHESIOLOGY	2,119	57,595	44,122	8,135,964		9.00
10.00	54.03	CARDIOVASCULAR LAB	67	1,592	5,285	200,819		10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	939,659		11.00
12.00	55.01	CHEMOTHERAPY	0	0	0	49,788		12.00
13.00	60.00	LABORATORY	0	0	0	37,902		13.00
14.00	70.01	NEUROPHYSIOLOGY	0	1,220	2,052	32,249		14.00
15.00	90.01	HYPERBARIC WOUND CLINIC	11	316	72	495,907		15.00
16.00	91.00	EMERGENCY	22,732	154,615	226,539	6,738,277		16.00
17.00	91.01	G.I. LABORATORY	0	4,474	21,540	21,540		17.00
200.00			26,440	311,821	385,903	23,057,173		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,891,635	1,891,635			1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	175,963	0	175,963		1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	653,237	0	0	653,237	1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	337,747	0	0	0	1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	337,747	1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	161,041	0	0	0	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	496,691	0	0	0	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	586,112	0	0	0	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	7,969,509	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	10,896,343				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,339,403	0	0	0	4.00
5.01	01160	COMMUNICATIONS	411,513	21,205	0	0	5.01
5.02	00550	DATA PROCESSING	10,182,929	0	2,372	2,103	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	887,462	0	3,858	61,450	5.03
5.04	00570	ADMITTING	3,597,998	0	12,438	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,739,106	68,473	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	27,739,087	301,283	11,731	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,658,693	0	0	16,094	6.00
7.00	00700	OPERATION OF PLANT	3,789,468	148,433	7,490	50,202	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	789,603	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,682,085	0	6,555	12,772	9.00
10.00	01000	DIETARY	2,496,102	0	12,300	0	10.00
11.00	01100	CAFETERIA	0	0	0	68,962	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,691,475	244,627	9,323	7,361	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,496,402	0	643	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,088,923	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	26,915	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,086,003	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	11,706	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	166,869	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,517,208	172,730	41,057	500,146	30.00
33.01	03301	ADULT SPECIAL CARE	2,957,780	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	2,802,712	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	912,212	0	25,786	0	41.00
43.00	04300	NURSERY	762,034	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,439,625	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,598,426	0	11,265	0	52.00
53.00	05300	ANESTHESIOLOGY	966,226	0	3,292	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,500,415	0	0	0	54.00
54.01	05401	ULTRASOUND	686,776	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	3,413,225	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,227,843	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	1,161,897	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	1,337,325	0	0	0	56.01
57.00	05700	CT SCAN	1,752,848	0	0	0	57.00
58.00	05800	MRI	674,919	0	0	0	58.00
60.00	06000	LABORATORY	10,594,552	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	911,153	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,830,699	125,240	0	0	65.00
66.00	06600	PHYSICAL THERAPY	921,110	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,221,058	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	346,512	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	168,143	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	1,027,984	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	821,524	354,626	0	0	70.01

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
			0	1.00	1.01	1.02	1.03	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,164,035	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,102,264	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,694,216	455,018	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	138,131	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	245,493	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	4,314,757	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	3,223,687	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	461,645	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	192,916	0	0	0	0	90.02
91.00	09100	EMERGENCY	4,854,918	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	680,958	0	26,612	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,236,221	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,556,510	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	251,443,062	1,891,635	174,722	650,128	328,816	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	98,859	0	0	3,109	0	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	5,346	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	3,804	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	34,949,558	0	1,241	0	8,931	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	5,494,648	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	22,704	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	1,767,021	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	39,083	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	23,740	0	0	0	0	194.01
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)	293,847,825	1,891,635	175,963	653,237	337,747	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0					1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	0	161,041				1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	496,691			1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	586,112		1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0	7,969,509	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	154,595	4.00
5.01	01160	COMMUNICATIONS	0	0	2,430	0	2,111	5.01
5.02	00550	DATA PROCESSING	0	11,164	7,913	0	252,762	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	210,204	5.03
5.04	00570	ADMITTING	0	20,333	0	0	13,030	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	116,409	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	4,826	9,149	3,087	101,850	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	48,832	0	6.00
7.00	00700	OPERATION OF PLANT	0	31,272	82,249	0	97,930	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	1,163	1,995	60,304	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	69,799	1,859	0	72,882	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	77,814	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	303,417	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	21,774	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	20,611	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	47,231	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	156,320	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	55,824	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	100,741	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	88,075	117,473	80,657	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	38,753	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	11,963	263,078	54.00
54.01	05401	ULTRASOUND	0	0	0	8,358	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	23,802	31,392	116,624	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	119,440	566,905	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	460,597	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	11,155	147,961	56.01
57.00	05700	CT SCAN	0	0	0	6,151	68,273	57.00
58.00	05800	MRI	0	0	0	0	105,145	58.00
60.00	06000	LABORATORY	0	0	47,153	5,695	91,490	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,714	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,288	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,076	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	409,079	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,869	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	935	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	4,569	2,903	66,486	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	2,591	0	13,224	70.01
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

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	892	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	23,647	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	618,077	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	244,082	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	124,119	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	103,616	90.02
91.00	09100	EMERGENCY	0	0	0	67,994	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	70,772	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	70,772	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	161,041	496,691	586,112	5,173,881	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	50,505	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	83,995	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	876,934	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	44,022	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	59,034	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	127,479	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	1,501,367	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	10,919	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	41,373	194.01
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)	0	161,041	496,691	586,112	7,969,509	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	Subtotal	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	4.00	5.01	5A.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	10,896,343					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	295,593	7,789,591				4.00
5.01	01160	COMMUNICATIONS	68,404	8,300	513,963			5.01
5.02	00550	DATA PROCESSING	3,719,282	4,614	14,701	14,197,840	14,197,840	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	56,219	53,739	4,146	1,277,078	75,106	5.03
5.04	00570	ADMITTING	3,328	183,362	10,743	3,860,060	227,014	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	258,017	177,344	12,439	6,379,399	375,179	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	389,585	233,100	30,156	28,850,112	1,696,704	5.06
6.00	00600	MAINTENANCE & REPAIRS	64,659	156,789	10,177	3,995,133	234,958	6.00
7.00	00700	OPERATION OF PLANT	90,300	0	0	4,312,204	253,605	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	789,603	46,437	8.00
9.00	00900	HOUSEKEEPING	11,774	145,901	4,335	2,930,731	172,359	9.00
10.00	01000	DIETARY	14,651	95,599	5,466	2,693,080	158,383	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	62,015	186,026	8,481	4,353,848	256,054	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	327,809	54,230	2,827	1,959,725	115,253	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,065	120,266	8,104	2,245,273	132,047	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	54,054	134,387	6,973	1,584,834	93,206	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	131	8,024	0	41,635	2,449	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	265	3,725	0	24,601	1,447	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	102	12,454	0	59,787	3,516	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	10,469	0	177,338	10,429	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	295,988	759,265	75,768	15,609,570	918,014	30.00
33.01	03301	ADULT SPECIAL CARE	69,589	123,010	7,539	3,213,742	189,003	33.01
34.01	03401	CARDIOTHORACIC ICU	152,063	111,539	5,654	3,172,709	186,590	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	15,529	54,032	7,727	1,015,286	59,710	41.00
43.00	04300	NURSERY	33,050	48,437	565	854,752	50,269	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,298,424	340,879	25,821	13,390,954	787,535	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,111	94,051	4,335	1,754,080	103,159	52.00
53.00	05300	ANESTHESIOLOGY	202,930	22,192	8,481	1,241,874	73,036	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	496,648	176,728	18,659	4,467,491	262,738	54.00
54.01	05401	ULTRASOUND	11,370	31,121	942	738,567	43,436	54.01
54.03	05403	CARDIOVASCULAR LAB	515,708	130,059	6,785	4,237,595	249,217	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	118,081	97,322	9,612	3,139,203	184,620	55.00
55.01	05501	CHEMOTHERAPY	29,707	66,827	4,712	1,723,740	101,375	55.01
56.01	05601	NUCLEAR MEDICINE	7,159	21,939	1,696	1,527,235	89,818	56.01
57.00	05700	CT SCAN	246,036	43,201	1,131	2,117,640	124,541	57.00
58.00	05800	MRI	64,145	25,573	2,639	872,421	51,308	58.00
60.00	06000	LABORATORY	251,458	263,824	13,947	11,268,119	662,689	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	28	942	913,837	53,744	63.00
65.00	06500	RESPIRATORY THERAPY	167,969	124,595	5,089	3,262,880	191,893	65.00
66.00	06600	PHYSICAL THERAPY	266	59,470	4,523	994,445	58,484	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	9,401	143,809	16,586	2,799,933	164,667	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,655	17,399	377	369,812	21,749	67.00
68.00	06800	SPEECH PATHOLOGY	703	11,098	0	180,879	10,638	68.00
69.01	06901	CV DIAGNOSTIC	110,474	52,378	8,858	1,273,652	74,905	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	59,030	28,516	5,277	1,284,788	75,560	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,164,035	774,190	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,102,264	1,064,612	72.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	Subtotal	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	4.00	5.01	5A.01	5.02	
73.00	07300	DRUGS CHARGED TO PATIENTS	479,619	195,685	6,031	33,831,461	1,989,596	73.00
74.00	07400	RENAL DIALYSIS	2,507	9,056	0	149,694	8,804	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	15,302	26,461	1,508	312,411	18,373	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	89,781	261,542	9,801	5,293,958	311,343	88.01
88.02	08802	RURAL HEALTH CLINIC III	11,335	158,424	8,481	3,646,009	214,425	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	19,655	23,087	3,958	632,464	37,196	90.01
90.02	09002	DIABETES CENTER	1,723	12,553	1,696	312,504	18,379	90.02
91.00	09100	EMERGENCY	63,421	259,725	14,889	5,260,947	309,402	91.00
91.01	09101	G.I. LABORATORY	228,778	33,149	6,031	975,528	57,372	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6,689	75,639	5,277	1,394,598	82,018	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,182	75,067	5,089	1,712,620	100,721	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,526,739	5,566,009	418,974	245,945,978	13,629,275	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,701	0	0	154,174	9,067	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	2,622	0	2,073	94,036	5,530	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	3,804	224	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	238,281	2,093,644	65,588	38,234,177	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	6,730	39,509	2,073	5,586,982	328,576	193.08
193.09	19309	OUTREACH LAB	0	0	0	59,034	3,472	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	12,759	1,345	4,335	168,622	9,917	193.11
193.13	19313	HEALTHPOINT	96,783	86,272	18,847	3,470,290	204,091	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	10,352	2,573	377	63,304	3,723	194.00
194.01	07951	FOUNDATION OFFICE	376	239	1,696	67,424	3,965	194.01
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)	10,896,343	7,789,591	513,963	293,847,825	14,197,840	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,352,184					5.03
5.04	00570	ADMITTING	221	4,087,295				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	395	0	6,754,973			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	654	0	0	30,547,470	30,547,470	5.06
6.00	00600	MAINTENANCE & REPAIRS	76	0	0	4,230,167	490,776	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	4,565,809	529,716	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	836,040	96,996	8.00
9.00	00900	HOUSEKEEPING	87	0	0	3,103,177	360,024	9.00
10.00	01000	DIETARY	4	0	0	2,851,467	330,821	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	858	0	0	4,610,760	534,931	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	64	0	0	2,075,042	240,742	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	761	0	0	2,378,081	275,900	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	34	0	0	1,678,074	194,687	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	20	0	0	44,104	5,117	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	26,048	3,022	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	63,303	7,344	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	187,767	21,784	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,063	138,621	229,117	16,896,385	1,960,285	30.00
33.01	03301	ADULT SPECIAL CARE	95	17,916	29,612	3,450,368	400,305	33.01
34.01	03401	CARDIOTHORACIC ICU	73	15,134	25,014	3,399,520	394,406	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	62	5,754	9,510	1,090,322	126,497	41.00
43.00	04300	NURSERY	10	7,290	12,050	924,371	107,244	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	287	441,593	729,876	15,350,245	1,780,905	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	67	20,325	33,593	1,911,224	221,736	52.00
53.00	05300	ANESTHESIOLOGY	15	103,934	171,785	1,590,644	184,543	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	421	110,726	183,012	5,024,388	582,919	54.00
54.01	05401	ULTRASOUND	0	43,993	72,714	898,710	104,267	54.01
54.03	05403	CARDIOVASCULAR LAB	189	147,359	243,559	4,877,919	565,926	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	211	67,367	111,345	3,502,746	406,382	55.00
55.01	05501	CHEMOTHERAPY	49	25,987	42,952	1,894,103	219,750	55.01
56.01	05601	NUCLEAR MEDICINE	67	68,857	113,809	1,799,786	208,808	56.01
57.00	05700	CT SCAN	0	227,217	375,550	2,844,948	330,065	57.00
58.00	05800	MRI	6	88,536	146,335	1,158,606	134,419	58.00
60.00	06000	LABORATORY	334	388,199	641,626	12,960,967	1,503,705	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	26,442	43,705	1,037,728	120,395	63.00
65.00	06500	RESPIRATORY THERAPY	58	115,405	190,745	3,760,981	436,341	65.00
66.00	06600	PHYSICAL THERAPY	18	31,886	52,702	1,137,535	131,975	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	109	52,225	86,319	3,103,253	360,033	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2	13,281	21,951	426,795	49,516	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,063	8,367	204,947	23,778	68.00
69.01	06901	CV DIAGNOSTIC	170	121,404	200,660	1,670,791	193,842	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	54	61,470	101,600	1,523,472	176,750	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	564,303	386,340	638,554	15,527,422	1,801,460	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	778,551	471,374	779,100	21,195,901	2,459,106	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	269	638,323	1,054,417	37,514,066	4,352,307	73.00
74.00	07400	RENAL DIALYSIS	0	7,848	12,971	179,317	20,804	74.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	38	4,828	7,980	343,630	39,867	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	319	21,926	36,239	5,663,785	657,101	88.01
88.02	08802	RURAL HEALTH CLINIC III	141	21,244	35,112	3,916,931	454,435	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	228	14,070	23,255	707,213	82,049	90.01
90.02	09002	DIABETES CENTER	27	394	651	331,955	38,513	90.02
91.00	09100	EMERGENCY	295	124,800	206,273	5,901,717	684,705	91.00
91.01	09101	G.I. LABORATORY	39	37,242	61,555	1,131,736	131,302	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	90	4,793	7,922	1,489,421	172,800	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	89	8,129	13,436	1,834,995	212,892	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,350,923	4,087,295	6,754,973	245,376,152	24,923,993	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	156	0	0	163,397	18,957	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	99,566	11,551	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	4,028	467	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	38,234,177	4,435,743	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	236	0	0	5,915,794	686,339	193.08
193.09	19309	OUTREACH LAB	0	0	0	62,506	7,252	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	242	0	0	178,781	20,742	193.11
193.13	19313	HEALTHPOINT	279	0	0	3,674,660	426,327	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	67,027	7,776	194.00
194.01	07951	FOUNDATION OFFICE	348	0	0	71,737	8,323	194.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,352,184	4,087,295	6,754,973	293,847,825	30,547,470	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	4,720,943					6.00
7.00	00700	OPERATION OF PLANT	0	5,095,525				7.00
8.00	00800	LAUNDRY & LINEN SERVICE		0	933,036			8.00
9.00	00900	HOUSEKEEPING	30,832	51,530	0	3,545,563		9.00
10.00	01000	DIETARY	106,472	98,721	0	75,114	3,462,595	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,690,361	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	66,596	104,134	0	79,232	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	71,118	29,027	0	22,086	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,621	27,162	0	20,667	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	165,258	107,248	0	81,601	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	7,696	0	5,856	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	7,285	0	5,543	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	16,695	0	12,702	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,429,354	680,067	237,556	517,443	1,466,681	30.00
33.01	03301	ADULT SPECIAL CARE	197,734	81,844	34,636	62,273	76,995	33.01
34.01	03401	CARDIOTHORACIC ICU	101,950	137,637	32,875	104,724	88,019	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	143,059	61,061	21,896	46,460	102,419	41.00
43.00	04300	NURSERY	21,377	10,764	5,205	8,190	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	276,252	318,134	212,372	242,058	11,960	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	150,047	46,742	36,652	35,564	0	52.00
53.00	05300	ANESTHESIOLOGY	4,111	60,742	0	46,216	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	194,034	109,333	101,962	83,188	567	54.00
54.01	05401	ULTRASOUND	0	11,419	0	8,688	0	54.01
54.03	05403	CARDIOVASCULAR LAB	81,396	119,009	25,487	90,550	113	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	57,552	363,567	26,387	276,627	0	55.00
55.01	05501	CHEMOTHERAPY	44,809	162,805	0	123,873	0	55.01
56.01	05601	NUCLEAR MEDICINE	18,910	67,540	0	11,596	1,305	56.01
57.00	05700	CT SCAN	0	32,537	0	24,756	0	57.00
58.00	05800	MRI	6,989	37,165	12,954	28,278	0	58.00
60.00	06000	LABORATORY	122,504	109,250	75	78,763	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,512	0	1,911	0	63.00
65.00	06500	RESPIRATORY THERAPY	35,354	21,323	0	16,224	0	65.00
66.00	06600	PHYSICAL THERAPY	18,499	13,307	2,091	10,125	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	14,388	144,595	0	110,018	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	2,741	0	2,085	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,370	0	1,043	0	68.00
69.01	06901	CV DIAGNOSTIC	32,887	34,166	1,477	8,115	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	78,107	32,917	0	25,046	340	70.01
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	43,164	32,582	0	24,791	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
76.97	07697	CARDIAC REHABILITATION	16,032	11,191	0	8,515	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	90,440	218,469	0	166,226	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	25,076	86,275	84	65,644	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	36,587	43,872	5,127	0	0	90.01
90.02	09002	DIABETES CENTER	3,289	36,625	0	27,867	0	90.02
91.00	09100	EMERGENCY	221,988	92,898	143,057	70,683	23,835	91.00
91.01	09101	G.I. LABORATORY	76,463	63,018	31,846	47,948	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	18,910	25,015	0	19,033	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	25,015	0	19,033	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,017,159	3,747,005	931,739	2,716,355	3,462,595	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,665	19,405	0	14,764	0	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	46,453	29,689	0	22,590	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	480,563	668,775	1,297	312,012	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	13,155	15,560	0	11,839	0	193.08
193.09	19309	OUTREACH LAB	0	20,866	0	15,877	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	84,684	45,060	0	34,284	0	193.11
193.13	19313	HEALTHPOINT	18,088	530,681	0	403,778	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	3,860	0	2,937	0	194.00
194.01	07951	FOUNDATION OFFICE	36,176	14,624	0	11,127	0	194.01
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)	4,720,943	5,095,525	933,036	3,545,563	3,462,595	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,690,361					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	76,172	0	5,471,825			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	34,135	0	0	2,472,150		14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	44,591	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,319	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	14	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	2,696	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	560,362	0	3,843,004	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	74,484	0	534,457	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	44,095	0	254,503	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	24,984	0	178,152	0	0	41.00
43.00	04300	NURSERY	18,557	0	50,901	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	110,861	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,281	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	18,217	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,858	0	0	0	0	54.00
54.01	05401	ULTRASOUND	19,579	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	58,622	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	709	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	3,334	0	0	0	0	56.01
57.00	05700	CT SCAN	15,890	0	0	0	0	57.00
58.00	05800	MRI	2,610	0	0	0	0	58.00
60.00	06000	LABORATORY	104,221	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	58,268	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	26,261	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	184	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,718	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,227	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	14,102	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	8,839	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,038,853	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,433,297	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,271	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,717	0	0	0	0	74.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,384	0	76,351	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	638	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	610	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	57	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	38,176	0	0	90.02
91.00	09100	EMERGENCY	81,450	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	18,869	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,873	0	178,152	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	326	0	203,603	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,643,385	0	5,357,299	2,472,150	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,561	0	0	0	0	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	43,797	0	12,725	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	979	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	497	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	43	0	101,801	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	99	0	0	0	0	194.01
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)	1,690,361	0	5,471,825	2,472,150	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	
			16.00	17.00	19.00	20.00	20.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,762,022					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		2,228,187		20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0			62,773	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0				20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0				20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PHARMACY RESIDENCY	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	93,674	0	0	1,821,037	0	30.00
33.01	03301	ADULT SPECIAL CARE	12,107	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	10,227	0	0	49,583	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,888	0	0	0	0	41.00
43.00	04300	NURSERY	4,926	0	0	21,406	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	298,407	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,735	0	0	150,060	0	52.00
53.00	05300	ANESTHESIOLOGY	70,233	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	74,824	0	0	0	0	54.00
54.01	05401	ULTRASOUND	29,729	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	99,578	0	0	95,890	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	45,523	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	17,561	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	46,530	0	0	0	0	56.01
57.00	05700	CT SCAN	153,542	0	0	0	0	57.00
58.00	05800	MRI	59,829	0	0	0	0	58.00
60.00	06000	LABORATORY	262,326	0	0	0	62,773	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,868	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	77,985	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	21,547	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	35,291	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	8,975	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,421	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	82,039	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	41,539	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	261,070	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	318,532	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	431,373	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,303	0	0	0	0	74.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	
			16.00	17.00	19.00	20.00	20.01	
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,262	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	14,816	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	14,356	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	9,508	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	266	0	0	0	0	90.02
91.00	09100	EMERGENCY	84,334	0	0	81,037	0	91.00
91.01	09101	G.I. LABORATORY	25,166	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,239	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,493	0		9,174	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,762,022	0	0	2,228,187	62,773	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
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)	2,762,022	0	0	2,228,187	62,773	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLOGY	INTERNS & RESIDENTS		PHARMACY RESIDENCY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			20.02	20.03	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY						20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	41,912					20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY		100,044				20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				0		22.00
23.00	02300	PHARMACY RESIDENCY					212,247	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,912	0	0	0	0	50.00
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	100,044	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
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

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLOGY	INTERNS & RESIDENTS		PHARMACY RESIDENCY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			20.02	20.03	21.00	22.00	23.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	212,247	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0			0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,912	100,044	0	0	212,247	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
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)	41,912	100,044	0	0	212,247	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2				1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3				1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4				1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5				1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6				1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7				1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8				1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9				1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY				20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY				20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO				20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PHARMACY RESIDENCY				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,505,848	0	29,505,848	30.00
33.01	03301	ADULT SPECIAL CARE	4,925,203	0	4,925,203	33.01
34.01	03401	CARDIOTHORACIC ICU	4,617,539	0	4,617,539	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,798,738	0	1,798,738	41.00
43.00	04300	NURSERY	1,172,941	0	1,172,941	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,643,106	0	18,643,106	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,620,041	0	2,620,041	52.00
53.00	05300	ANESTHESIOLOGY	1,974,706	0	1,974,706	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,339,117	0	6,339,117	54.00
54.01	05401	ULTRASOUND	1,072,392	0	1,072,392	54.01
54.03	05403	CARDIOVASCULAR LAB	6,014,490	0	6,014,490	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,679,493	0	4,679,493	55.00
55.01	05501	CHEMOTHERAPY	2,462,901	0	2,462,901	55.01
56.01	05601	NUCLEAR MEDICINE	2,157,809	0	2,157,809	56.01
57.00	05700	CT SCAN	3,401,738	0	3,401,738	57.00
58.00	05800	MRI	1,440,850	0	1,440,850	58.00
60.00	06000	LABORATORY	15,204,584	0	15,204,584	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,180,414	0	1,180,414	63.00
65.00	06500	RESPIRATORY THERAPY	4,406,476	0	4,406,476	65.00
66.00	06600	PHYSICAL THERAPY	1,361,340	0	1,361,340	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,767,762	0	3,767,762	66.01
66.02	06602	PHYSIATRY	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	497,830	0	497,830	67.00
68.00	06800	SPEECH PATHOLOGY	236,786	0	236,786	68.00
69.01	06901	CV DIAGNOSTIC	2,037,419	0	2,037,419	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,887,010	0	1,887,010	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,628,805	0	18,628,805	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,406,836	0	25,406,836	72.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	42,684,801	0	42,684,801	73.00
74.00	07400	RENAL DIALYSIS	207,141	0	207,141	74.00
76.00	03950	CARDIAC REHAB	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	505,232	0	505,232	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	6,811,475	0	6,811,475	88.01
88.02	08802	RURAL HEALTH CLINIC III	4,563,411	0	4,563,411	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	884,413	0	884,413	90.01
90.02	09002	DIABETES CENTER	476,691	0	476,691	90.02
91.00	09100	EMERGENCY	7,385,704	0	7,385,704	91.00
91.01	09101	G.I. LABORATORY	1,526,348	0	1,526,348	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,910,443	0	1,910,443	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	2,310,531	0	2,310,531	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	236,708,364	0	236,708,364	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	242,749	0	242,749	190.00
191.01	19101	RESPIRE CARE	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	209,849	0	209,849	193.03
193.04	19304	COMMUNITY WELLNESS	4,495	0	4,495	193.04
193.05	19305	HOME INFUSION	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	44,189,089	0	44,189,089	193.06
193.07	19307	GENERATIONS	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	6,643,666	0	6,643,666	193.08
193.09	19309	OUTREACH LAB	106,501	0	106,501	193.09
193.10	19310	FOOT CLINIC	0	0	0	193.10
193.11	19311	MARKETING	364,048	0	364,048	193.11
193.13	19313	HEALTHPOINT	5,155,378	0	5,155,378	193.13
193.14	19314	DOCTORS PARK	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	81,600	0	81,600	194.00
194.01	07951	FOUNDATION OFFICE	142,086	0	142,086	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	293,847,825	0	293,847,825	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			CAPITAL RELATED COSTS					
			Directly Assigned New Capital Related Costs	BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3		NEW CAP-REL CSTS-BLDGS & FIX #4
			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	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	01160	COMMUNICATIONS	26,151	21,205	0	0	0	5.01
5.02	00550	DATA PROCESSING	528,139	0	2,372	2,103	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	3,858	61,450	0	5.03
5.04	00570	ADMITTING	0	0	12,438	0	18,828	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	68,473	0	0	7,611	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	919	301,283	11,731	0	26,258	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,821	0	0	16,094	39,889	6.00
7.00	00700	OPERATION OF PLANT	139,929	148,433	7,490	50,202	14,860	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	6,555	12,772	3,847	9.00
10.00	01000	DIETARY	0	0	12,300	0	68,962	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	244,627	9,323	7,361	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	643	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	26,915	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	148,545	172,730	41,057	500,146	91,088	30.00
33.01	03301	ADULT SPECIAL CARE	64,824	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	16,897	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,291	0	25,786	0	0	41.00
43.00	04300	NURSERY	387	0	0	0	10,666	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	481,848	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	11,265	0	19,892	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,292	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	2,600	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	11,703	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	65,827	125,240	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	480	354,626	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
			0	1.00	1.01	1.02	1.03	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,796	455,018	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	26,612	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	8,588	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,395	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,526,140	1,891,635	174,722	650,128	328,816	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,109	0	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	74,029	0	1,241	0	8,931	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	7,750	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,607,919	1,891,635	175,963	653,237	337,747	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	154,595	4.00
5.01	01160	COMMUNICATIONS	0	0	2,430	0	2,111	5.01
5.02	00550	DATA PROCESSING	0	11,164	7,913	0	252,762	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	210,204	5.03
5.04	00570	ADMITTING	0	20,333	0	0	13,030	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	116,409	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	4,826	9,149	3,087	101,850	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	48,832	0	6.00
7.00	00700	OPERATION OF PLANT	0	31,272	82,249	0	97,930	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	1,163	1,995	60,304	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	69,799	1,859	0	72,882	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	77,814	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	303,417	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	21,774	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	20,611	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	47,231	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	156,320	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	55,824	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	100,741	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	88,075	117,473	80,657	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	38,753	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	11,963	263,078	54.00
54.01	05401	ULTRASOUND	0	0	0	8,358	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	23,802	31,392	116,624	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	119,440	566,905	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	460,597	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	11,155	147,961	56.01
57.00	05700	CT SCAN	0	0	0	6,151	68,273	57.00
58.00	05800	MRI	0	0	0	0	105,145	58.00
60.00	06000	LABORATORY	0	0	47,153	5,695	91,490	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,714	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,288	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,076	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	409,079	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,869	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	935	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	4,569	2,903	66,486	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	2,591	0	13,224	70.01
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

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	892	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	23,647	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	618,077	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	244,082	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	124,119	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	103,616	90.02
91.00	09100	EMERGENCY	0	0	0	67,994	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	70,772	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	70,772	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	161,041	496,691	586,112	5,173,881	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	50,505	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	83,995	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	876,934	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	44,022	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	59,034	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	127,479	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	1,501,367	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	10,919	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	41,373	194.01
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)	0	161,041	496,691	586,112	7,969,509	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
			2.00	2A	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	295,593	450,188	450,188			4.00
5.01	01160	COMMUNICATIONS	68,404	120,301	480	120,781		5.01
5.02	00550	DATA PROCESSING	3,719,282	4,523,735	267	3,455	4,527,457	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	56,219	331,731	3,106	974	23,950	5.03
5.04	00570	ADMITTING	3,328	67,957	10,597	2,525	72,392	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	258,017	450,510	10,249	2,923	119,639	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	389,585	848,688	13,472	7,087	541,055	5.06
6.00	00600	MAINTENANCE & REPAIRS	64,659	174,295	9,061	2,392	74,925	6.00
7.00	00700	OPERATION OF PLANT	90,300	662,665	0	0	80,871	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	14,808	8.00
9.00	00900	HOUSEKEEPING	11,774	98,410	8,432	1,019	54,963	9.00
10.00	01000	DIETARY	14,651	95,913	5,525	1,284	50,506	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	62,015	467,866	10,751	1,993	81,652	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	327,809	406,266	3,134	664	36,753	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,065	27,980	6,951	1,905	42,108	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	54,054	357,471	7,767	1,639	29,722	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	131	21,905	464	0	781	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	265	20,876	215	0	461	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	102	47,333	720	0	1,121	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	605	0	3,326	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	295,988	1,405,874	43,881	17,802	292,742	30.00
33.01	03301	ADULT SPECIAL CARE	69,589	190,237	7,109	1,772	60,271	33.01
34.01	03401	CARDIOTHORACIC ICU	152,063	269,701	6,446	1,329	59,501	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	15,529	42,606	3,123	1,816	19,041	41.00
43.00	04300	NURSERY	33,050	44,103	2,799	133	16,030	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,298,424	2,066,477	19,701	6,068	251,134	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,111	57,268	5,436	1,019	32,896	52.00
53.00	05300	ANESTHESIOLOGY	202,930	244,975	1,283	1,993	23,290	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	496,648	771,689	10,214	4,385	83,783	54.00
54.01	05401	ULTRASOUND	11,370	19,728	1,799	221	13,851	54.01
54.03	05403	CARDIOVASCULAR LAB	515,708	690,126	7,517	1,594	79,472	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	118,081	804,426	5,625	2,259	58,873	55.00
55.01	05501	CHEMOTHERAPY	29,707	490,304	3,862	1,107	32,327	55.01
56.01	05601	NUCLEAR MEDICINE	7,159	166,275	1,268	399	28,642	56.01
57.00	05700	CT SCAN	246,036	320,460	2,497	266	39,714	57.00
58.00	05800	MRI	64,145	169,290	1,478	620	16,361	58.00
60.00	06000	LABORATORY	251,458	407,499	15,247	3,278	211,322	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,714	2	221	17,138	63.00
65.00	06500	RESPIRATORY THERAPY	167,969	368,324	7,201	1,196	61,192	65.00
66.00	06600	PHYSICAL THERAPY	266	9,342	3,437	1,063	18,650	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	9,401	418,480	8,311	3,898	52,510	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,655	5,524	1,006	89	6,935	67.00
68.00	06800	SPEECH PATHOLOGY	703	1,638	641	0	3,392	68.00
69.01	06901	CV DIAGNOSTIC	110,474	184,432	3,027	2,082	23,886	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	59,030	429,951	1,648	1,240	24,095	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	246,878	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	339,490	72.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	2A	4.00	5.01	5.02	
73.00	07300	DRUGS CHARGED TO PATIENTS	479,619	946,325	11,309	1,417	634,423	73.00
74.00	07400	RENAL DIALYSIS	2,507	2,507	523	0	2,807	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	15,302	38,949	1,529	354	5,859	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	89,781	707,858	15,115	2,303	99,283	88.01
88.02	08802	RURAL HEALTH CLINIC III	11,335	255,417	9,156	1,993	68,377	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	19,655	143,774	1,334	930	11,861	90.01
90.02	09002	DIABETES CENTER	1,723	105,339	726	399	5,861	90.02
91.00	09100	EMERGENCY	63,421	131,415	15,010	3,499	98,664	91.00
91.01	09101	G.I. LABORATORY	228,778	255,390	1,916	1,417	18,295	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0				92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6,689	86,049	4,371	1,240	26,154	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,182	88,349	4,338	1,196	32,118	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,526,739	21,515,905	321,681	98,458	4,346,151	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,701	55,315	0	0	2,891	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	2,622	86,617	0	487	1,764	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	71	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	238,281	1,199,416	120,997	15,413	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	6,730	50,752	2,283	487	104,778	193.08
193.09	19309	OUTREACH LAB	0	59,034	0	0	1,107	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	12,759	147,988	78	1,019	3,162	193.11
193.13	19313	HEALTHPOINT	96,783	1,598,150	4,986	4,429	65,082	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	10,352	21,271	149	89	1,187	194.00
194.01	07951	FOUNDATION OFFICE	376	41,749	14	399	1,264	194.01
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)	10,896,343	24,776,197	450,188	120,781	4,527,457	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			5.03	5.04	5.05	5.06	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	359,761					5.03
5.04	00570	ADMITTING	59	153,530				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	105	0	583,426			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	174	0	0	1,410,476		5.06
6.00	00600	MAINTENANCE & REPAIRS	20	0	0	22,661	283,354	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	24,459	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,479	0	8.00
9.00	00900	HOUSEKEEPING	23	0	0	16,624	1,851	9.00
10.00	01000	DIETARY	1	0	0	15,275	6,391	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	228	0	0	24,700	3,997	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17	0	0	11,116	4,269	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	203	0	0	12,739	938	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	9	0	0	8,989	9,919	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	5	0	0	236	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	140	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	339	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	1,006	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	283	5,190	19,773	90,514	85,791	30.00
33.01	03301	ADULT SPECIAL CARE	25	671	2,556	18,484	11,868	33.01
34.01	03401	CARDIOTHORACIC ICU	19	567	2,159	18,211	6,119	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	17	215	821	5,841	8,586	41.00
43.00	04300	NURSERY	3	273	1,040	4,952	1,283	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	76	16,534	62,988	82,231	16,581	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18	761	2,899	10,238	9,006	52.00
53.00	05300	ANESTHESIOLOGY	4	3,892	14,825	8,521	247	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	112	4,146	15,794	26,916	11,646	54.00
54.01	05401	ULTRASOUND	0	1,647	6,275	4,814	0	54.01
54.03	05403	CARDIOVASCULAR LAB	50	5,518	21,019	26,131	4,885	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	56	2,522	9,609	18,764	3,454	55.00
55.01	05501	CHEMOTHERAPY	13	973	3,707	10,147	2,689	55.01
56.01	05601	NUCLEAR MEDICINE	18	2,578	9,822	9,641	1,135	56.01
57.00	05700	CT SCAN	0	8,508	32,410	15,240	0	57.00
58.00	05800	MRI	1	3,315	12,629	6,207	419	58.00
60.00	06000	LABORATORY	89	14,535	55,372	69,432	7,353	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	990	3,772	5,559	0	63.00
65.00	06500	RESPIRATORY THERAPY	15	4,321	16,461	20,148	2,122	65.00
66.00	06600	PHYSICAL THERAPY	5	1,194	4,548	6,094	1,110	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	29	1,955	7,449	16,624	864	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1	497	1,894	2,286	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	190	722	1,098	0	68.00
69.01	06901	CV DIAGNOSTIC	45	4,546	17,317	8,950	1,974	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	14	2,302	8,768	8,161	4,688	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	150,136	14,466	55,107	83,180	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	207,142	17,650	67,236	113,546	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	71	24,391	91,469	200,963	2,591	73.00
74.00	07400	RENAL DIALYSIS	0	294	1,119	961	0	74.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			5.03	5.04	5.05	5.06	6.00	
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10	181	689	1,841	962	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	85	821	3,127	30,341	5,428	88.01
88.02	08802	RURAL HEALTH CLINIC III	38	795	3,030	20,983	1,505	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	61	527	2,007	3,789	2,196	90.01
90.02	09002	DIABETES CENTER	7	15	56	1,778	197	90.02
91.00	09100	EMERGENCY	79	4,673	17,801	31,615	13,324	91.00
91.01	09101	G.I. LABORATORY	10	1,394	5,312	6,063	4,589	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	24	179	684	7,979	1,135	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	24	304	1,160	9,830	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	359,424	153,530	583,426	1,150,836	241,112	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	42	0	0	875	1,480	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	533	2,788	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	22	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	204,798	28,844	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	63	0	0	31,691	790	193.08
193.09	19309	OUTREACH LAB	0	0	0	335	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	65	0	0	958	5,083	193.11
193.13	19313	HEALTHPOINT	74	0	0	19,685	1,086	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	359	0	194.00
194.01	07951	FOUNDATION OFFICE	93	0	0	384	2,171	194.01
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)	359,761	153,530	583,426	1,410,476	283,354	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	767,995					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	19,287				8.00
9.00	00900	HOUSEKEEPING	7,767	0	189,089			9.00
10.00	01000	DIETARY	14,879	0	4,006	193,780		10.00
11.00	01100	CAFETERIA	0	0	0	94,599	94,599	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	15,695	0	4,226	0	4,263	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,375	0	1,178	0	1,910	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,094	0	1,102	0	2,495	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	16,164	0	4,352	0	74	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	1,160	0	312	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	1,098	0	296	0	1	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	2,516	0	677	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	151	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	102,499	4,908	27,596	82,081	31,359	30.00
33.01	03301	ADULT SPECIAL CARE	12,335	716	3,321	4,309	4,168	33.01
34.01	03401	CARDIOTHORACIC ICU	20,745	680	5,585	4,926	2,468	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	9,203	453	2,478	5,732	1,398	41.00
43.00	04300	NURSERY	1,622	108	437	0	1,039	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,949	4,390	12,909	669	6,204	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,045	758	1,897	0	3,038	52.00
53.00	05300	ANESTHESIOLOGY	9,155	0	2,465	0	1,019	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,479	2,108	4,437	32	3,798	54.00
54.01	05401	ULTRASOUND	1,721	0	463	0	1,096	54.01
54.03	05403	CARDIOVASCULAR LAB	17,937	527	4,829	6	3,281	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	54,797	545	14,753	0	40	55.00
55.01	05501	CHEMOTHERAPY	24,538	0	6,606	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	10,180	0	618	73	187	56.01
57.00	05700	CT SCAN	4,904	0	1,320	0	889	57.00
58.00	05800	MRI	5,602	268	1,508	0	146	58.00
60.00	06000	LABORATORY	16,466	2	4,201	0	5,833	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	379	0	102	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,214	0	865	0	3,261	65.00
66.00	06600	PHYSICAL THERAPY	2,006	43	540	0	1,470	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	21,793	0	5,867	0	10	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	413	0	111	0	432	67.00
68.00	06800	SPEECH PATHOLOGY	207	0	56	0	125	68.00
69.01	06901	CV DIAGNOSTIC	5,149	31	433	0	789	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	4,961	0	1,336	19	495	70.01
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	4,911	0	1,322	0	4,156	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	96	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
76.97	07697	CARDIAC REHABILITATION	1,687	0	454	0	357	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	32,928	0	8,865	0	36	88.01
88.02	08802	RURAL HEALTH CLINIC III	13,003	2	3,501	0	34	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	6,612	106	0	0	3	90.01
90.02	09002	DIABETES CENTER	5,520	0	1,486	0	0	90.02
91.00	09100	EMERGENCY	14,001	2,957	3,770	1,334	4,558	91.00
91.01	09101	G.I. LABORATORY	9,498	658	2,557	0	1,056	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,770	0	1,015	0	217	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,770	0	1,015	0	18	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	564,747	19,260	144,867	193,780	91,970	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,925	0	787	0	87	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	4,475	0	1,205	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	100,797	27	16,640	0	2,451	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	2,345	0	631	0	55	193.08
193.09	19309	OUTREACH LAB	3,145	0	847	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	6,791	0	1,828	0	28	193.11
193.13	19313	HEALTHPOINT	79,984	0	21,534	0	2	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	582	0	157	0	0	194.00
194.01	07951	FOUNDATION OFFICE	2,204	0	593	0	6	194.01
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)	767,995	19,287	189,089	193,780	94,599	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	615,371				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	469,682			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	100,515	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	432,191	0	0	3,425	30.00
33.01	03301	ADULT SPECIAL CARE	0	60,106	0	0	443	33.01
34.01	03401	CARDIOTHORACIC ICU	0	28,622	0	0	374	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	20,035	0	0	142	41.00
43.00	04300	NURSERY	0	5,724	0	0	180	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	10,910	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	502	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,568	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	2,736	54.00
54.01	05401	ULTRASOUND	0	0	0	0	1,087	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	3,641	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	1,664	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	642	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	1,701	56.01
57.00	05700	CT SCAN	0	0	0	0	5,614	57.00
58.00	05800	MRI	0	0	0	0	2,187	58.00
60.00	06000	LABORATORY	0	0	0	0	9,591	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	653	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	2,851	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	788	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	1,290	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	328	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	125	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	3,000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	1,519	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	197,368	0	9,545	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	272,314	0	11,646	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,303	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	194	74.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	8,587	0	0	119	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	542	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	525	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	348	90.01
90.02	09002	DIABETES CENTER	0	4,293	0	0	10	90.02
91.00	09100	EMERGENCY	0	0	0	0	3,083	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	920	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	20,035	0	0	118	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	22,898	0	0	201	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	602,491	469,682	0	100,515	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	1,431	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	11,449	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	615,371	469,682	0	100,515	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	
			17.00	19.00	20.00	20.01	20.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		436,106			20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0			24,863		20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0				23,087	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	0					20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0					22.00
23.00	02300	PHARMACY RESIDENCY	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
33.01	03301	ADULT SPECIAL CARE	0					33.01
34.01	03401	CARDIOTHORACIC ICU	0					34.01
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0					50.00
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	ULTRASOUND	0					54.01
54.03	05403	CARDIOVASCULAR LAB	0					54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
55.01	05501	CHEMOTHERAPY	0					55.01
56.01	05601	NUCLEAR MEDICINE	0					56.01
57.00	05700	CT SCAN	0					57.00
58.00	05800	MRI	0					58.00
60.00	06000	LABORATORY	0					60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0					63.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0					66.01
66.02	06602	PHYSIATRY	0					66.02
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.01	06901	CV DIAGNOSTIC	0					69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0					69.02
70.01	07001	NEUROPHYSIOLOGY	0					70.01
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	0					74.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	
			17.00	19.00	20.00	20.01	20.02	
76.00	03950	CARDIAC REHAB	0					76.00
76.97	07697	CARDIAC REHABILITATION	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0					76.98
76.99	07699	LITHOTRIPSY	0					76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0					88.00
88.01	08801	RURAL HEALTH CLINIC II	0					88.01
88.02	08802	RURAL HEALTH CLINIC III	0					88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0					90.01
90.02	09002	DIABETES CENTER	0					90.02
91.00	09100	EMERGENCY	0					91.00
91.01	09101	G.I. LABORATORY	0					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0					101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
191.01	19101	RESPIRE CARE	0					191.01
193.01	19301	VENDING MACHINES	0					193.01
193.02	19302	SUNSET GUEST HOUSE	0					193.02
193.03	19303	LACEYS RESTAURANT	0					193.03
193.04	19304	COMMUNITY WELLNESS	0					193.04
193.05	19305	HOME INFUSION	0					193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0					193.06
193.07	19307	GENERATIONS	0					193.07
193.08	19308	RETAIL PHARMACY	0					193.08
193.09	19309	OUTREACH LAB	0					193.09
193.10	19310	FOOT CLINIC	0					193.10
193.11	19311	MARKETING	0					193.11
193.13	19313	HEALTHPOINT	0					193.13
193.14	19314	DOCTORS PARK	0					193.14
194.00	07950	JAZZMANS RESTAURANT	0					194.00
194.01	07951	FOUNDATION OFFICE	0					194.01
200.00		Cross Foot Adjustments		0	436,106	24,863	23,087	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	436,106	24,863	23,087	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description		SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS		PHARMACY RESIDENCY	Subtotal		
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		20.03	21.00	22.00	23.00	24.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2					1.01	
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3					1.02	
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4					1.03	
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5					1.04	
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6					1.05	
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7					1.06	
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8					1.07	
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9					1.08	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
12.00	01200	MAINTENANCE OF PERSONNEL					12.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE					17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00	
20.00	02000	NURSING SCHOOL					20.00	
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	52,706				20.01	
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY					20.02	
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO					20.03	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00	
23.00	02300	PHARMACY RESIDENCY				5,088	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				2,645,909	30.00	
33.01	03301	ADULT SPECIAL CARE				378,391	33.01	
34.01	03401	CARDIOTHORACIC ICU				427,452	34.01	
40.00	04000	SUBPROVIDER - IPF				0	40.00	
41.00	04100	SUBPROVIDER - IRF				121,507	41.00	
43.00	04300	NURSERY				79,726	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				2,604,821	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM				132,781	52.00	
53.00	05300	ANESTHESIOLOGY				314,237	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC				958,275	54.00	
54.01	05401	ULTRASOUND				52,702	54.01	
54.03	05403	CARDIOVASCULAR LAB				866,533	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC				977,387	55.00	
55.01	05501	CHEMOTHERAPY				576,915	55.01	
56.01	05601	NUCLEAR MEDICINE				232,537	56.01	
57.00	05700	CT SCAN				431,822	57.00	
58.00	05800	MRI				220,031	58.00	
60.00	06000	LABORATORY				820,220	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.				0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				30,530	63.00	
65.00	06500	RESPIRATORY THERAPY				491,171	65.00	
66.00	06600	PHYSICAL THERAPY				50,290	66.00	
66.01	06601	SOUTHEAST OUTPATIENT REHAB				539,080	66.01	
66.02	06602	PHYSIATRY				0	66.02	
67.00	06700	OCCUPATIONAL THERAPY				19,516	67.00	
68.00	06800	SPEECH PATHOLOGY				8,194	68.00	
69.01	06901	CV DIAGNOSTIC				255,661	69.01	
69.02	06902	ELECTROPHYSIOLOGY LAB				0	69.02	
70.01	07001	NEUROPHYSIOLOGY				489,197	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				756,680	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				1,029,024	72.00	

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			INTERNS & RESIDENTS		PHARMACY RESIDENCY	Subtotal	
			SCHOOL OF RADIOLOGICAL TECHNOLO	SERVICES-SALAR Y & FRINGES APPRV			
				PRGM COSTS APPRV			
73.00	07300	DRUGS CHARGED TO PATIENTS	20.03	21.00	22.00	23.00	24.00
74.00	07400	RENAL DIALYSIS					1,938,651
76.00	03950	CARDIAC REHAB					8,501
76.97	07697	CARDIAC REHABILITATION					0
76.98	07698	HYPERBARIC OXYGEN THERAPY					61,578
76.99	07699	LITHOTRIPSY					0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC					0
88.01	08801	RURAL HEALTH CLINIC II					906,732
88.02	08802	RURAL HEALTH CLINIC III					378,359
90.01	09001	HYPERBARIC WOUND CLINIC					173,548
90.02	09002	DIABETES CENTER					125,687
91.00	09100	EMERGENCY					345,783
91.01	09101	G.I. LABORATORY					309,075
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY					152,970
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					0
116.00	11600	HOSPICE					165,221
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	20,076,694
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					64,402
191.01	19101	RESPIRE CARE					0
193.01	19301	VENDING MACHINES					0
193.02	19302	SUNSET GUEST HOUSE					0
193.03	19303	LACEYS RESTAURANT					97,869
193.04	19304	COMMUNITY WELLNESS					93
193.05	19305	HOME INFUSION					0
193.06	19306	SE HOSP PHYSICIANS LLC					1,690,814
193.07	19307	GENERATIONS					0
193.08	19308	RETAIL PHARMACY					193,875
193.09	19309	OUTREACH LAB					64,468
193.10	19310	FOOT CLINIC					0
193.11	19311	MARKETING					167,000
193.13	19313	HEALTHPOINT					1,806,461
193.14	19314	DOCTORS PARK					0
194.00	07950	JAZZMANS RESTAURANT					23,794
194.01	07951	FOUNDATION OFFICE					48,877
200.00		Cross Foot Adjustments	52,706	0	0	5,088	541,850
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	52,706	0	0	5,088	24,776,197

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 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	NEW CAP-REL CSTS-BLDGS & FIX #2		1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3		1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4		1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5		1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6		1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7		1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8		1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY		20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY		20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO		20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 2,645,909	30.00
33.01	03301	ADULT SPECIAL CARE	0 378,391	33.01
34.01	03401	CARDIOTHORACIC ICU	0 427,452	34.01
40.00	04000	SUBPROVIDER - IPF	0 0	40.00
41.00	04100	SUBPROVIDER - IRF	0 121,507	41.00
43.00	04300	NURSERY	0 79,726	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 2,604,821	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 132,781	52.00
53.00	05300	ANESTHESIOLOGY	0 314,237	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 958,275	54.00
54.01	05401	ULTRASOUND	0 52,702	54.01
54.03	05403	CARDIOVASCULAR LAB	0 866,533	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0 977,387	55.00
55.01	05501	CHEMOTHERAPY	0 576,915	55.01
56.01	05601	NUCLEAR MEDICINE	0 232,537	56.01
57.00	05700	CT SCAN	0 431,822	57.00
58.00	05800	MRI	0 220,031	58.00
60.00	06000	LABORATORY	0 820,220	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0 0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0 30,530	63.00
65.00	06500	RESPIRATORY THERAPY	0 491,171	65.00
66.00	06600	PHYSICAL THERAPY	0 50,290	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0 539,080	66.01
66.02	06602	PHYSIATRY	0 0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0 19,516	67.00
68.00	06800	SPEECH PATHOLOGY	0 8,194	68.00
69.01	06901	CV DIAGNOSTIC	0 255,661	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0 0	69.02
70.01	07001	NEUROPHYSIOLOGY	0 489,197	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 756,680	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 1,029,024	72.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,938,651	73.00
74.00	07400	RENAL DIALYSIS	0	8,501	74.00
76.00	03950	CARDIAC REHAB	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	61,578	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	906,732	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	378,359	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	173,548	90.01
90.02	09002	DIABETES CENTER	0	125,687	90.02
91.00	09100	EMERGENCY	0	345,783	91.00
91.01	09101	G.I. LABORATORY	0	309,075	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	152,970	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	165,221	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	20,076,694	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	64,402	190.00
191.01	19101	RESPIRE CARE	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	97,869	193.03
193.04	19304	COMMUNITY WELLNESS	0	93	193.04
193.05	19305	HOME INFUSION	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	1,690,814	193.06
193.07	19307	GENERATIONS	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	193,875	193.08
193.09	19309	OUTREACH LAB	0	64,468	193.09
193.10	19310	FOOT CLINIC	0	0	193.10
193.11	19311	MARKETING	0	167,000	193.11
193.13	19313	HEALTHPOINT	0	1,806,461	193.13
193.14	19314	DOCTORS PARK	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	23,794	194.00
194.01	07951	FOUNDATION OFFICE	0	48,877	194.01
200.00		Cross Foot Adjustments	0	541,850	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	24,776,197	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			CAPITAL RELATED COSTS						
			BLDG & FIXT (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #2 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #3 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #4 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #5 (SQUARE FEET)		
			1.00	1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT	17,128						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	0	54,736					1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	42,862				1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	44,774			1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0		1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0	0	0	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	0	0	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0	0	0	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	0	4.00
5.01	01160	COMMUNICATIONS	192		0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	738	138	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,200	4,032	0	0	0	5.03
5.04	00570	ADMITTING	0	3,869	0	2,496	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	620	0	0	1,009	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,728	3,649	0	3,481	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,056	5,288	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,344	2,330	3,294	1,970	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	2,039	838	510	0	0	9.00
10.00	01000	DIETARY	0	3,826	0	9,142	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,215	2,900	483	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	200	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,568	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	1,564	12,772	32,817	12,075	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	8,021	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	1,414	0	0	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,504	0	2,637	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,024	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,134	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	3,211	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #2 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #3 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #4 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #5 (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,120	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	8,278	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,128	54,350	42,658	43,590	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	204	0	0	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	386	0	1,184	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,891,635	175,963	653,237	337,747	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	110.441091	3.214758	15.240469	7.543373	0.000000	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: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #6 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #7 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #8 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #9 (SQUARE FEET)	MVBLE EQUIP (DIRECT COS TS)	
			1.05	1.06	1.07	1.08	2.00	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	10,011					1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	95,656				1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	105,190			1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	370,033		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					9,097,897	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	7,178	246,805	4.00
5.01	01160	COMMUNICATIONS	0	468	0	98	57,114	5.01
5.02	00550	DATA PROCESSING	694	1,524	0	11,736	3,105,415	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	9,760	46,940	5.03
5.04	00570	ADMITTING	1,264	0	0	605	2,779	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	5,405	215,431	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	300	1,762	554	4,729	325,284	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,764	0	53,987	6.00
7.00	00700	OPERATION OF PLANT	1,944	15,840	0	4,547	75,396	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	224	358	2,800	9,831	9.00
10.00	01000	DIETARY	0	0	0	0	12,233	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,339	358	0	3,384	51,779	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,613	273,704	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	889	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	14,088	45,132	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	1,011	109	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	957	221	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	2,193	85	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	30,105	0	0	247,135	30.00
33.01	03301	ADULT SPECIAL CARE	0	10,751	0	0	58,103	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	18,080	0	126,965	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	12,966	41.00
43.00	04300	NURSERY	0	0	0	0	27,595	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	16,962	21,083	3,745	1,084,119	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	21,801	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,955	0	169,436	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,147	12,215	414,676	54.00
54.01	05401	ULTRASOUND	0	0	1,500	0	9,493	54.01
54.03	05403	CARDIOVASCULAR LAB	0	4,584	5,634	5,415	430,590	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	21,436	26,322	98,592	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	21,386	24,804	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	2,002	6,870	5,977	56.01
57.00	05700	CT SCAN	0	0	1,104	3,170	205,428	57.00
58.00	05800	MRI	0	0	0	4,882	53,558	58.00
60.00	06000	LABORATORY	0	9,081	1,022	4,248	209,955	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	330	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,667	0	140,246	65.00
66.00	06600	PHYSICAL THERAPY	0	1,748	0	0	222	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	18,994	7,849	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	360	0	0	3,052	67.00
68.00	06800	SPEECH PATHOLOGY	0	180	0	0	587	68.00
69.01	06901	CV DIAGNOSTIC	0	880	521	3,087	92,240	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	499	0	614	49,287	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #6 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #7 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #8 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #9 (SQUARE FEET)	MVBLE EQUIP (DIRECT COS TS)	
			1.05	1.06	1.07	1.08	2.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	160	0	400,458	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,093	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,470	0	0	0	12,776	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	28,698	74,963	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	11,333	9,464	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	5,763	16,411	90.01
90.02	09002	DIABETES CENTER	0	0	0	4,811	1,439	90.02
91.00	09100	EMERGENCY	0	0	12,203	0	52,953	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	191,018	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	3,286	5,585	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	3,286	4,327	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,011	95,656	105,190	240,229	8,789,297	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,345	1,420	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	3,900	2,189	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	40,717	198,953	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	2,044	5,619	193.08
193.09	19309	OUTREACH LAB	0	0	0	2,741	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	5,919	10,653	193.11
193.13	19313	HEALTHPOINT	0	0	0	69,710	80,809	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	507	8,643	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	1,921	314	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	161,041	496,691	586,112	7,969,509	10,896,343	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.086405	5.192471	5.571936	21.537293	1.197677	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: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (SUPPLY COS TS)	
			4.00	5.01	5A.02	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	104,428,567					4.00
5.01	01160	COMMUNICATIONS	111,266	2,727				5.01
5.02	00550	DATA PROCESSING	61,859	78	-14,197,840	241,415,808		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	720,429	22	0	1,277,078	31,543,913	5.03
5.04	00570	ADMITTING	2,458,168	57	0	3,860,060	5,145	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,377,482	66	0	6,379,399	9,203	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	3,124,959	160	0	28,850,112	15,264	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,101,932	54	0	3,995,133	1,784	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	4,312,204	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	789,603	0	8.00
9.00	00900	HOUSEKEEPING	1,955,957	23	0	2,930,731	2,040	9.00
10.00	01000	DIETARY	1,281,611	29	0	2,693,080	89	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,493,881	45	0	4,353,848	20,012	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	727,013	15	0	1,959,725	1,501	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,612,293	43	0	2,245,273	17,757	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,801,601	37	0	1,584,834	792	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	107,567	0	0	41,635	455	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	49,937	0	0	24,601	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	166,954	0	0	59,787	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	140,343	0	0	177,338	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,178,766	402	0	15,609,570	24,797	30.00
33.01	03301	ADULT SPECIAL CARE	1,649,086	40	0	3,213,742	2,221	33.01
34.01	03401	CARDIOTHORACIC ICU	1,495,295	30	0	3,172,709	1,703	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	724,357	41	0	1,015,286	1,454	41.00
43.00	04300	NURSERY	649,348	3	0	854,752	222	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,569,857	137	0	13,390,954	6,691	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,260,850	23	0	1,754,080	1,561	52.00
53.00	05300	ANESTHESIOLOGY	297,506	45	0	1,241,874	353	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,369,237	99	0	4,467,491	9,819	54.00
54.01	05401	ULTRASOUND	417,209	5	0	738,567	0	54.01
54.03	05403	CARDIOVASCULAR LAB	1,743,579	36	0	4,237,595	4,405	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,304,713	51	0	3,139,203	4,916	55.00
55.01	05501	CHEMOTHERAPY	895,885	25	0	1,723,740	1,134	55.01
56.01	05601	NUCLEAR MEDICINE	294,111	9	0	1,527,235	1,558	56.01
57.00	05700	CT SCAN	579,159	6	0	2,117,640	3	57.00
58.00	05800	MRI	342,835	14	0	872,421	131	58.00
60.00	06000	LABORATORY	3,536,845	74	0	11,268,119	7,784	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	380	5	0	913,837	9	63.00
65.00	06500	RESPIRATORY THERAPY	1,670,325	27	0	3,262,880	1,357	65.00
66.00	06600	PHYSICAL THERAPY	797,254	24	0	994,445	416	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	1,927,915	88	0	2,799,933	2,544	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	233,250	2	0	369,812	57	67.00
68.00	06800	SPEECH PATHOLOGY	148,781	0	0	180,879	5	68.00
69.01	06901	CV DIAGNOSTIC	702,190	47	0	1,273,652	3,967	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	382,293	28	0	1,284,788	1,259	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,164,035	13,164,035	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,102,264	18,162,264	72.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (SUPPLY COS TS)	
			4.00	5.01	5A.02	5.02	5.03	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,623,369	32	0	33,831,461	6,267	73.00
74.00	07400	RENAL DIALYSIS	121,412	0	0	149,694	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	354,738	8	0	312,411	879	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	3,506,250	52	0	5,293,958	7,430	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,123,847	45	0	3,646,009	3,296	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	309,510	21	0	632,464	5,327	90.01
90.02	09002	DIABETES CENTER	168,293	9	0	312,504	624	90.02
91.00	09100	EMERGENCY	3,481,891	79	0	5,260,947	6,892	91.00
91.01	09101	G.I. LABORATORY	444,396	32	0	975,528	906	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,014,026	28	0	1,394,598	2,107	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,006,360	27	0	1,712,620	2,067	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,618,370	2,223	-14,197,840	231,748,138	31,514,502	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	154,174	3,640	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	11	0	94,036	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	3,804	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	28,068,223	348	-38,234,177	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	529,664	11	0	5,586,982	5,506	193.08
193.09	19309	OUTREACH LAB	0	0	0	59,034	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	18,037	23	0	168,622	5,657	193.11
193.13	19313	HEALTHPOINT	1,156,573	100	0	3,470,290	6,497	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	34,498	2	0	63,304	0	194.00
194.01	07951	FOUNDATION OFFICE	3,202	9	0	67,424	8,111	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,789,591	513,963		14,197,840	1,352,184	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.074593	188.471947		0.058811	0.042867	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	450,188	120,781		4,527,457	359,761	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.004311	44.290796		0.018754	0.011405	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: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			ADMITTING (GROSS REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITION)	
			5.04	5.05	5A.06	5.06	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	1,041,027,833					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,041,027,833				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	-30,547,470	263,300,355		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	4,230,167	11,484	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	4,565,809	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	836,040	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	3,103,177	75	9.00
10.00	01000	DIETARY	0	0	0	2,851,467	259	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,610,760	162	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,075,042	173	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,378,081	38	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	1,678,074	402	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	44,104	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	26,048	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	0	0	0	63,303	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	187,767	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,308,534	35,308,534	0	16,896,385	3,477	30.00
33.01	03301	ADULT SPECIAL CARE	4,563,460	4,563,460	0	3,450,368	481	33.01
34.01	03401	CARDIOTHORACIC ICU	3,854,884	3,854,884	0	3,399,520	248	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,465,577	1,465,577	0	1,090,322	348	41.00
43.00	04300	NURSERY	1,856,950	1,856,950	0	924,371	52	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	112,479,021	112,479,021	0	15,350,245	672	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,176,987	5,176,987	0	1,911,224	365	52.00
53.00	05300	ANESTHESIOLOGY	26,473,221	26,473,221	0	1,590,644	10	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,203,380	28,203,380	0	5,024,388	472	54.00
54.01	05401	ULTRASOUND	11,205,658	11,205,658	0	898,710	0	54.01
54.03	05403	CARDIOVASCULAR LAB	37,534,093	37,534,093	0	4,877,919	198	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	17,159,102	17,159,102	0	3,502,746	140	55.00
55.01	05501	CHEMOTHERAPY	6,619,130	6,619,130	0	1,894,103	109	55.01
56.01	05601	NUCLEAR MEDICINE	17,538,813	17,538,813	0	1,799,786	46	56.01
57.00	05700	CT SCAN	57,874,923	57,874,923	0	2,844,948	0	57.00
58.00	05800	MRI	22,551,282	22,551,282	0	1,158,606	17	58.00
60.00	06000	LABORATORY	98,879,014	98,879,014	0	12,960,967	298	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,735,178	6,735,178	0	1,037,728	0	63.00
65.00	06500	RESPIRATORY THERAPY	29,395,138	29,395,138	0	3,760,981	86	65.00
66.00	06600	PHYSICAL THERAPY	8,121,795	8,121,795	0	1,137,535	45	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	13,302,407	13,302,407	0	3,103,253	35	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,382,837	3,382,837	0	426,795	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,289,481	1,289,481	0	204,947	0	68.00
69.01	06901	CV DIAGNOSTIC	30,923,090	30,923,090	0	1,670,791	80	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	15,657,201	15,657,201	0	1,523,472	190	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	98,405,548	98,405,548	0	15,527,422	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	120,064,707	120,064,707	0	21,195,901	0	72.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			ADMITTING (GROSS REVE NUES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVE NUES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITIO)	
			5.04	5.05	5A.06	5.06	6.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	162,532,403	162,532,403	0	37,514,066	105	73.00
74.00	07400	RENAL DIALYSIS	1,998,856	1,998,856	0	179,317	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,229,710	1,229,710	0	343,630	39	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	5,584,755	5,584,755	0	5,663,785	220	88.01
88.02	08802	RURAL HEALTH CLINIC III	5,411,078	5,411,078	0	3,916,931	61	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	3,583,711	3,583,711	0	707,213	89	90.01
90.02	09002	DIABETES CENTER	100,291	100,291	0	331,955	8	90.02
91.00	09100	EMERGENCY	31,788,171	31,788,171	0	5,901,717	540	91.00
91.01	09101	G.I. LABORATORY	9,486,014	9,486,014	0	1,131,736	186	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,220,794	1,220,794	0	1,489,421	46	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,070,639	2,070,639	0	1,834,995	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,041,027,833	1,041,027,833	-30,547,470	214,828,682	9,772	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	163,397	60	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	99,566	113	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	4,028	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	38,234,177	1,169	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	5,915,794	32	193.08
193.09	19309	OUTREACH LAB	0	0	0	62,506	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	178,781	206	193.11
193.13	19313	HEALTHPOINT	0	0	0	3,674,660	44	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	67,027	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	71,737	88	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,087,295	6,754,973		30,547,470	4,720,943	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003926	0.006489		0.116018	411.088732	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	153,530	583,426		1,410,476	283,354	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000147	0.000560		0.005357	24.673807	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: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FOOTAGE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	669,346					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,280,891				8.00
9.00	00900	HOUSEKEEPING	6,769	0	612,121			9.00
10.00	01000	DIETARY	12,968	0	12,968	244,061		10.00
11.00	01100	CAFETERIA	0	0	0	119,145	119,145	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	13,679	0	13,679	0	5,369	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,813	0	3,813	0	2,406	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,568	0	3,568	0	3,143	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	14,088	0	14,088	0	93	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	1,011	0	1,011	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	957	0	957	0	1	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	2,193	0	2,193	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	190	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	89,333	326,119	89,333	103,379	39,497	30.00
33.01	03301	ADULT SPECIAL CARE	10,751	47,549	10,751	5,427	5,250	33.01
34.01	03401	CARDIOTHORACIC ICU	18,080	45,132	18,080	6,204	3,108	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,021	30,059	8,021	7,219	1,761	41.00
43.00	04300	NURSERY	1,414	7,145	1,414	0	1,308	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,790	291,549	41,790	843	7,814	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,140	50,316	6,140	0	3,826	52.00
53.00	05300	ANESTHESIOLOGY	7,979	0	7,979	0	1,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,362	139,976	14,362	40	4,783	54.00
54.01	05401	ULTRASOUND	1,500	0	1,500	0	1,380	54.01
54.03	05403	CARDIOVASCULAR LAB	15,633	34,989	15,633	8	4,132	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	47,758	36,224	47,758	0	50	55.00
55.01	05501	CHEMOTHERAPY	21,386	0	21,386	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	8,872	0	2,002	92	235	56.01
57.00	05700	CT SCAN	4,274	0	4,274	0	1,120	57.00
58.00	05800	MRI	4,882	17,784	4,882	0	184	58.00
60.00	06000	LABORATORY	14,351	103	13,598	0	7,346	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	330	0	330	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,801	0	2,801	0	4,107	65.00
66.00	06600	PHYSICAL THERAPY	1,748	2,871	1,748	0	1,851	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	18,994	0	18,994	0	13	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	360	0	360	0	544	67.00
68.00	06800	SPEECH PATHOLOGY	180	0	180	0	157	68.00
69.01	06901	CV DIAGNOSTIC	4,488	2,028	1,401	0	994	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	4,324	0	4,324	24	623	70.01
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	4,280	0	4,280	0	5,235	73.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FOOTAGE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	121	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,470	0	1,470	0	450	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	28,698	0	28,698	0	45	88.01
88.02	08802	RURAL HEALTH CLINIC III	11,333	116	11,333	0	43	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	5,763	7,039	0	0	4	90.01
90.02	09002	DIABETES CENTER	4,811	0	4,811	0	0	90.02
91.00	09100	EMERGENCY	12,203	196,392	12,203	1,680	5,741	91.00
91.01	09101	G.I. LABORATORY	8,278	43,719	8,278	0	1,330	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,286	0	3,286	0	273	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,286	0	3,286	0	23	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	492,205	1,279,110	468,963	244,061	115,834	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,549	0	2,549	0	110	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	3,900	0	3,900	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	87,850	1,781	53,867	0	3,087	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	2,044	0	2,044	0	69	193.08
193.09	19309	OUTREACH LAB	2,741	0	2,741	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	5,919	0	5,919	0	35	193.11
193.13	19313	HEALTHPOINT	69,710	0	69,710	0	3	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	507	0	507	0	0	194.00
194.01	07951	FOUNDATION OFFICE	1,921	0	1,921	0	7	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,095,525	933,036	3,545,563	3,462,595	1,690,361	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.612692	0.728427	5.792258	14.187416	14.187427	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	767,995	19,287	189,089	193,780	94,599	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.147381	0.015057	0.308908	0.793982	0.793982	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: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERV ICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COS TS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUES)	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	430				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	31,326,299			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,041,027,833	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	302	0	0	35,308,534	30.00
33.01	03301	ADULT SPECIAL CARE	0	42	0	0	4,563,460	33.01
34.01	03401	CARDIOTHORACIC ICU	0	20	0	0	3,854,884	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	14	0	0	1,465,577	41.00
43.00	04300	NURSERY	0	4	0	0	1,856,950	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	112,479,021	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	5,176,987	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	26,473,221	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	28,203,380	54.00
54.01	05401	ULTRASOUND	0	0	0	0	11,205,658	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	37,534,093	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	17,159,102	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	6,619,130	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	17,538,813	56.01
57.00	05700	CT SCAN	0	0	0	0	57,874,923	57.00
58.00	05800	MRI	0	0	0	0	22,551,282	58.00
60.00	06000	LABORATORY	0	0	0	0	98,879,014	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	6,735,178	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	29,395,138	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	8,121,795	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	13,302,407	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,382,837	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,289,481	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	30,923,090	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	15,657,201	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	13,164,035	0	98,405,548	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,162,264	0	120,064,707	72.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERV ICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COS TS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUES)	
			12.00	13.00	14.00	15.00	16.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	162,532,403	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,998,856	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	6	0	0	1,229,710	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	5,584,755	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	5,411,078	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	3,583,711	90.01
90.02	09002	DIABETES CENTER	0	3	0	0	100,291	90.02
91.00	09100	EMERGENCY	0	0	0	0	31,788,171	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	9,486,014	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	14	0	0	1,220,794	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	16	0	0	2,070,639	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	421	31,326,299	0	1,041,027,833	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	1	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	8	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	5,471,825	2,472,150	0	2,762,022	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	12,725.174419	0.078916	0.000000	0.002653	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	615,371	469,682	0	100,515	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	1,431.095349	0.014993	0.000000	0.000097	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: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SCHOOL OF MEDICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF SURGICAL TECHNOLOGY (TIME SPENT)	
		17.00	19.00	20.00	20.01	20.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2					1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3					1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4					1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5					1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6					1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7					1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8					1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00	02000	NURSING SCHOOL	0		10,201		20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0			1,120	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0				20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0			1,122	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				22.00
23.00	02300	PHARMACY RESIDENCY	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	8,337	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	227	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	98	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	1,122	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	687	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	439	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	1,120	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SCHOOL OF MEDICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF SURGICAL TECHNOLOGY (TIME SPENT)	
			17.00	19.00	20.00	20.01	20.02	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	371	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0		42	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	10,201	1,120	1,122	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	2,228,187	62,773	41,912	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	218.428291	56.047321	37.354724	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	436,106	24,863	23,087	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	42.751299	22.199107	20.576649	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	INTERNS & RESIDENTS		PHARMACY RESIDENCY (ASSIGNED TIME)		
				SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
				20.03	21.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY						20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY						20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	2,033					20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0			22.00
23.00	02300	PHARMACY RESIDENCY				100		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0		30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0		33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	0		34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
43.00	04300	NURSERY	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,033	0	0	0		54.00
54.01	05401	ULTRASOUND	0	0	0	0		54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0		55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	0	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0		66.01
66.02	06602	PHYSIATRY	0	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0		70.01

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			INTERNS & RESIDENTS			PHARMACY RESIDENCY (ASSIGNED TIME)		
			SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
				20.03	21.00			
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.00	03950	CARDIAC REHAB	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0		90.01
90.02	09002	DIABETES CENTER	0	0	0	0		90.02
91.00	09100	EMERGENCY	0	0	0	0		91.00
91.01	09101	G.I. LABORATORY	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0			0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,033	0	0	100		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.01	19101	RESPIRE CARE	0	0	0	0		191.01
193.01	19301	VENDING MACHINES	0	0	0	0		193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0		193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0		193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0		193.04
193.05	19305	HOME INFUSION	0	0	0	0		193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0		193.06
193.07	19307	GENERATIONS	0	0	0	0		193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0		193.08
193.09	19309	OUTREACH LAB	0	0	0	0		193.09
193.10	19310	FOOT CLINIC	0	0	0	0		193.10
193.11	19311	MARKETING	0	0	0	0		193.11
193.13	19313	HEALTHPOINT	0	0	0	0		193.13
193.14	19314	DOCTORS PARK	0	0	0	0		193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0		194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0		194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	100,044	0	0	212,247		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	49.210034	0.000000	0.000000	2,122.470000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	52,706	0	0	5,088		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	25.925234	0.000000	0.000000	50.880000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/19/2020 11:28 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	29,505,848		29,505,848	30,506	29,536,354	30.00	
33.01	03301	ADULT SPECIAL CARE	4,925,203		4,925,203	0	4,925,203	33.01	
34.01	03401	CARDIOTHORACIC ICU	4,617,539		4,617,539	0	4,617,539	34.01	
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	1,798,738		1,798,738	37,049	1,835,787	41.00	
43.00	04300	NURSERY	1,172,941		1,172,941	0	1,172,941	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	18,643,106		18,643,106	0	18,643,106	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,620,041		2,620,041	0	2,620,041	52.00	
53.00	05300	ANESTHESIOLOGY	1,974,706		1,974,706	44,122	2,018,828	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,339,117		6,339,117	0	6,339,117	54.00	
54.01	05401	ULTRASOUND	1,072,392		1,072,392	0	1,072,392	54.01	
54.03	05403	CARDIOVASCULAR LAB	6,014,490		6,014,490	5,285	6,019,775	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	4,679,493		4,679,493	0	4,679,493	55.00	
55.01	05501	CHEMOTHERAPY	2,462,901		2,462,901	0	2,462,901	55.01	
56.01	05601	NUCLEAR MEDICINE	2,157,809		2,157,809	0	2,157,809	56.01	
57.00	05700	CT SCAN	3,401,738		3,401,738	0	3,401,738	57.00	
58.00	05800	MRI	1,440,850		1,440,850	0	1,440,850	58.00	
60.00	06000	LABORATORY	15,204,584		15,204,584	0	15,204,584	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,180,414		1,180,414	0	1,180,414	63.00	
65.00	06500	RESPIRATORY THERAPY	4,406,476	0	4,406,476	0	4,406,476	65.00	
66.00	06600	PHYSICAL THERAPY	1,361,340	0	1,361,340	0	1,361,340	66.00	
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,767,762	0	3,767,762	0	3,767,762	66.01	
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	497,830	0	497,830	0	497,830	67.00	
68.00	06800	SPEECH PATHOLOGY	236,786	0	236,786	0	236,786	68.00	
69.01	06901	CV DIAGNOSTIC	2,037,419		2,037,419	0	2,037,419	69.01	
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	69.02	
70.01	07001	NEUROPHYSIOLOGY	1,887,010		1,887,010	2,052	1,889,062	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,628,805		18,628,805	0	18,628,805	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,406,836		25,406,836	0	25,406,836	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	42,684,801		42,684,801	0	42,684,801	73.00	
74.00	07400	RENAL DIALYSIS	207,141		207,141	0	207,141	74.00	
76.00	03950	CARDIAC REHAB	0		0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	505,232		505,232	0	505,232	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00	
88.01	08801	RURAL HEALTH CLINIC II	6,811,475		6,811,475	0	6,811,475	88.01	
88.02	08802	RURAL HEALTH CLINIC III	4,563,411		4,563,411	0	4,563,411	88.02	
90.01	09001	HYPERBARIC WOUND CLINIC	884,413		884,413	72	884,485	90.01	
90.02	09002	DIABETES CENTER	476,691		476,691	0	476,691	90.02	
91.00	09100	EMERGENCY	7,385,704		7,385,704	226,539	7,612,243	91.00	
91.01	09101	G.I. LABORATORY	1,526,348		1,526,348	21,540	1,547,888	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,284,196		5,284,196		5,284,196	92.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	1,910,443		1,910,443		1,910,443	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	2,310,531		2,310,531		2,310,531	116.00	
200.00		Subtotal (see instructions)	241,992,560	0	241,992,560	367,165	242,359,725	200.00	
201.00		Less Observation Beds	5,284,196		5,284,196		5,284,196	201.00	
202.00		Total (see instructions)	236,708,364	0	236,708,364	367,165	237,075,529	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/19/2020 11:28 am

			Title XVIII			Hospital	8/19/2020 11:28 am	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			9.00			10.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,625,103		23,625,103			30.00
33.01	03301	ADULT SPECIAL CARE	4,563,460		4,563,460			33.01
34.01	03401	CARDIOTHORACIC ICU	3,854,884		3,854,884			34.01
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	1,465,577		1,465,577			41.00
43.00	04300	NURSERY	1,856,950		1,856,950			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,700,912	60,778,108	112,479,020	0.165747	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,671,456	505,531	5,176,987	0.506094	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	13,202,485	13,270,737	26,473,222	0.074593	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,703,144	20,500,236	28,203,380	0.224764	0.000000	54.00
54.01	05401	ULTRASOUND	2,677,273	8,528,385	11,205,658	0.095701	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	12,954,378	24,579,715	37,534,093	0.160241	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	337,660	16,821,442	17,159,102	0.272712	0.000000	55.00
55.01	05501	CHEMOTHERAPY	48,383	6,570,748	6,619,131	0.372088	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	1,124,860	16,413,953	17,538,813	0.123031	0.000000	56.01
57.00	05700	CT SCAN	12,324,908	45,550,016	57,874,924	0.058777	0.000000	57.00
58.00	05800	MRI	2,855,771	19,695,511	22,551,282	0.063892	0.000000	58.00
60.00	06000	LABORATORY	40,509,674	57,519,656	98,029,330	0.155102	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,061,601	673,577	6,735,178	0.175261	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	23,655,473	5,739,665	29,395,138	0.149905	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,417,260	704,534	8,121,794	0.167616	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	5,000	13,297,407	13,302,407	0.283239	0.000000	66.01
66.02	06602	PHYSIATRY	0	0	0	0.000000	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,147,877	234,960	3,382,837	0.147163	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,132,476	157,005	1,289,481	0.183629	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	7,315,157	23,607,933	30,923,090	0.065887	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0.000000	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	8,472,546	7,184,655	15,657,201	0.120520	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,516,920	45,888,628	98,405,548	0.189306	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,736,194	51,328,513	120,064,707	0.211610	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,597,322	106,935,080	162,532,402	0.262623	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,998,856	0	1,998,856	0.103630	0.000000	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	2,037	1,227,673	1,229,710	0.410855	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
88.01	08801	RURAL HEALTH CLINIC II	0	5,584,755	5,584,755			88.01
88.02	08802	RURAL HEALTH CLINIC III	0	5,411,078	5,411,078			88.02
90.01	09001	HYPERBARIC WOUND CLINIC	28,456	3,555,255	3,583,711	0.246787	0.000000	90.01
90.02	09002	DIABETES CENTER	0	100,291	100,291	4.753079	0.000000	90.02
91.00	09100	EMERGENCY	5,282,796	26,505,375	31,788,171	0.232341	0.000000	91.00
91.01	09101	G.I. LABORATORY	1,301,841	8,184,174	9,486,015	0.160905	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,343,234	8,340,197	11,683,431	0.452281	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	1,220,794	1,220,794			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,070,639	2,070,639			116.00
200.00		Subtotal (see instructions)	431,491,924	608,686,226	1,040,178,150			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	431,491,924	608,686,226	1,040,178,150			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
33.01	03301	ADULT SPECIAL CARE			33.01
34.01	03401	CARDIOTHORACIC ICU			34.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.165747		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.506094		52.00
53.00	05300	ANESTHESIOLOGY	0.076259		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.224764		54.00
54.01	05401	ULTRASOUND	0.095701		54.01
54.03	05403	CARDIOVASCULAR LAB	0.160382		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.272712		55.00
55.01	05501	CHEMOTHERAPY	0.372088		55.01
56.01	05601	NUCLEAR MEDICINE	0.123031		56.01
57.00	05700	CT SCAN	0.058777		57.00
58.00	05800	MRI	0.063892		58.00
60.00	06000	LABORATORY	0.155102		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.175261		63.00
65.00	06500	RESPIRATORY THERAPY	0.149905		65.00
66.00	06600	PHYSICAL THERAPY	0.167616		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.283239		66.01
66.02	06602	PHYSIATRY	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.147163		67.00
68.00	06800	SPEECH PATHOLOGY	0.183629		68.00
69.01	06901	CV DIAGNOSTIC	0.065887		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000		69.02
70.01	07001	NEUROPHYSIOLOGY	0.120651		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.189306		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211610		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262623		73.00
74.00	07400	RENAL DIALYSIS	0.103630		74.00
76.00	03950	CARDIAC REHAB	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.410855		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
88.01	08801	RURAL HEALTH CLINIC II			88.01
88.02	08802	RURAL HEALTH CLINIC III			88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.246807		90.01
90.02	09002	DIABETES CENTER	4.753079		90.02
91.00	09100	EMERGENCY	0.239468		91.00
91.01	09101	G.I. LABORATORY	0.163176		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.452281		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/19/2020 11:28 am

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	29,505,848		29,505,848	30,506	29,536,354	30.00	
33.01	03301	ADULT SPECIAL CARE	4,925,203		4,925,203	0	4,925,203	33.01	
34.01	03401	CARDIOTHORACIC ICU	4,617,539		4,617,539	0	4,617,539	34.01	
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	1,798,738		1,798,738	37,049	1,835,787	41.00	
43.00	04300	NURSERY	1,172,941		1,172,941	0	1,172,941	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	18,643,106		18,643,106	0	18,643,106	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,620,041		2,620,041	0	2,620,041	52.00	
53.00	05300	ANESTHESIOLOGY	1,974,706		1,974,706	44,122	2,018,828	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,339,117		6,339,117	0	6,339,117	54.00	
54.01	05401	ULTRASOUND	1,072,392		1,072,392	0	1,072,392	54.01	
54.03	05403	CARDIOVASCULAR LAB	6,014,490		6,014,490	5,285	6,019,775	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	4,679,493		4,679,493	0	4,679,493	55.00	
55.01	05501	CHEMOTHERAPY	2,462,901		2,462,901	0	2,462,901	55.01	
56.01	05601	NUCLEAR MEDICINE	2,157,809		2,157,809	0	2,157,809	56.01	
57.00	05700	CT SCAN	3,401,738		3,401,738	0	3,401,738	57.00	
58.00	05800	MRI	1,440,850		1,440,850	0	1,440,850	58.00	
60.00	06000	LABORATORY	15,204,584		15,204,584	0	15,204,584	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,180,414		1,180,414	0	1,180,414	63.00	
65.00	06500	RESPIRATORY THERAPY	4,406,476	0	4,406,476	0	4,406,476	65.00	
66.00	06600	PHYSICAL THERAPY	1,361,340	0	1,361,340	0	1,361,340	66.00	
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,767,762	0	3,767,762	0	3,767,762	66.01	
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	497,830	0	497,830	0	497,830	67.00	
68.00	06800	SPEECH PATHOLOGY	236,786	0	236,786	0	236,786	68.00	
69.01	06901	CV DIAGNOSTIC	2,037,419		2,037,419	0	2,037,419	69.01	
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	69.02	
70.01	07001	NEUROPHYSIOLOGY	1,887,010		1,887,010	2,052	1,889,062	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,628,805		18,628,805	0	18,628,805	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,406,836		25,406,836	0	25,406,836	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	42,684,801		42,684,801	0	42,684,801	73.00	
74.00	07400	RENAL DIALYSIS	207,141		207,141	0	207,141	74.00	
76.00	03950	CARDIAC REHAB	0		0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	505,232		505,232	0	505,232	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00	
88.01	08801	RURAL HEALTH CLINIC II	6,811,475		6,811,475	0	6,811,475	88.01	
88.02	08802	RURAL HEALTH CLINIC III	4,563,411		4,563,411	0	4,563,411	88.02	
90.01	09001	HYPERBARIC WOUND CLINIC	884,413		884,413	72	884,485	90.01	
90.02	09002	DIABETES CENTER	476,691		476,691	0	476,691	90.02	
91.00	09100	EMERGENCY	7,385,704		7,385,704	226,539	7,612,243	91.00	
91.01	09101	G.I. LABORATORY	1,526,348		1,526,348	21,540	1,547,888	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,284,196		5,284,196		5,284,196	92.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	1,910,443		1,910,443		1,910,443	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	2,310,531		2,310,531		2,310,531	116.00	
200.00		Subtotal (see instructions)	241,992,560	0	241,992,560	367,165	242,359,725	200.00	
201.00		Less Observation Beds	5,284,196		5,284,196		5,284,196	201.00	
202.00		Total (see instructions)	236,708,364	0	236,708,364	367,165	237,075,529	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/19/2020 11:28 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	23,625,103		23,625,103		30.00
33.01	03301	ADULT SPECIAL CARE	4,563,460		4,563,460		33.01
34.01	03401	CARDIOTHORACIC ICU	3,854,884		3,854,884		34.01
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	1,465,577		1,465,577		41.00
43.00	04300	NURSERY	1,856,950		1,856,950		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	51,700,912	60,778,108	112,479,020	0.165747	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,671,456	505,531	5,176,987	0.506094	52.00
53.00	05300	ANESTHESIOLOGY	13,202,485	13,270,737	26,473,222	0.074593	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,703,144	20,500,236	28,203,380	0.224764	54.00
54.01	05401	ULTRASOUND	2,677,273	8,528,385	11,205,658	0.095701	54.01
54.03	05403	CARDIOVASCULAR LAB	12,954,378	24,579,715	37,534,093	0.160241	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	337,660	16,821,442	17,159,102	0.272712	55.00
55.01	05501	CHEMOTHERAPY	48,383	6,570,748	6,619,131	0.372088	55.01
56.01	05601	NUCLEAR MEDICINE	1,124,860	16,413,953	17,538,813	0.123031	56.01
57.00	05700	CT SCAN	12,324,908	45,550,016	57,874,924	0.058777	57.00
58.00	05800	MRI	2,855,771	19,695,511	22,551,282	0.063892	58.00
60.00	06000	LABORATORY	40,509,674	57,519,656	98,029,330	0.155102	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,061,601	673,577	6,735,178	0.175261	63.00
65.00	06500	RESPIRATORY THERAPY	23,655,473	5,739,665	29,395,138	0.149905	65.00
66.00	06600	PHYSICAL THERAPY	7,417,260	704,534	8,121,794	0.167616	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	5,000	13,297,407	13,302,407	0.283239	66.01
66.02	06602	PHYSIATRY	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,147,877	234,960	3,382,837	0.147163	67.00
68.00	06800	SPEECH PATHOLOGY	1,132,476	157,005	1,289,481	0.183629	68.00
69.01	06901	CV DIAGNOSTIC	7,315,157	23,607,933	30,923,090	0.065887	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	8,472,546	7,184,655	15,657,201	0.120520	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,516,920	45,888,628	98,405,548	0.189306	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,736,194	51,328,513	120,064,707	0.211610	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,597,322	106,935,080	162,532,402	0.262623	73.00
74.00	07400	RENAL DIALYSIS	1,998,856	0	1,998,856	0.103630	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	2,037	1,227,673	1,229,710	0.410855	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	5,584,755	5,584,755	1.219655	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	5,411,078	5,411,078	0.843346	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	28,456	3,555,255	3,583,711	0.246787	90.01
90.02	09002	DIABETES CENTER	0	100,291	100,291	4.753079	90.02
91.00	09100	EMERGENCY	5,282,796	26,505,375	31,788,171	0.232341	91.00
91.01	09101	G.I. LABORATORY	1,301,841	8,184,174	9,486,015	0.160905	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,343,234	8,340,197	11,683,431	0.452281	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,220,794	1,220,794		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,070,639	2,070,639		116.00
200.00		Subtotal (see instructions)	431,491,924	608,686,226	1,040,178,150		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	431,491,924	608,686,226	1,040,178,150		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
33.01	03301	ADULT SPECIAL CARE				33.01
34.01	03401	CARDIOTHORACIC ICU				34.01
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
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	ULTRASOUND	0.000000			54.01
54.03	05403	CARDIOVASCULAR LAB	0.000000			54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	05501	CHEMOTHERAPY	0.000000			55.01
56.01	05601	NUCLEAR MEDICINE	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.000000			66.01
66.02	06602	PHYSIATRY	0.000000			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.01	06901	CV DIAGNOSTIC	0.000000			69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000			69.02
70.01	07001	NEUROPHYSIOLOGY	0.000000			70.01
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
76.00	03950	CARDIAC REHAB	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000			88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000			88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.000000			90.01
90.02	09002	DIABETES CENTER	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	G.I. LABORATORY	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
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: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
8/19/2020 11:28 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	2,645,909	0	2,645,909	33,353	79.33	30.00
33.01	ADULT SPECIAL CARE	378,391		378,391	2,395	157.99	33.01
34.01	CARDIOTHORACIC ICU	427,452		427,452	2,370	180.36	34.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	121,507	0	121,507	2,218	54.78	41.00
43.00	NURSERY	79,726		79,726	2,032	39.24	43.00
200.00	Total (lines 30 through 199)	3,652,985		3,652,985	42,368		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	14,585	1,157,028				30.00
33.01	ADULT SPECIAL CARE	1,367	215,972				33.01
34.01	CARDIOTHORACIC ICU	1,246	224,729				34.01
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	1,338	73,296				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	18,536	1,671,025				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
8/19/2020 11:28 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	2,604,821	112,479,020	0.023158	26,289,491	608,812	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	132,781	5,176,987	0.025648	12,218	313	52.00
53.00	05300	ANESTHESIOLOGY	314,237	26,473,222	0.011870	6,329,681	75,133	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	958,275	28,203,380	0.033977	4,339,933	147,458	54.00
54.01	05401	ULTRASOUND	52,702	11,205,658	0.004703	1,466,313	6,896	54.01
54.03	05403	CARDIOVASCULAR LAB	866,533	37,534,093	0.023087	6,679,001	154,198	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	977,387	17,159,102	0.056960	222,515	12,674	55.00
55.01	05501	CHEMOTHERAPY	576,915	6,619,131	0.087159	37,578	3,275	55.01
56.01	05601	NUCLEAR MEDICINE	232,537	17,538,813	0.013258	695,024	9,215	56.01
57.00	05700	CT SCAN	431,822	57,874,924	0.007461	7,301,713	54,478	57.00
58.00	05800	MRI	220,031	22,551,282	0.009757	1,434,661	13,998	58.00
60.00	06000	LABORATORY	820,220	98,029,330	0.008367	22,372,492	187,191	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	30,530	6,735,178	0.004533	3,419,328	15,500	63.00
65.00	06500	RESPIRATORY THERAPY	491,171	29,395,138	0.016709	14,254,609	238,180	65.00
66.00	06600	PHYSICAL THERAPY	50,290	8,121,794	0.006192	3,466,003	21,461	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	539,080	13,302,407	0.040525	2,890	117	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	19,516	3,382,837	0.005769	939,064	5,417	67.00
68.00	06800	SPEECH PATHOLOGY	8,194	1,289,481	0.006354	427,110	2,714	68.00
69.01	06901	CV DIAGNOSTIC	255,661	30,923,090	0.008268	4,276,826	35,361	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	489,197	15,657,201	0.031244	3,797,218	118,640	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	756,680	98,405,548	0.007689	27,728,494	213,204	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,029,024	120,064,707	0.008571	34,390,939	294,765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,938,651	162,532,402	0.011928	30,662,343	365,740	73.00
74.00	07400	RENAL DIALYSIS	8,501	1,998,856	0.004253	1,554,736	6,612	74.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	61,578	1,229,710	0.050075	1,311	66	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	906,732	5,584,755	0.162358	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	378,359	5,411,078	0.069923	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	173,548	3,583,711	0.048427	19,120	926	90.01
90.02	09002	DIABETES CENTER	125,687	100,291	1.253223	0	0	90.02
91.00	09100	EMERGENCY	345,783	31,788,171	0.010878	3,212,256	34,943	91.00
91.01	09101	G.I. LABORATORY	309,075	9,486,015	0.032582	818,911	26,682	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	473,364	11,683,431	0.040516	1,956,465	79,268	92.00
200.00		Total (lines 50 through 199)	16,578,882	1,001,520,743		208,108,243	2,733,237	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0110		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/19/2020 11:28 am		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	1,821,037	0	0	0	0	30.00		
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	0	0	33.01		
34.01	03401	CARDIOTHORACIC ICU	0	49,583	0	0	0	0	34.01		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	21,406	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	1,892,026	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	1,821,037	33,353	54.60	14,585	30.00			
33.01	03301	ADULT SPECIAL CARE	0	0	2,395	0.00	1,367	33.01			
34.01	03401	CARDIOTHORACIC ICU	0	49,583	2,370	20.92	1,246	34.01			
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	2,218	0.00	1,338	41.00			
43.00	04300	NURSERY	0	21,406	2,032	10.53	0	43.00			
200.00		Total (lines 30 through 199)		1,892,026	42,368		18,536	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	796,341								30.00
33.01	03301	ADULT SPECIAL CARE	0								33.01
34.01	03401	CARDIOTHORACIC ICU	26,066								34.01
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	822,407								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	41,912	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	150,060	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	100,044	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	95,890	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	62,773	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	212,247	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	81,037	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	325,792	0	92.00
200.00		Total (lines 50 through 199)	0	0	857,508	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0110		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/19/2020 11:28 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	41,912	41,912	112,479,020	0.000373	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	150,060	150,060	5,176,987	0.028986	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	26,473,222	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	100,044	100,044	28,203,380	0.003547	54.00
54.01	05401	ULTRASOUND	0	0	0	11,205,658	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	0	95,890	95,890	37,534,093	0.002555	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	17,159,102	0.000000	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	6,619,131	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	17,538,813	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	57,874,924	0.000000	57.00
58.00	05800	MRI	0	0	0	22,551,282	0.000000	58.00
60.00	06000	LABORATORY	0	62,773	62,773	98,029,330	0.000640	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	6,735,178	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	29,395,138	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,121,794	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	13,302,407	0.000000	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,382,837	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,289,481	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	30,923,090	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	15,657,201	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	98,405,548	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	120,064,707	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	212,247	212,247	162,532,402	0.001306	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,998,856	0.000000	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,229,710	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	5,584,755	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	5,411,078	0.000000	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	3,583,711	0.000000	90.01
90.02	09002	DIABETES CENTER	0	0	0	100,291	0.000000	90.02
91.00	09100	EMERGENCY	0	81,037	81,037	31,788,171	0.002549	91.00
91.01	09101	G.I. LABORATORY	0	0	0	9,486,015	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	325,792	325,792	11,683,431	0.027885	92.00
200.00		Total (lines 50 through 199)	0	1,069,755	1,069,755	1,001,520,743		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000373	26,289,491	9,806	18,302,903	6,827	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.028986	12,218	354	607	18	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	6,329,681	0	3,772,856	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.003547	4,339,933	15,394	6,376,997	22,619	54.00
54.01	05401 ULTRASOUND	0.000000	1,466,313	0	2,259,659	0	54.01
54.03	05403 CARDIOVASCULAR LAB	0.002555	6,679,001	17,065	12,314,234	31,463	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	222,515	0	7,508,148	0	55.00
55.01	05501 CHEMOTHERAPY	0.000000	37,578	0	3,164,057	0	55.01
56.01	05601 NUCLEAR MEDICINE	0.000000	695,024	0	7,919,896	0	56.01
57.00	05700 CT SCAN	0.000000	7,301,713	0	20,210,739	0	57.00
58.00	05800 MRI	0.000000	1,434,661	0	8,022,331	0	58.00
60.00	06000 LABORATORY	0.000640	22,372,492	14,318	13,572,214	8,686	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	3,419,328	0	256,104	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	14,254,609	0	2,250,959	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,466,003	0	219	0	66.00
66.01	06601 SOUTHEAST OUTPATIENT REHAB	0.000000	2,890	0	3,080	0	66.01
66.02	06602 PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	939,064	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	427,110	0	0	0	68.00
69.01	06901 CV DIAGNOSTIC	0.000000	4,276,826	0	11,517,358	0	69.01
69.02	06902 ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001 NEUROPHYSIOLOGY	0.000000	3,797,218	0	2,558,827	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	27,728,494	0	17,809,708	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	34,390,939	0	16,733,612	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001306	30,662,343	40,045	55,275,521	72,190	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,554,736	0	0	0	74.00
76.00	03950 CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	1,311	0	686,814	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
88.01	08801 RURAL HEALTH CLINIC II	0.000000	0	0	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	0.000000	0	0	0	0	88.02
90.01	09001 HYPERBARIC WOUND CLINIC	0.000000	19,120	0	1,983,637	0	90.01
90.02	09002 DIABETES CENTER	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.002549	3,212,256	8,188	5,811,972	14,815	91.00
91.01	09101 G.I. LABORATORY	0.000000	818,911	0	2,919,420	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.027885	1,956,465	54,556	3,302,955	92,103	92.00
200.00	Total (lines 50 through 199)		208,108,243	159,726	224,534,827	248,721	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/19/2020 11:28 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	0.165747	18,302,903	2	0	3,033,651	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.506094	607	0	0	307	52.00	
53.00	05300	ANESTHESIOLOGY	0.074593	3,772,856	0	0	281,429	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.224764	6,376,997	0	0	1,433,319	54.00	
54.01	05401	ULTRASOUND	0.095701	2,259,659	0	0	216,252	54.01	
54.03	05403	CARDIOVASCULAR LAB	0.160241	12,314,234	0	0	1,973,245	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.272712	7,508,148	0	0	2,047,562	55.00	
55.01	05501	CHEMOTHERAPY	0.372088	3,164,057	574	0	1,177,308	55.01	
56.01	05601	NUCLEAR MEDICINE	0.123031	7,919,896	0	0	974,393	56.01	
57.00	05700	CT SCAN	0.058777	20,210,739	0	0	1,187,927	57.00	
58.00	05800	MRI	0.063892	8,022,331	0	0	512,563	58.00	
60.00	06000	LABORATORY	0.155102	13,572,214	4,667	0	2,105,078	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.175261	256,104	1	0	44,885	63.00	
65.00	06500	RESPIRATORY THERAPY	0.149905	2,250,959	0	0	337,430	65.00	
66.00	06600	PHYSICAL THERAPY	0.167616	219	0	0	37	66.00	
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.283239	3,080	0	0	872	66.01	
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0.147163	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.183629	0	0	0	0	68.00	
69.01	06901	CV DIAGNOSTIC	0.065887	11,517,358	0	0	758,844	69.01	
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02	
70.01	07001	NEUROPHYSIOLOGY	0.120520	2,558,827	0	0	308,390	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.189306	17,809,708	0	0	3,371,485	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211610	16,733,612	0	0	3,541,000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262623	55,275,521	0	14,654	14,516,623	73.00	
74.00	07400	RENAL DIALYSIS	0.103630	0	0	0	0	74.00	
76.00	03950	CARDIAC REHAB	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.410855	686,814	0	0	282,181	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00	
88.01	08801	RURAL HEALTH CLINIC II	0.000000				0	88.01	
88.02	08802	RURAL HEALTH CLINIC III	0.000000				0	88.02	
90.01	09001	HYPERBARIC WOUND CLINIC	0.246787	1,983,637	0	0	489,536	90.01	
90.02	09002	DIABETES CENTER	4.753079	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.232341	5,811,972	20	0	1,350,359	91.00	
91.01	09101	G.I. LABORATORY	0.160905	2,919,420	0	0	469,749	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.452281	3,302,955	0	0	1,493,864	92.00	
200.00		Subtotal (see instructions)		224,534,827	5,264	14,654	41,908,289	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		224,534,827	5,264	14,654	41,908,289	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/19/2020 11:28 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
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	ULTRASOUND	0	0		54.01
54.03	05403	CARDIOVASCULAR LAB	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	05501	CHEMOTHERAPY	214	0		55.01
56.01	05601	NUCLEAR MEDICINE	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	724	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0		66.01
66.02	06602	PHYSIATRY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.01	06901	CV DIAGNOSTIC	0	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	0	0		70.01
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	0	3,848		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	CARDIAC REHAB	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0		90.01
90.02	09002	DIABETES CENTER	0	0		90.02
91.00	09100	EMERGENCY	5	0		91.00
91.01	09101	G.I. LABORATORY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	943	3,848		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	943	3,848		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0110

Period:

Worksheet D

Component CCN: 26-T110

From 01/01/2019

Part II

To 12/31/2019

Date/Time Prepared:

8/19/2020 11:28 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,604,821	112,479,020	0.023158	20,737	480	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	132,781	5,176,987	0.025648	0	0	52.00
53.00	05300 ANESTHESIOLOGY	314,237	26,473,222	0.011870	6,215	74	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	958,275	28,203,380	0.033977	26,051	885	54.00
54.01	05401 ULTRASOUND	52,702	11,205,658	0.004703	18,123	85	54.01
54.03	05403 CARDIOVASCULAR LAB	866,533	37,534,093	0.023087	2,591	60	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	977,387	17,159,102	0.056960	43	2	55.00
55.01	05501 CHEMOTHERAPY	576,915	6,619,131	0.087159	203	18	55.01
56.01	05601 NUCLEAR MEDICINE	232,537	17,538,813	0.013258	6,095	81	56.01
57.00	05700 CT SCAN	431,822	57,874,924	0.007461	59,039	440	57.00
58.00	05800 MRI	220,031	22,551,282	0.009757	23,596	230	58.00
60.00	06000 LABORATORY	820,220	98,029,330	0.008367	195,043	1,632	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	30,530	6,735,178	0.004533	30,721	139	63.00
65.00	06500 RESPIRATORY THERAPY	491,171	29,395,138	0.016709	128,235	2,143	65.00
66.00	06600 PHYSICAL THERAPY	50,290	8,121,794	0.006192	954,629	5,911	66.00
66.01	06601 SOUTHEAST OUTPATIENT REHAB	539,080	13,302,407	0.040525	992	40	66.01
66.02	06602 PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	19,516	3,382,837	0.005769	922,227	5,320	67.00
68.00	06800 SPEECH PATHOLOGY	8,194	1,289,481	0.006354	268,965	1,709	68.00
69.01	06901 CV DIAGNOSTIC	255,661	30,923,090	0.008268	11,753	97	69.01
69.02	06902 ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001 NEUROPHYSIOLOGY	489,197	15,657,201	0.031244	10,560	330	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	756,680	98,405,548	0.007689	135,931	1,045	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,029,024	120,064,707	0.008571	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,938,651	162,532,402	0.011928	292,148	3,485	73.00
74.00	07400 RENAL DIALYSIS	8,501	1,998,856	0.004253	20,592	88	74.00
76.00	03950 CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	61,578	1,229,710	0.050075	3	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
88.01	08801 RURAL HEALTH CLINIC II	906,732	5,584,755	0.162358	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	378,359	5,411,078	0.069923	0	0	88.02
90.01	09001 HYPERBARIC WOUND CLINIC	173,548	3,583,711	0.048427	466	23	90.01
90.02	09002 DIABETES CENTER	125,687	100,291	1.253223	0	0	90.02
91.00	09100 EMERGENCY	345,783	31,788,171	0.010878	27,098	295	91.00
91.01	09101 G.I. LABORATORY	309,075	9,486,015	0.032582	15,591	508	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	11,683,431	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	16,105,518	1,001,520,743		3,177,647	25,120	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0110 Component CCN: 26-T110		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/19/2020 11:28 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	41,912	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	150,060	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	100,044	0	0	54.00
54.01	05401	ULTRASOUND		0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB		0	0	95,890	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY		0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE		0	0	0	0	0	56.01
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
60.00	06000	LABORATORY		0	0	62,773	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB		0	0	0	0	0	66.01
66.02	06602	PHYSIATRY		0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC		0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB		0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY		0	0	0	0	0	70.01
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	212,247	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II		0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III		0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC		0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	81,037	0	0	91.00
91.01	09101	G.I. LABORATORY		0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	531,716	0	212,247	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0110 Component CCN: 26-T110		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/19/2020 11:28 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		41,912	41,912	112,479,020	0.000373	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		150,060	150,060	5,176,987	0.028986	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	26,473,222	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		100,044	100,044	28,203,380	0.003547	54.00
54.01	05401	ULTRASOUND	0		0	0	11,205,658	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	0		95,890	95,890	37,534,093	0.002555	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	17,159,102	0.000000	55.00
55.01	05501	CHEMOTHERAPY	0		0	0	6,619,131	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	0		0	0	17,538,813	0.000000	56.01
57.00	05700	CT SCAN	0		0	0	57,874,924	0.000000	57.00
58.00	05800	MRI	0		0	0	22,551,282	0.000000	58.00
60.00	06000	LABORATORY	0		62,773	62,773	98,029,330	0.000640	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	6,735,178	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	29,395,138	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	8,121,794	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0		0	0	13,302,407	0.000000	66.01
66.02	06602	PHYSIATRY	0		0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	3,382,837	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	1,289,481	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	0		0	0	30,923,090	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	0		0	0	15,657,201	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	98,405,548	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	120,064,707	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		212,247	212,247	162,532,402	0.001306	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	1,998,856	0.000000	74.00
76.00	03950	CARDIAC REHAB	0		0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	1,229,710	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0		0	0	5,584,755	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC III	0		0	0	5,411,078	0.000000	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0		0	0	3,583,711	0.000000	90.01
90.02	09002	DIABETES CENTER	0		0	0	100,291	0.000000	90.02
91.00	09100	EMERGENCY	0		81,037	81,037	31,788,171	0.002549	91.00
91.01	09101	G.I. LABORATORY	0		0	0	9,486,015	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	11,683,431	0.000000	92.00
200.00		Total (lines 50 through 199)	0		743,963	743,963	1,001,520,743		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0110 Component CCN: 26-T110		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/19/2020 11:28 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000373	20,737		8	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.028986	0		0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	6,215		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.003547	26,051		92	0	54.00
54.01	05401	ULTRASOUND		0.000000	18,123		0	0	54.01
54.03	05403	CARDIOVASCULAR LAB		0.002555	2,591		7	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	43		0	0	55.00
55.01	05501	CHEMOTHERAPY		0.000000	203		0	0	55.01
56.01	05601	NUCLEAR MEDICINE		0.000000	6,095		0	0	56.01
57.00	05700	CT SCAN		0.000000	59,039		0	0	57.00
58.00	05800	MRI		0.000000	23,596		0	0	58.00
60.00	06000	LABORATORY		0.000640	195,043	125		0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0		0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	30,721		0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	128,235		0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	954,629		0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB		0.000000	992		0	0	66.01
66.02	06602	PHYSIATRY		0.000000	0		0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0.000000	922,227		0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	268,965		0	0	68.00
69.01	06901	CV DIAGNOSTIC		0.000000	11,753		0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB		0.000000	0		0	0	69.02
70.01	07001	NEUROPHYSIOLOGY		0.000000	10,560		0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	135,931		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001306	292,148	382		0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	20,592		0	0	74.00
76.00	03950	CARDIAC REHAB		0.000000	0		0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	3		0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0		0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0		0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II		0.000000	0		0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III		0.000000	0		0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC		0.000000	466		0	0	90.01
90.02	09002	DIABETES CENTER		0.000000	0		0	0	90.02
91.00	09100	EMERGENCY		0.002549	27,098	69		0	91.00
91.01	09101	G.I. LABORATORY		0.000000	15,591		0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0		0	0	92.00
200.00		Total (lines 50 through 199)			3,177,647	683		0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/19/2020 11:28 am

			Title XIX		Hospital		Cost	
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	0.165747	0	3,044,065	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.506094	0	30,312	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.074593	0	650,478	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.224764	0	1,035,753	0	0	54.00
54.01	05401	ULTRASOUND	0.095701	0	530,582	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0.160241	0	1,133,591	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.272712	0	733,034	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.372088	0	470,334	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.123031	0	774,094	0	0	56.01
57.00	05700	CT SCAN	0.058777	0	2,855,708	0	0	57.00
58.00	05800	MRI	0.063892	0	1,002,041	0	0	58.00
60.00	06000	LABORATORY	0.155102	0	4,368,841	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.175261	0	27,216	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.149905	0	455,631	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.167616	0	3,499	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.283239	0	160,650	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.147163	0	5,154	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.183629	0	3,605	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0.065887	0	1,069,217	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.120520	0	489,024	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.189306	0	2,233,851	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211610	0	2,946,385	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262623	0	6,568,981	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.103630	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.410855	0	11,941	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1.219655				0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.843346				0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.246787	0	191,651	0	0	90.01
90.02	09002	DIABETES CENTER	4.753079	0	5,771	0	0	90.02
91.00	09100	EMERGENCY	0.232341	0	2,893,229	0	0	91.00
91.01	09101	G.I. LABORATORY	0.160905	0	310,627	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.452281	0	656,059	0	0	92.00
200.00		Subtotal (see instructions)		0	34,661,324	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	34,661,324	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/19/2020 11:28 am

			Title XIX		Hospital	Cost
	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	504,545	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,341	0		52.00
53.00	05300	ANESTHESIOLOGY	48,521	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	232,800	0		54.00
54.01	05401	ULTRASOUND	50,777	0		54.01
54.03	05403	CARDIOVASCULAR LAB	181,648	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	199,907	0		55.00
55.01	05501	CHEMOTHERAPY	175,006	0		55.01
56.01	05601	NUCLEAR MEDICINE	95,238	0		56.01
57.00	05700	CT SCAN	167,850	0		57.00
58.00	05800	MRI	64,022	0		58.00
60.00	06000	LABORATORY	677,616	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,770	0		63.00
65.00	06500	RESPIRATORY THERAPY	68,301	0		65.00
66.00	06600	PHYSICAL THERAPY	586	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	45,502	0		66.01
66.02	06602	PHYSIATRY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	758	0		67.00
68.00	06800	SPEECH PATHOLOGY	662	0		68.00
69.01	06901	CV DIAGNOSTIC	70,448	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	58,937	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	422,881	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	623,485	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,725,165	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	CARDIAC REHAB	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	4,906	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	47,297	0		90.01
90.02	09002	DIABETES CENTER	27,430	0		90.02
91.00	09100	EMERGENCY	672,216	0		91.00
91.01	09101	G.I. LABORATORY	49,981	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	296,723	0		92.00
200.00		Subtotal (see instructions)	6,533,319	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	6,533,319	0		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:

8/19/2020 11:28 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)	33,353	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	33,353	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	27,386	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)	14,585	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)	29,536,354	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)	29,536,354	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)	29,536,354	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)	885.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	12,916,038	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)	12,916,038	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	4,925,203	2,395	2,056.45	1,367	2,811,167	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	4,617,539	2,370	1,948.33	1,246	2,427,619	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					37,992,111	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					56,146,935	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,420,136	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,892,963	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,313,099	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					50,833,836	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,967	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					885.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,284,196	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
8/19/2020 11:28 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	2,645,909	29,536,354	0.089581	5,284,196	473,364
91.00	Nursing School cost	1,821,037	29,536,354	0.061654	5,284,196	325,792
92.00	Allied health cost	0	29,536,354	0.000000	5,284,196	0
93.00	All other Medical Education	0	29,536,354	0.000000	5,284,196	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/19/2020 11:28 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,218	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,218	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,218	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,338	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,835,787	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,835,787	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,835,787	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)		827.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,107,436	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,107,436	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:

Worksheet D-1

Component CCN: 26-T110

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

8/19/2020 11:28 am

Title XVIII

Subprovider -

PPS

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	0	0	0.00	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					533,780	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,641,216	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					73,296	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					25,803	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					99,099	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,542,117	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:

Worksheet D-1

Component CCN: 26-T110

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/19/2020 11:28 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	121,507	1,835,787	0.066188	0	0	90.00
91.00	Nursing School cost	0	1,835,787	0.000000	0	0	91.00
92.00	Allied health cost	0	1,835,787	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,835,787	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
8/19/2020 11:28 am

Title XIX		Hospital	Cost
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)	33,353	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	33,353	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	27,386	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	1,841	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)	2,032	15.00
16.00	Nursery days (title V or XIX only)	162	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)	29,505,848	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)	29,505,848	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)	29,505,848	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)	884.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,628,641	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,628,641	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,172,941	2,032	577.23	162	93,511	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	4,925,203	2,395	2,056.45	194	398,951	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	4,617,539	2,370	1,948.33	206	401,356	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,028,661	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,551,120	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,967	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					884.65	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,278,707	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
8/19/2020 11:28 am

		Title XIX		Hospital	Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,645,909	29,505,848	0.089674	5,278,707	473,363
91.00	Nursing School cost	0	29,505,848	0.000000	5,278,707	0
92.00	Allied health cost	0	29,505,848	0.000000	5,278,707	0
93.00	All other Medical Education	0	29,505,848	0.000000	5,278,707	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/19/2020 11:28 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			2,218 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,218 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			2,218 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)			142 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)			2,032 15.00
16.00	Nursery days (title V or XIX only)			162 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			1,798,738 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			1,798,738 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			1,798,738 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)			810.97 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			115,158 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)			115,158 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/19/2020 11:28 am
			Title XIX	Subprovider - IRF	Cost
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT					43.00
44.00 CORONARY CARE UNIT					44.00
45.00 BURN INTENSIVE CARE UNIT					45.00
45.01 ADULT SPECIAL CARE	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT					46.00
46.01 CARDIOTHORACIC ICU	0	0	0.00	0	0
47.00 OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					115,158
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
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)					0
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0
72.00 Program routine service cost (line 9 x line 71)					0
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0
77.00 Program capital-related costs (line 9 x line 76)					0
78.00 Inpatient routine service cost (line 74 minus line 77)					0
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0
81.00 Inpatient routine service cost per diem limitation					0
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0
83.00 Reasonable inpatient routine service costs (see instructions)					0
84.00 Program inpatient ancillary services (see instructions)					0
85.00 Utilization review - physician compensation (see instructions)					0
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0110 Component CCN: 26-T110		Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/19/2020 11:28 am	
			Title XIX		Subprovider - IRF	Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	121,507	1,798,738	0.067551	0	0	90.00
91.00	Nursing School cost	0	1,798,738	0.000000	0	0	91.00
92.00	Allied health cost	0	1,798,738	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,798,738	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0110	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/19/2020 11:28 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		12,648,482	30.00
33.01	03301	ADULT SPECIAL CARE		2,228,083	33.01
34.01	03401	CARDIOTHORACIC ICU		2,027,456	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.165747	26,289,491	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.506094	12,218	52.00
53.00	05300	ANESTHESIOLOGY	0.076259	6,329,681	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.224764	4,339,933	54.00
54.01	05401	ULTRASOUND	0.095701	1,466,313	54.01
54.03	05403	CARDIOVASCULAR LAB	0.160382	6,679,001	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.272712	222,515	55.00
55.01	05501	CHEMOTHERAPY	0.372088	37,578	55.01
56.01	05601	NUCLEAR MEDICINE	0.123031	695,024	56.01
57.00	05700	CT SCAN	0.058777	7,301,713	57.00
58.00	05800	MRI	0.063892	1,434,661	58.00
60.00	06000	LABORATORY	0.155102	22,372,492	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.175261	3,419,328	63.00
65.00	06500	RESPIRATORY THERAPY	0.149905	14,254,609	65.00
66.00	06600	PHYSICAL THERAPY	0.167616	3,466,003	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.283239	2,890	66.01
66.02	06602	PHYSIATRY	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.147163	939,064	67.00
68.00	06800	SPEECH PATHOLOGY	0.183629	427,110	68.00
69.01	06901	CV DIAGNOSTIC	0.065887	4,276,826	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.120651	3,797,218	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.189306	27,728,494	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211610	34,390,939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262623	30,662,343	73.00
74.00	07400	RENAL DIALYSIS	0.103630	1,554,736	74.00
76.00	03950	CARDIAC REHAB	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.410855	1,311	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.246807	19,120	90.01
90.02	09002	DIABETES CENTER	4.753079	0	90.02
91.00	09100	EMERGENCY	0.239468	3,212,256	91.00
91.01	09101	G.I. LABORATORY	0.163176	818,911	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.452281	1,956,465	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		208,108,243	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)		208,108,243	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/19/2020 11:28 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
33.01	03301 ADULT SPECIAL CARE		0		33.01
34.01	03401 CARDIOTHORACIC ICU		0		34.01
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		943,019		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.165747	20,737	3,437	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.506094	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.076259	6,215	474	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.224764	26,051	5,855	54.00
54.01	05401 ULTRASOUND	0.095701	18,123	1,734	54.01
54.03	05403 CARDIOVASCULAR LAB	0.160382	2,591	416	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.272712	43	12	55.00
55.01	05501 CHEMOTHERAPY	0.372088	203	76	55.01
56.01	05601 NUCLEAR MEDICINE	0.123031	6,095	750	56.01
57.00	05700 CT SCAN	0.058777	59,039	3,470	57.00
58.00	05800 MRI	0.063892	23,596	1,508	58.00
60.00	06000 LABORATORY	0.155102	195,043	30,252	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.175261	30,721	5,384	63.00
65.00	06500 RESPIRATORY THERAPY	0.149905	128,235	19,223	65.00
66.00	06600 PHYSICAL THERAPY	0.167616	954,629	160,011	66.00
66.01	06601 SOUTHEAST OUTPATIENT REHAB	0.283239	992	281	66.01
66.02	06602 PHYSIATRY	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.147163	922,227	135,718	67.00
68.00	06800 SPEECH PATHOLOGY	0.183629	268,965	49,390	68.00
69.01	06901 CV DIAGNOSTIC	0.065887	11,753	774	69.01
69.02	06902 ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001 NEUROPHYSIOLOGY	0.120651	10,560	1,274	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.189306	135,931	25,733	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.211610	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262623	292,148	76,725	73.00
74.00	07400 RENAL DIALYSIS	0.103630	20,592	2,134	74.00
76.00	03950 CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.410855	3	1	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801 RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	08802 RURAL HEALTH CLINIC III	0.000000		0	88.02
90.01	09001 HYPERBARIC WOUND CLINIC	0.246807	466	115	90.01
90.02	09002 DIABETES CENTER	4.753079	0	0	90.02
91.00	09100 EMERGENCY	0.239468	27,098	6,489	91.00
91.01	09101 G.I. LABORATORY	0.163176	15,591	2,544	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.452281	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,177,647	533,780	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		3,177,647		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0110	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/19/2020 11:28 am
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,636,875	30.00
33.01	03301	ADULT SPECIAL CARE		490,281	33.01
34.01	03401	CARDIOTHORACIC ICU		342,845	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		174,255	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.165747	1,867,623	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.506094	119,904	52.00
53.00	05300	ANESTHESIOLOGY	0.074593	542,455	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.224764	307,022	54.00
54.01	05401	ULTRASOUND	0.095701	134,350	54.01
54.03	05403	CARDIOVASCULAR LAB	0.160241	336,237	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.272712	0	55.00
55.01	05501	CHEMOTHERAPY	0.372088	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.123031	40,427	56.01
57.00	05700	CT SCAN	0.058777	361,114	57.00
58.00	05800	MRI	0.063892	143,665	58.00
60.00	06000	LABORATORY	0.155102	2,253,125	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.175261	299,978	63.00
65.00	06500	RESPIRATORY THERAPY	0.149905	1,750,945	65.00
66.00	06600	PHYSICAL THERAPY	0.167616	427,920	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.283239	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.147163	168,920	67.00
68.00	06800	SPEECH PATHOLOGY	0.183629	68,355	68.00
69.01	06901	CV DIAGNOSTIC	0.065887	328,867	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.120520	392,665	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.189306	2,573,495	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211610	712,448	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262623	3,625,591	73.00
74.00	07400	RENAL DIALYSIS	0.103630	0	74.00
76.00	03950	CARDIAC REHAB	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.410855	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1.219655	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.843346	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.246787	3,485	90.01
90.02	09002	DIABETES CENTER	4.753079	0	90.02
91.00	09100	EMERGENCY	0.232341	28,165	91.00
91.01	09101	G.I. LABORATORY	0.160905	41,592	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.452281	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		16,528,348	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)		16,528,348	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/19/2020 11:28 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
33.01	03301 ADULT SPECIAL CARE		0		33.01
34.01	03401 CARDIOTHORACIC ICU		0		34.01
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		94,282		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.165747	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.506094	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.074593	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.224764	0	0	54.00
54.01	05401 ULTRASOUND	0.095701	0	0	54.01
54.03	05403 CARDIOVASCULAR LAB	0.160241	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.272712	0	0	55.00
55.01	05501 CHEMOTHERAPY	0.372088	0	0	55.01
56.01	05601 NUCLEAR MEDICINE	0.123031	0	0	56.01
57.00	05700 CT SCAN	0.058777	0	0	57.00
58.00	05800 MRI	0.063892	0	0	58.00
60.00	06000 LABORATORY	0.155102	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.175261	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.149905	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.167616	0	0	66.00
66.01	06601 SOUTHEAST OUTPATIENT REHAB	0.283239	0	0	66.01
66.02	06602 PHYSIATRY	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.147163	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.183629	0	0	68.00
69.01	06901 CV DIAGNOSTIC	0.065887	0	0	69.01
69.02	06902 ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001 NEUROPHYSIOLOGY	0.120520	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.189306	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.211610	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262623	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.103630	0	0	74.00
76.00	03950 CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.410855	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
88.01	08801 RURAL HEALTH CLINIC II	1.219655	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	0.843346	0	0	88.02
90.01	09001 HYPERBARIC WOUND CLINIC	0.246787	0	0	90.01
90.02	09002 DIABETES CENTER	4.753079	0	0	90.02
91.00	09100 EMERGENCY	0.232341	0	0	91.00
91.01	09101 G.I. LABORATORY	0.160905	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.452281	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		0	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		0	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
8/19/2020 11:28 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)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			34,026,620	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			2,783,259	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			216.64	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)			6.46	30.00
31.00	Percentage of Medicaid patient days (see instructions)			15.79	31.00
32.00	Sum of lines 30 and 31			22.25	32.00
33.00	Allowable disproportionate share percentage (see instructions)			7.58	33.00
34.00	Disproportionate share adjustment (see instructions)			644,805	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0110	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/19/2020 11:28 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)		8,272,872,447	8,350,599,096
35.01	Factor 3 (see instructions)		0.000364135	0.000436401
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,012,445	3,644,213
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,253,143	916,031
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,169,174	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		40,623,858	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		40,623,858	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,307,120	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		267,678	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		822,407	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		159,726	58.00
59.00	Total (sum of amounts on lines 49 through 58)		45,180,789	59.00
60.00	Primary payer payments		56,206	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		45,124,583	61.00
62.00	Deductibles billed to program beneficiaries		3,327,200	62.00
63.00	Coinurance billed to program beneficiaries		160,820	63.00
64.00	Allowable bad debts (see instructions)		821,339	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		533,870	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		679,152	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		42,170,433	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-78,361	70.93
70.94	HRR adjustment amount (see instructions)		-206,726	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
8/19/2020 11:28 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			436,252	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			41,449,094	71.00
71.01	Sequestration adjustment (see instructions)			828,982	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			41,080,712	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)			-460,600	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			569,911	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/19/2020 11:28 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	34,026,620	0	0	34,026,620	34,026,620
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	2,309,811	0	2,309,811
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,783,259	0	0	2,783,259	2,783,259
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0758	0.0758	0.0758	0.0758	0
11.00	Disproportionate share adjustment (see instructions)	34.00	644,805	0	0	644,805	644,805
11.01	Uncompensated care payments	36.00	3,169,174	0	2,253,143	916,031	3,169,174
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	40,623,858	0	4,562,954	36,060,904	40,623,858
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	40,623,858	0	4,562,954	36,060,904	40,623,858
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,307,120	0	2,517,863	789,257	3,307,120

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/19/2020 11:28 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	7,080,817	36,850,161	43,930,978
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	2,700,762	0	2,033,297	667,465	2,700,762
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	481,853	0	390,831	91,022	481,853
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0461	0.0461	0.0461	0.0461	
25.00	Disproportionate share adjustment (see instructions)	11.00	124,505	0	93,735	30,770	124,505
26.00	Total prospective capital payments (see instructions)	12.00	3,307,120	0	2,517,863	789,257	3,307,120
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/19/2020 11:28 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	25,515,940		25,515,940	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	34,026,620		34,026,620	34,026,620	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	2,309,811		2,309,811	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,783,259		2,783,259	2,783,259	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0758	0.0758	0.0758		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	644,805	483,527	161,278	644,805	11.00
11.01	Uncompensated care payments	36.00	3,169,174	2,253,143	916,031	3,169,174	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	40,623,858	30,562,421	10,061,437	40,623,858	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	40,623,858	30,562,421	10,061,437	40,623,858	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,307,120	2,517,863	789,257	3,307,120	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			33,080,284	10,850,694	43,930,978	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/19/2020 11:28 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,700,762	2,033,297	667,465	2,700,762	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	481,853	390,831	91,022	481,853	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0461	0.0461	0.0461		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	124,505	93,735	30,770	124,505	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,307,120	2,517,863	789,257	3,307,120	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-78,361	0	-78,361	-78,361	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-206,726	0	-206,726	-206,726	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		330,803	105,656	436,459	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0110	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/19/2020 11:28 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,791	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		41,659,568	2.00
3.00	OPPS payments		37,288,477	3.00
4.00	Outlier payment (see instructions)		265,854	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		248,721	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4,791	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		19,918	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)		19,918	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)		19,918	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		15,127	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)		4,791	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)		37,803,052	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,053	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,472,655	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)		31,334,135	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)		31,334,135	30.00
31.00	Primary payer payments		8,978	31.00
32.00	Subtotal (line 30 minus line 31)		31,325,157	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)		540,666	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		351,433	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		372,395	36.00
37.00	Subtotal (see instructions)		31,676,590	37.00
38.00	MSP-LCC reconciliation amount from PS&R		502	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)		31,676,088	40.00
40.01	Sequestration adjustment (see instructions)		633,522	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		30,929,848	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)		112,718	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: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
8/19/2020 11:28 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		41,080,712		30,874,248	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	08/21/2019	55,600	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		55,600	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)		41,080,712		30,929,848	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		112,718	6.01
6.02	SETTLEMENT TO PROGRAM		460,600		0	6.02
7.00	Total Medicare program liability (see instructions)		40,620,112		31,042,566	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 26-0110
 Component CCN: 26-T110

 Period:
 From 01/01/2019
 To 12/31/2019

 Worksheet E-1
 Part I
 Date/Time Prepared:
 8/19/2020 11:28 am

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,947,679		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,947,679		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		1,411		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,946,268		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

		Provider CCN: 26-0110	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 8/19/2020 11:28 am
		Component CCN: 26-T110		
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,915,337 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0399 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			67,228 3.00
4.00	Outlier Payments			20,676 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			6.076712 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,003,241 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,003,241 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,003,241 19.00
20.00	Deductibles			10,912 20.00
21.00	Subtotal (line 19 minus line 20)			1,992,329 21.00
22.00	Coinurance			7,843 22.00
23.00	Subtotal (line 21 minus line 22)			1,984,486 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,260 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			819 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,985,305 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			683 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,985,988 32.00
32.01	Sequestration adjustment (see instructions)			39,720 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			1,947,679 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-1,411 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			20,676 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet E-3
Part VII
Date/Time Prepared:
8/19/2020 11:28 am

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		5,551,120		1.00
2.00	Medical and other services			6,533,319	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5,551,120	6,533,319	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		5,551,120	6,533,319	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		2,702,569		8.00
9.00	Ancillary service charges		16,528,348	34,661,324	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		19,230,917	34,661,324	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		19,230,917	34,661,324	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		13,679,797	28,128,005	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		5,551,120	6,533,319	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		5,551,120	6,533,319	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		5,551,120	6,533,319	31.00
32.00	Deductibles		457	0	32.00
33.00	Coinurance		0	5,127	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		5,550,663	6,528,192	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		5,550,663	6,528,192	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		5,550,663	6,528,192	40.00
41.00	Interim payments		1,983,120	5,255,980	41.00
42.00	Balance due provider/program (line 40 minus line 41)		3,567,543	1,272,212	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 8/19/2020 11:28 am	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		115,158		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		115,158	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		115,158	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		94,282		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		94,282	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		94,282	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		20,876	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		94,282	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		94,282	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		20,876	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		94,282		31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		94,282	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		94,282	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		94,282	0	40.00
41.00	Interim payments		136,729		41.00
42.00	Balance due provider/program (line 40 minus line 41)		-42,447	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet G

Date/Time Prepared:
8/19/2020 11:28 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	23,360,672	0	0	0	1.00
2.00 Temporary investments	5,089,219	0	0	0	2.00
3.00 Notes receivable	67,835,850	0	0	0	3.00
4.00 Accounts receivable	168,799,453	0	0	0	4.00
5.00 Other receivable	5,204,120	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-132,267,273	0	0	0	6.00
7.00 Inventory	6,916,328	0	0	0	7.00
8.00 Prepaid expenses	3,826,570	0	0	0	8.00
9.00 Other current assets	992,334	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)	149,757,273	0	0	0	11.00
FIXED ASSETS					
12.00 Land	17,239,574	0	0	0	12.00
13.00 Land improvements	13,708,433	0	0	0	13.00
14.00 Accumulated depreciation	-9,841,246	0	0	0	14.00
15.00 Buildings	217,621,941	0	0	0	15.00
16.00 Accumulated depreciation	-138,704,566	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	132,959,106	0	0	0	23.00
24.00 Accumulated depreciation	-103,010,559	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)	129,972,683	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	1,148,435	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	21,161,015	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	22,309,450	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	302,039,406	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	27,686,431	0	0	0	37.00
38.00 Salaries, wages, and fees payable	11,016,081	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	7,131,322	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	9,189,003	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	55,022,837	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	102,654,835	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	9,981,828	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	112,636,663	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	167,659,500	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	134,379,906				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	134,379,906	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	302,039,406	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
8/19/2020 11:28 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		134,430,383		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		6,630,258				2.00
3.00	Total (sum of line 1 and line 2)		141,060,641		0		3.00
4.00	CONTRIBUTIONS FOR PROPERTY	186,072		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		186,072		0		10.00
11.00	Subtotal (line 3 plus line 10)		141,246,713		0		11.00
12.00	TRANSFER TO AFFILIATES	6,802,905		0		0	12.00
13.00	PERM RESTRICTED	63,902		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		6,866,807		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		134,379,906		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	CONTRIBUTIONS FOR PROPERTY		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFER TO AFFILIATES		0				12.00
13.00	PERM RESTRICTED		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	26,423,387		26,423,387	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	1,465,577		1,465,577	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				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)	27,888,964		27,888,964	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
13.01	ADULT SPECIAL CARE	4,563,460		4,563,460	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
14.01	CARDIOTHORACIC ICU	3,854,884		3,854,884	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,418,344		8,418,344	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	36,307,308		36,307,308	17.00
18.00	Ancillary services	385,701,067	551,774,576	937,475,643	18.00
19.00	Outpatient services	9,927,871	43,029,746	52,957,617	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
20.01	RURAL HEALTH CLINIC II	0	5,584,755	5,584,755	20.01
20.02	RURAL HEALTH CLINIC III	0	5,411,078	5,411,078	20.02
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,220,794	1,220,794	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,070,639	2,070,639	26.00
27.00	PPO	0	45,947,472	45,947,472	27.00
27.01	EMPLOYEE CHARGES	2,323,502	0	2,323,502	27.01
27.02	PROFESSIONAL CHARGES	4,246,041	59,972,483	64,218,524	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	438,505,789	715,011,543	1,153,517,332	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		341,737,938		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)		341,737,938		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
8/19/2020 11:28 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,153,517,332	1.00
2.00	Less contractual allowances and discounts on patients' accounts	836,809,514	2.00
3.00	Net patient revenues (line 1 minus line 2)	316,707,818	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	341,737,938	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-25,030,120	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	290,052	6.00
7.00	Income from investments	5,984,099	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	1,312,435	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	5,463,237	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,812,031	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	156,023	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	202,085	23.00
24.00	BUILDING BLOCKS GRANT	851,369	24.00
24.01	HEALTHPOINT	2,395,814	24.01
24.02	PRISONER MEALS	26,779	24.02
24.03	OUTREACH LAB	873,568	24.03
24.04	RENTAL INCOME	559,682	24.04
24.05	MISC OTHER OPERATING REVENUE	3,926,174	24.05
24.06	RENTAL INCOME - INTERNAL	5,171,621	24.06
24.07	LOSS ON EQUIPMENT DISPOSALS	2,301,573	24.07
24.08	340B PHARMACY	519,912	24.08
25.00	Total other income (sum of lines 6-24)	31,846,454	25.00
26.00	Total (line 5 plus line 25)	6,816,334	26.00
27.00	ROUNDING	5	27.00
27.01	CONTRIBUTION OF PROPERTY	186,071	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	186,076	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,630,258	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 26-0110

Period:

Worksheet H

HHA CCN: 26-7121

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

8/19/2020 11:28 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	165,079	126,231	5,141	346	73,015	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	425,349	0	0	0	425,349	6.00
7.00	Physical Therapy	256,413	0	0	0	256,413	7.00
8.00	Occupational Therapy	90,194	0	0	0	90,194	8.00
9.00	Speech Pathology	5,449	0	0	0	5,449	9.00
10.00	Medical Social Services	30,687	0	0	0	30,687	10.00
11.00	Home Health Aide	4,302	0	0	0	4,302	11.00
12.00	Supplies (see instructions)	0	0	0	15,790	15,790	12.00
13.00	Drugs	0	0	0	1,672	1,672	13.00
14.00	DME	0	0	0	0	0	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)	8,662	0	0	0	8,662	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	986,135	126,231	5,141	346	90,477	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	-79,454	290,358	0	290,358		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	55,819	481,168	0	481,168		6.00
7.00	Physical Therapy	33,410	289,823	0	289,823		7.00
8.00	Occupational Therapy	11,400	101,594	0	101,594		8.00
9.00	Speech Pathology	1,255	6,704	0	6,704		9.00
10.00	Medical Social Services	3,846	34,533	0	34,533		10.00
11.00	Home Health Aide	536	4,838	0	4,838		11.00
12.00	Supplies (see instructions)	0	15,790	0	15,790		12.00
13.00	Drugs	0	1,672	0	1,672		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	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)	1,079	9,741	0	9,741		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	27,891	1,236,221	0	1,236,221		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
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COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 26-0110

Period:

Worksheet H-1

HHA CCN: 26-7121

From 01/01/2019

Part I

To 12/31/2019

Date/Time Prepared:

8/19/2020 11:28 am

Home Health

PPS

Agency I

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	290,358	0	0	0	0	290,358	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	481,168	0	0	0	0	481,168	6.00
7.00	Physical Therapy	289,823	0	0	0	0	289,823	7.00
8.00	Occupational Therapy	101,594	0	0	0	0	101,594	8.00
9.00	Speech Pathology	6,704	0	0	0	0	6,704	9.00
10.00	Medical Social Services	34,533	0	0	0	0	34,533	10.00
11.00	Home Health Aide	4,838	0	0	0	0	4,838	11.00
12.00	Supplies (see instructions)	15,790	0	0	0	0	15,790	12.00
13.00	Drugs	1,672	0	0	0	0	1,672	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	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)	9,741	0	0	0	0	9,741	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,236,221	0	0	0	0	1,236,221	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	290,358						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	147,708	628,876					6.00
7.00	Physical Therapy	88,969	378,792					7.00
8.00	Occupational Therapy	31,187	132,781					8.00
9.00	Speech Pathology	2,058	8,762					9.00
10.00	Medical Social Services	10,601	45,134					10.00
11.00	Home Health Aide	1,485	6,323					11.00
12.00	Supplies (see instructions)	4,847	20,637					12.00
13.00	Drugs	513	2,185					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	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)	2,990	12,731					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		1,236,221					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 26-0110

Period:

Worksheet H-1

HHA CCN: 26-7121

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/19/2020 11:28 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	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-290,358	945,863 5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	481,168 6.00
7.00	Physical Therapy	0	0	0	0	0	289,823 7.00
8.00	Occupational Therapy	0	0	0	0	0	101,594 8.00
9.00	Speech Pathology	0	0	0	0	0	6,704 9.00
10.00	Medical Social Services	0	0	0	0	0	34,533 10.00
11.00	Home Health Aide	0	0	0	0	0	4,838 11.00
12.00	Supplies (see instructions)	0	0	0	0	0	15,790 12.00
13.00	Drugs	0	0	0	0	0	1,672 13.00
14.00	DME	0	0	0	0	0	0 14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0 15.00
16.00	Respiratory Therapy	0	0	0	0	0	0 16.00
17.00	Private Duty Nursing	0	0	0	0	0	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	9,741 23.00
23.50	Telemedicine	0	0	0	0	0	0 23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-290,358	945,863 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		290,358 25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.306977 26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/19/2020 11:28 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS						
			BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	NEW CAP-REL CSTS-BLDGS & FIX #5		
		0	1.00	1.01	1.02	1.03	1.04		
1.00	Administrative and General	0	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	628,876	0	0	0	0	0	0	2.00
3.00	Physical Therapy	378,792	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	132,781	0	0	0	0	0	0	4.00
5.00	Speech Pathology	8,762	0	0	0	0	0	0	5.00
6.00	Medical Social Services	45,134	0	0	0	0	0	0	6.00
7.00	Home Health Aide	6,323	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	20,637	0	0	0	0	0	0	8.00
9.00	Drugs	2,185	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	12,731	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,236,221	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00
Cost Center Description		CAPITAL RELATED COSTS							
		NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
		1.05	1.06	1.07	1.08	2.00	4.00		
1.00	Administrative and General	0	0	0	70,772	6,689	14,394	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	31,728	2.00	
3.00	Physical Therapy	0	0	0	0	0	19,127	3.00	
4.00	Occupational Therapy	0	0	0	0	0	6,728	4.00	
5.00	Speech Pathology	0	0	0	0	0	406	5.00	
6.00	Medical Social Services	0	0	0	0	0	2,289	6.00	
7.00	Home Health Aide	0	0	0	0	0	321	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	646	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19) (2)	0	0	0	70,772	6,689	75,639	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.

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

MCRIF32 - 16.2.168.1

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/19/2020 11:28 amHome Health
Agency I

PPS

Cost Center Description		COMMUNICATIONS	Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5A.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	5,277	97,132	5,712	90	4,793	7,922	1.00
2.00	Skilled Nursing Care	0	660,604	38,850	0	0	0	2.00
3.00	Physical Therapy	0	397,919	23,402	0	0	0	3.00
4.00	Occupational Therapy	0	139,509	8,205	0	0	0	4.00
5.00	Speech Pathology	0	9,168	539	0	0	0	5.00
6.00	Medical Social Services	0	47,423	2,789	0	0	0	6.00
7.00	Home Health Aide	0	6,644	391	0	0	0	7.00
8.00	Supplies (see instructions)	0	20,637	1,214	0	0	0	8.00
9.00	Drugs	0	2,185	129	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	13,377	787	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)	5,277	1,394,598	82,018	90	4,793	7,922	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00
Cost Center Description		Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.05	5.06	6.00	7.00	8.00	9.00	
1.00	Administrative and General	115,649	13,417	18,910	25,015	0	19,033	1.00
2.00	Skilled Nursing Care	699,454	81,152	0	0	0	0	2.00
3.00	Physical Therapy	421,321	48,881	0	0	0	0	3.00
4.00	Occupational Therapy	147,714	17,137	0	0	0	0	4.00
5.00	Speech Pathology	9,707	1,126	0	0	0	0	5.00
6.00	Medical Social Services	50,212	5,825	0	0	0	0	6.00
7.00	Home Health Aide	7,035	816	0	0	0	0	7.00
8.00	Supplies (see instructions)	21,851	2,535	0	0	0	0	8.00
9.00	Drugs	2,314	268	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	14,164	1,643	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)	1,489,421	172,800	18,910	25,015	0	19,033	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

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

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

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MCRIF32 - 16.2.168.1

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/19/2020 11:28 amHome Health
Agency I

PPS

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	0	3,873	0	178,152	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	3,873	0	178,152	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	
		16.00	17.00	19.00	20.00	20.01	20.02	
1.00	Administrative and General	3,239	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,239	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(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.

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MCRIF32 - 16.2.168.1

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/19/2020 11:28 amHome Health
Agency I

PPS

Cost Center Description		SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS		PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			20.00	21.00				
1.00	Administrative and General	0	0	0	0	377,288	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	780,606	0	2.00
3.00	Physical Therapy	0	0	0	0	470,202	0	3.00
4.00	Occupational Therapy	0	0	0	0	164,851	0	4.00
5.00	Speech Pathology	0	0	0	0	10,833	0	5.00
6.00	Medical Social Services	0	0	0	0	56,037	0	6.00
7.00	Home Health Aide	0	0	0	0	7,851	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	24,386	0	8.00
9.00	Drugs	0	0	0	0	2,582	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	15,807	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	1,910,443	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs				
		26.00	27.00	28.00				
1.00	Administrative and General	377,288						1.00
2.00	Skilled Nursing Care	780,606	192,096	972,702				2.00
3.00	Physical Therapy	470,202	115,710	585,912				3.00
4.00	Occupational Therapy	164,851	40,568	205,419				4.00
5.00	Speech Pathology	10,833	2,666	13,499				5.00
6.00	Medical Social Services	56,037	13,790	69,827				6.00
7.00	Home Health Aide	7,851	1,932	9,783				7.00
8.00	Supplies (see instructions)	24,386	6,001	30,387				8.00
9.00	Drugs	2,582	635	3,217				9.00
10.00	DME	0	0	0				10.00
11.00	Home Dialysis Aide Services	0	0	0				11.00
12.00	Respiratory Therapy	0	0	0				12.00
13.00	Private Duty Nursing	0	0	0				13.00
14.00	Clinic	0	0	0				14.00
15.00	Health Promotion Activities	0	0	0				15.00
16.00	Day Care Program	0	0	0				16.00
17.00	Home Delivered Meals Program	0	0	0				17.00
18.00	Homemaker Service	0	0	0				18.00
19.00	All Others (specify)	15,807	3,890	19,697				19.00
19.50	Telemedicine	0	0	0				19.50
20.00	Total (sum of lines 1-19) (2)	1,910,443	377,288	1,910,443				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.		0.246086					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.

8/19/2020 11:28 am S:\HFS\Hospitals\Southeast - Cape\2019\Cape 2019.mcrx

MCRIF32 - 16.2.168.1

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2019

Part II

To 12/31/2019

Date/Time Prepared:

8/19/2020 11:28 am

Home Health

PPS

		Agency I						
Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #2 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #3 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #4 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #5 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #6 (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	1.05	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	
		NEW CAP-REL CSTS-BLDGS & FIX #7 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #8 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #9 (SQUARE FEET)	MVBLE EQUIP (DIRECT COS TS)			
		1.06	1.07	1.08	2.00			
1.00	Administrative and General	0	0	3,286	5,585	192,970	28	1.00
2.00	Skilled Nursing Care	0	0	0	0	425,349	0	2.00
3.00	Physical Therapy	0	0	0	0	256,413	0	3.00
4.00	Occupational Therapy	0	0	0	0	90,194	0	4.00
5.00	Speech Pathology	0	0	0	0	5,449	0	5.00
6.00	Medical Social Services	0	0	0	0	30,687	0	6.00
7.00	Home Health Aide	0	0	0	0	4,302	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	8,662	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	3,286	5,585	1,014,026	28	20.00
21.00	Total cost to be allocated	0	0	70,772	6,689	75,639	5,277	21.00
22.00	Unit cost multiplier	0.000000	0.000000	21.537432	1.197672	0.074593	188.464286	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2019

Part II

To 12/31/2019

Date/Time Prepared:

8/19/2020 11:28 am

Home Health
Agency I

PPS

Cost Center Description		Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMITTING (GROSS REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	
		5A.02	5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	0	97,132	2,107	1,220,794	1,220,794	0	1.00
2.00	Skilled Nursing Care	0	660,604	0	0	0	0	2.00
3.00	Physical Therapy	0	397,919	0	0	0	0	3.00
4.00	Occupational Therapy	0	139,509	0	0	0	0	4.00
5.00	Speech Pathology	0	9,168	0	0	0	0	5.00
6.00	Medical Social Services	0	47,423	0	0	0	0	6.00
7.00	Home Health Aide	0	6,644	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	20,637	0	0	0	0	8.00
9.00	Drugs	0	2,185	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	13,377	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)		1,394,598	2,107	1,220,794	1,220,794		20.00
21.00	Total cost to be allocated		82,018	90	4,793	7,922		21.00
22.00	Unit cost multiplier		0.058811	0.042715	0.003926	0.006489		22.00
Cost Center Description		OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITION)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FOOTAGE)	DIETARY (MEALS SERVED)	
		5.06	6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	115,649	46	3,286	0	3,286	0	1.00
2.00	Skilled Nursing Care	699,454	0	0	0	0	0	2.00
3.00	Physical Therapy	421,321	0	0	0	0	0	3.00
4.00	Occupational Therapy	147,714	0	0	0	0	0	4.00
5.00	Speech Pathology	9,707	0	0	0	0	0	5.00
6.00	Medical Social Services	50,212	0	0	0	0	0	6.00
7.00	Home Health Aide	7,035	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	21,851	0	0	0	0	0	8.00
9.00	Drugs	2,314	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	14,164	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)	1,489,421	46	3,286	0	3,286	0	20.00
21.00	Total cost to be allocated	172,800	18,910	25,015	0	19,033	0	21.00
22.00	Unit cost multiplier	0.116018	411.086957	7.612599	0.000000	5.792149	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0110
HHA CCN: 26-7121Period:
From 01/01/2019
To 12/31/2019Worksheet H-2
Part II
Date/Time Prepared:
8/19/2020 11:28 am

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERV ICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COS TS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUES)	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	273	0	14	0	0	1,220,794	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	273	0	14	0	0	1,220,794	20.00
21.00	Total cost to be allocated	3,873	0	178,152	0	0	3,239	21.00
22.00	Unit cost multiplier	14.186813	0.000000	12,725.142857	0.000000	0.000000	0.002653	22.00
Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SCHOOL OF MEDICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF SURGICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	
		17.00	19.00	20.00	20.01	20.02	20.03	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/19/2020 11:28 amHome Health
Agency I

PPS

Cost Center Description		INTERNS & RESIDENTS		PHARMACY RESIDENCY (ASSIGNED TIME)		
		SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		21.00	22.00	23.00		
1.00	Administrative and General	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0		2.00
3.00	Physical Therapy	0	0	0		3.00
4.00	Occupational Therapy	0	0	0		4.00
5.00	Speech Pathology	0	0	0		5.00
6.00	Medical Social Services	0	0	0		6.00
7.00	Home Health Aide	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0		8.00
9.00	Drugs	0	0	0		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others (specify)	0	0	0		19.00
19.50	Telemedicine	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet H-3

HHA CCN: 26-7121

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/19/2020 11:28 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	972,702		972,702	2,825	344.32	1.00
2.00	Physical Therapy	3.00	585,912	0	585,912	2,348	249.54	2.00
3.00	Occupational Therapy	4.00	205,419	0	205,419	58	3,541.71	3.00
4.00	Speech Pathology	5.00	13,499	0	13,499	333	40.54	4.00
5.00	Medical Social Services	6.00	69,827		69,827	36	1,939.64	5.00
6.00	Home Health Aide	7.00	9,783		9,783	220	44.47	6.00
7.00	Total (sum of lines 1-6)		1,857,142	0	1,857,142	5,820		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		16020	0	1,059			8.00
8.01	Skilled Nursing Care		99926	0	319			8.01
9.00	Physical Therapy		16020	0	1,060			9.00
9.01	Physical Therapy		99926	0	382			9.01
10.00	Occupational Therapy		16020	0	154			10.00
10.01	Occupational Therapy		99926	0	47			10.01
11.00	Speech Pathology		16020	0	22			11.00
11.01	Speech Pathology		99926	0	9			11.01
12.00	Medical Social Services		16020	0	12			12.00
12.01	Medical Social Services		99926	0	2			12.01
13.00	Home Health Aide		16020	0	140			13.00
13.01	Home Health Aide		99926	0	49			13.01
14.00	Total (sum of lines 8-13)			0	3,255			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	30,387	0	30,387	4,916	6.181245	15.00
16.00	Cost of Drugs	9.00	3,217	0	3,217	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	1,378		0	474,473		1.00
2.00	Physical Therapy	0	1,442		0	359,837		2.00
3.00	Occupational Therapy	0	201		0	711,884		3.00
4.00	Speech Pathology	0	31		0	1,257		4.00
5.00	Medical Social Services	0	14		0	27,155		5.00
6.00	Home Health Aide	0	189		0	8,405		6.00
7.00	Total (sum of lines 1-6)	0	3,255		0	1,583,011		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet H-3

HHA CCN: 26-7121

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/19/2020 11:28 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
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	4,916	0	0	30,387	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	474,473						1.00
2.00	Physical Therapy	359,837						2.00
3.00	Occupational Therapy	711,884						3.00
4.00	Speech Pathology	1,257						4.00
5.00	Medical Social Services	27,155						5.00
6.00	Home Health Aide	8,405						6.00
7.00	Total (sum of lines 1-6)	1,583,011						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: 26-0110

Period:

Worksheet H-3

HHA CCN: 26-7121

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/19/2020 11:28 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	0.167616	0	0	0col. 2, line 2.00		1.00
1.01 Physical Therapy 1	66.01	0.283239	0	0	0col. 2, line 2.01		1.01
1.02 Physical Therapy 2	66.02	0.000000	0	0	0col. 2, line 2.02		1.02
2.00 Occupational Therapy	67.00	0.147163	0	0	0col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.183629	0	0	0col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.189306	0	0	0col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.262623	0	0	0col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

		Provider CCN: 26-0110	Period: From 01/01/2019 To 12/31/2019	Worksheet H-4 Part I-II Date/Time Prepared: 8/19/2020 11:28 am	
		HHA CCN: 26-7121			
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	707,605	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	8,392	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	20,665	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	3,680	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	1,507	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	741,849	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	741,849	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	741,849	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	741,849	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	741,849	31.00
31.01	Sequestration adjustment (see instructions)		0	14,837	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	727,012	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 26-0110
HHA CCN: 26-7121Period:
From 01/01/2019
To 12/31/2019

Worksheet H-5

Date/Time Prepared:
8/19/2020 11:28 am

		Home Health Agency I		PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		0		727,012
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01			0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50			0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		727,012
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01			0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50			0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		0		727,012
		Contractor Number		NPR Date (Mo/Day/Yr)	
		0		1.00 2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/19/2020 11:28 am

				Hospice I		07/10/2025 11:10 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		831	831	0	831	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	117,049	117,049	0	117,049	3.00
4.00	ADMINISTRATIVE & GENERAL*	205,868	52,728	258,596	28,237	286,833	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	12,395	12,395	0	12,395	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	30,046	30,046	0	30,046	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		0	0	27,954	27,954	25.00
26.00	PHYSICIAN SERVICES**	50,491	476	50,967	0	50,967	26.00
27.00	NURSE PRACTITIONER**	56,597	0	56,597	0	56,597	27.00
28.00	REGISTERED NURSE**	459,539	0	459,539	0	459,539	28.00
29.00	LPN/LVN**	0	0	0	0	0	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**	100,343	0	100,343	0	100,343	33.00
34.00	SPIRITUAL COUNSELING**	49,617	0	49,617	328	49,945	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**	26,761	0	26,761	0	26,761	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	140,171	140,171	-95,267	44,904	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	10,922	10,922	749	11,671	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	1,557	1,557	95,267	96,824	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	26,585	0	26,585	0	26,585	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	2,668	0	2,668	0	2,668	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	184,010	184,010	-29,377	154,633	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	978,469	550,185	1,528,654	27,891	1,556,545	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/19/2020 11:28 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	831		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	117,049		3.00
4.00	ADMINISTRATIVE & GENERAL*	-35	286,798		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	12,395		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	30,046		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	27,954		25.00
26.00	PHYSICIAN SERVICES**	0	50,967		26.00
27.00	NURSE PRACTITIONER**	0	56,597		27.00
28.00	REGISTERED NURSE**	0	459,539		28.00
29.00	LPN/LVN**	0	0		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	100,343		33.00
34.00	SPIRITUAL COUNSELING**	0	49,945		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	26,761		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	44,904		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	11,671		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	96,824		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	26,585		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	2,668		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	154,633		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	-35	1,556,510		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 CONTINUOUS HOME CARE

Provider CCN: 26-0110

Period:

Worksheet 0-1

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/19/2020 11:28 am

				Hospice I		07/10/2020 11:10 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						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	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	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	0	0	0	0	0	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	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	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 *	0	0	0	0	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		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	0	28.00
29.00	LPN/LVN	0	0	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	0	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	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	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	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

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

Provider CCN: 26-0110

Period:

Worksheet 0-2

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/19/2020 11:28 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	50,159	473	50,632	0	50,632	26.00
27.00	NURSE PRACTITIONER	56,224	0	56,224	0	56,224	27.00
28.00	REGISTERED NURSE	456,510	0	456,510	0	456,510	28.00
29.00	LPN/LVN	0	0	0	0	0	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	99,681	0	99,681	0	99,681	33.00
34.00	SPIRITUAL COUNSELING	49,290	0	49,290	326	49,616	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	26,585	0	26,585	0	26,585	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	139,247	139,247	-94,639	44,608	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	10,850	10,850	744	11,594	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	1,546	1,546	94,639	96,185	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 *	738,449	152,116	890,565	1,070	891,635	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	50,632	26.00
27.00	NURSE PRACTITIONER	0	56,224	27.00
28.00	REGISTERED NURSE	0	456,510	28.00
29.00	LPN/LVN	0	0	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	99,681	33.00
34.00	SPIRITUAL COUNSELING	0	49,616	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	26,585	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	44,608	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	11,594	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	96,185	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	891,635	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: 26-0110

Period:

Worksheet 0-3

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/19/2020 11:28 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		0	0	25,985	25,985
26.00	PHYSICIAN SERVICES	309	3	312	0	312
27.00	NURSE PRACTITIONER	347	0	347	0	347
28.00	REGISTERED NURSE	2,816	0	2,816	0	2,816
29.00	LPN/LVN	0	0	0	0	0
30.00	PHYSICAL THERAPY	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES	615	0	615	0	615
34.00	SPIRITUAL COUNSELING	304	0	304	2	306
35.00	DIETARY COUNSELING	0	0	0	0	0
36.00	COUNSELING - OTHER	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	164	0	164	0	164
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	859	859	-584	275
39.00	PATIENT TRANSPORTATION	0	0	0	0	0
40.00	IMAGING SERVICES	0	0	0	0	0
41.00	LABS & DIAGNOSTICS	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	67	67	5	72
42.50	DRUGS CHARGED TO PATIENTS	0	10	10	584	594
43.00	OUTPATIENT SERVICES	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0
100.00	TOTAL *	4,555	939	5,494	25,992	31,486

* 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	25,985	25.00
26.00	PHYSICIAN SERVICES	0	312	26.00
27.00	NURSE PRACTITIONER	0	347	27.00
28.00	REGISTERED NURSE	0	2,816	28.00
29.00	LPN/LVN	0	0	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	615	33.00
34.00	SPIRITUAL COUNSELING	0	306	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	164	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	275	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	72	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	594	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	31,486	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: 26-0110

Period:

Worksheet 0-4

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/19/2020 11:28 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		0	0	1,969	1,969	25.00
26.00	PHYSICIAN SERVICES	23	0	23	0	23	26.00
27.00	NURSE PRACTITIONER	26	0	26	0	26	27.00
28.00	REGISTERED NURSE	213	0	213	0	213	28.00
29.00	LPN/LVN	0	0	0	0	0	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	47	0	47	0	47	33.00
34.00	SPIRITUAL COUNSELING	23	0	23	0	23	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	12	0	12	0	12	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	65	65	-44	21	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	5	5	0	5	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	1	1	44	45	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 *	344	71	415	1,969	2,384	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	1,969	25.00
26.00	PHYSICIAN SERVICES	0	23	26.00
27.00	NURSE PRACTITIONER	0	26	27.00
28.00	REGISTERED NURSE	0	213	28.00
29.00	LPN/LVN	0	0	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	47	33.00
34.00	SPIRITUAL COUNSELING	0	23	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	12	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	21	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	5	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	45	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	2,384	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: 26-0110

Period:

Worksheet 0-5

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/19/2020 11:28 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	70,772	70,772	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	831	5,182	6,013	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	117,049	75,067	192,116	3.00
4.00	ADMINISTRATIVE & GENERAL	286,798	340,682	627,480	4.00
5.00	PLANT OPERATION & MAINTENANCE	12,395	25,015	37,410	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	19,033	19,033	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	203,603	203,603	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	5,493	5,493	11.00
12.00	STAFF TRANSPORTATION	30,046	0	30,046	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	9,174	9,174	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	891,635	0	891,635	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	31,486	0	31,486	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,384	0	2,384	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	26,585	0	26,585	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	2,668	0	2,668	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	154,633	0	154,633	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	1,556,510	754,021	2,310,531	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/19/2020 11:28 am

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	70,772	70,772					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,013		6,013				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	192,116	0	0	192,116			3.00
4.00	ADMINISTRATIVE & GENERAL	627,480	70,772	6,013	44,625	748,890		4.00
5.00	PLANT OPERATION & MAINTENANCE	37,410	0	0	0	37,410		5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0		6.00
7.00	HOUSEKEEPING	19,033	0	0	0	19,033		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	203,603	0	0	0	203,603		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0		10.00
11.00	MEDICAL RECORDS	5,493	0	0	0	5,493		11.00
12.00	STAFF TRANSPORTATION	30,046	0	0	0	30,046		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0		13.00
14.00	PHARMACY	0	0	0	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00
16.00	OTHER GENERAL SERVICE	9,174	0	0	0	9,174		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	891,635			140,971	1,032,606		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	31,486	0	0	870	32,356		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,384	0	0	66	2,450		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	26,585	0	0	5,075	31,660		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	2,668	0	0	509	3,177		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	154,633				154,633		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	2,310,531	70,772	6,013	192,116	2,310,531		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/19/2020 11:28 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	748,890						4.00
5.00	PLANT OPERATION & MAINTENANCE	19,912	57,322					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	10,130	0			29,163		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	108,369	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			0		10.00
11.00	MEDICAL RECORDS	2,924	0			0		11.00
12.00	STAFF TRANSPORTATION	15,992	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	4,883	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	549,612						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	17,222	57,287		0	29,145	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,304	35		0	18	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	16,851	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	1,691	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	748,890	57,322		0	29,163	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/19/2020 11:28 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	311,972				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			10.00
11.00	MEDICAL RECORDS	0		8,417		11.00
12.00	STAFF TRANSPORTATION	0			46,038	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	309,915	0	8,361	45,735	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,910	0	52	282	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	147	0	4	21	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	311,972	0	8,417	46,038	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/19/2020 11:28 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	0					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		14,057			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	13,964		1,960,193	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	86	0	138,340	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	7	0	3,986	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		48,511	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		4,868	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					154,633	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	14,057	0	2,310,531	100.00

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

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/19/2020 11:28 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	3,286					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		4,327				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,006,360			3.00
4.00	ADMINISTRATIVE & GENERAL	3,286	4,327	233,759	-748,890	1,407,008	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	37,410	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	19,033	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	203,603	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	5,493	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	30,046	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	9,174	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			738,449	0	1,032,606	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	4,555	0	32,356	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	344	0	2,450	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	26,585	0	31,660	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	2,668	0	3,177	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				-154,633		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)	70,772	6,013	192,116		748,890	100.00
101.00	UNIT COST MULTIPLIER	21.537432	1.389646	0.190902		0.532257	101.00

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

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/19/2020 11:28 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	3,286					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		3,286			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		33,976	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					33,752	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,284	0	3,284	0	208	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2	0	2	0	16	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)	57,322	0	29,163	0	311,972	100.00
101.00	UNIT COST MULTIPLIER	17.444309	0.000000	8.874924	0.000000	9.182129	101.00

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

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/19/2020 11:28 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	0					10.00
11.00	MEDICAL RECORDS		10,770				11.00
12.00	STAFF TRANSPORTATION			10,770			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	10,699	10,699	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	66	66	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	5	5	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	8,417	46,038	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.781523	4.274652	0.000000	0.000000	101.00

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

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/19/2020 11:28 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	0				15.00
16.00	OTHER GENERAL SERVICE		10,770			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	10,699			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	66	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	5	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	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		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)	0	14,057	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.305200	0.000000		101.00

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

Provider CCN: 26-0110

Period:

Worksheet 0-7

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019

Date/Time Prepared:
8/19/2020 11:28 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	
				0	1.00	2.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.167616	0	0	0	1.00
1.01	SOUTHEAST OUTPATIENT REHAB	66.01	0.283239	0	0	0	1.01
1.02	PHYSIATRY	66.02	0.000000	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.147163	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.183629	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.262623	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.155102	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.189306	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.272712	0	0	0	9.00
9.01	CHEMOTHERAPY	55.01	0.372088	0	0	0	9.01
10.00	CARDIAC REHAB	76.00	0.000000	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.410855	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
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
1.01	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	1.01
1.02	PHYSIATRY	0	0	0	0	0	1.02
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	0	0	0	0	0	9.00
9.01	CHEMOTHERAPY	0	0	0	0	0	9.01
10.00	CARDIAC REHAB	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 26-0110

Period:

Worksheet 0-8

Hospice CCN: 26-1537

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/19/2020 11:28 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)			1,960,193	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			10,699	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			183.21	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	10,078	170		9.00
10.00	Program cost (line 8 times line 9)	1,846,390	31,146		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)			138,340	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			66	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			2,096.06	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	64	0		14.00
15.00	Program cost (line 13 times line 14)	134,148	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)			3,986	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			5	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			797.20	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0		19.00
20.00	Program cost (line 18 times line 19)	0	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,102,519	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			10,770	22.00
23.00	Average cost per diem (line 21 divided by line 22)			195.22	23.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 26-0110

Period:
From 01/01/2019
To 12/31/2019Worksheet L
Parts I-III
Date/Time Prepared:
8/19/2020 11:28 am

		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,700,762	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		481,853	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)		89.50	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)		6.46	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.79	8.00
9.00	Sum of lines 7 and 8		22.25	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.61	10.00
11.00	Disproportionate share adjustment (see instructions)		124,505	11.00
12.00	Total prospective capital payments (see instructions)		3,307,120	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

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 26-0110

Period:

Worksheet M-1

Component CCN: 26-8657

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

8/19/2020 11:28 am

		RHC II		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	2,182,111	49,728	2,231,839	0	2,231,839
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	385,376	0	385,376	0	385,376
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	427,797	0	427,797	0	427,797
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	153,025	0	153,025	0	153,025
10.00	Subtotal (sum of lines 1 through 9)	3,148,309	49,728	3,198,037	0	3,198,037
11.00	Physician Services Under Agreement	0	0	0	0	0
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0
15.00	Medical Supplies	0	286,825	286,825	0	286,825
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	73,705	73,705	0	73,705
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	360,530	360,530	0	360,530
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	3,148,309	410,258	3,558,567	0	3,558,567
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	0	0	0	0
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	0	0
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0
FACILITY OVERHEAD						
29.00	Facility Costs	0	2,257	2,257	0	2,257
30.00	Administrative Costs	357,941	406,005	763,946	0	763,946
31.00	Total Facility Overhead (sum of lines 29 and 30)	357,941	408,262	766,203	0	766,203
32.00	Total facility costs (sum of lines 22, 28 and 31)	3,506,250	818,520	4,324,770	0	4,324,770

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 26-0110

Period:

Worksheet M-1

Component CCN: 26-8657

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/19/2020 11:28 am

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC II	Cost
		6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS					
1.00	Physician	-10,013	2,221,826		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	385,376		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	427,797		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	153,025		9.00
10.00	Subtotal (sum of lines 1 through 9)	-10,013	3,188,024		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	286,825		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	73,705		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	360,530		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-10,013	3,548,554		22.00
COSTS OTHER THAN RHC/FQHC SERVICES					
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
FACILITY OVERHEAD					
29.00	Facility Costs	0	2,257		29.00
30.00	Administrative Costs	0	763,946		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	766,203		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-10,013	4,314,757		32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 26-0110

Period:

Worksheet M-1

Component CCN: 26-8674

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

8/19/2020 11:28 am

		RHC III		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	1,434,774	22,176	1,456,950	0	1,456,950
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	180,491	0	180,491	0	180,491
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	316,706	0	316,706	0	316,706
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	19,607	0	19,607	0	19,607
10.00	Subtotal (sum of lines 1 through 9)	1,951,578	22,176	1,973,754	0	1,973,754
11.00	Physician Services Under Agreement	0	0	0	0	0
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0
15.00	Medical Supplies	0	823,517	823,517	0	823,517
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	36,496	36,496	0	36,496
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	860,013	860,013	0	860,013
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,951,578	882,189	2,833,767	0	2,833,767
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	0	0	0	0
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	0	0
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0
FACILITY OVERHEAD						
29.00	Facility Costs	0	2,870	2,870	0	2,870
30.00	Administrative Costs	172,269	245,859	418,128	0	418,128
31.00	Total Facility Overhead (sum of lines 29 and 30)	172,269	248,729	420,998	0	420,998
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,123,847	1,130,918	3,254,765	0	3,254,765

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 26-0110

Period:

Worksheet M-1

Component CCN: 26-8674

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/19/2020 11:28 am

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC III	Cost
		6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS					
1.00	Physician	-31,078	1,425,872		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	180,491		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	316,706		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	19,607		9.00
10.00	Subtotal (sum of lines 1 through 9)	-31,078	1,942,676		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	823,517		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	36,496		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	860,013		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-31,078	2,802,689		22.00
COSTS OTHER THAN RHC/FQHC SERVICES					
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
FACILITY OVERHEAD					
29.00	Facility Costs	0	2,870		29.00
30.00	Administrative Costs	0	418,128		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	420,998		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-31,078	3,223,687		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 26-0110

Period:

Worksheet M-2

Component CCN: 26-8657

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/19/2020 11:28 am

				RHC II		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	4.87	28,647	4,200	20,454		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.95	7,683	2,100	1,995		3.00
4.00	Subtotal (sum of lines 1 through 3)	5.82	36,330		22,449	36,330	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	5.82	36,330			36,330	8.00
9.00	Physician Services Under Agreements		0			0	9.00
							1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					3,548,554	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					3,548,554	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					766,203	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					2,496,718	15.00
16.00	Total overhead (sum of lines 14 and 15)					3,262,921	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					3,262,921	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					3,262,921	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					6,811,475	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 26-0110

Period:

Worksheet M-2

Component CCN: 26-8674

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/19/2020 11:28 am

				RHC III		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	3.26	19,869	4,200	13,692		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	1.30	6,396	2,100	2,730		3.00
4.00	Subtotal (sum of lines 1 through 3)	4.56	26,265		16,422	26,265	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	4.56	26,265			26,265	8.00
9.00	Physician Services Under Agreements		0			0	9.00
							1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					2,802,689	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					2,802,689	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					420,998	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,339,724	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,760,722	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,760,722	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,760,722	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					4,563,411	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2019 To 12/31/2019	Worksheet M-3 Date/Time Prepared: 8/19/2020 11:28 am	
		Title XVIII	RHC II	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			6,811,475	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			322,911	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			6,488,564	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			36,330	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00
6.00	Total adjusted visits (line 4 plus line 5)			36,330	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			178.60	7.00
			Calculation of Limit (1)		
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		83.45	84.70	8.00
9.00	Rate for Program covered visits (see instructions)		83.45	84.70	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		0	8,651	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	732,740	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	732,740	16.00
16.01	Total program charges (see instructions)(from contractor's records)			1,183,488	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			77,475	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			47,967	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)			450,551	16.04
16.05	Total program cost (see instructions)		0	498,518	16.05
17.00	Primary payer amounts			864	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			121,584	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			196,886	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			497,654	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			118,111	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			615,765	22.00
23.00	Allowable bad debts (see instructions)			0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)			0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	25.50
25.99	Demonstration payment adjustment amount before sequestration			0	25.99
26.00	Net reimbursable amount (see instructions)			615,765	26.00
26.01	Sequestration adjustment (see instructions)			12,315	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			480,548	27.00
28.00	Tentative settlement (for contractor use only)			0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)			122,902	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2			0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 26-0110 Component CCN: 26-8674	Period: From 01/01/2019 To 12/31/2019	Worksheet M-3 Date/Time Prepared: 8/19/2020 11:28 am		
			Title XVIII	RHC III	Cost	
				1.00		
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES						
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			4,563,411	1.00	
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			925,372	2.00	
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			3,638,039	3.00	
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			26,265	4.00	
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00	
6.00	Total adjusted visits (line 4 plus line 5)			26,265	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)			138.51	7.00	
			Calculation of Limit (1)			
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)		
			1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)			83.45	84.70	8.00
9.00	Rate for Program covered visits (see instructions)			83.45	84.70	9.00
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)			0	0	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)			0	0	11.00
12.00	Program covered visits for mental health services (from contractor records)			0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)			0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)			0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)					15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *			0	0	16.00
16.01	Total program charges (see instructions)(from contractor's records)				0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)				0	16.04
16.05	Total program cost (see instructions)			0	0	16.05
17.00	Primary payer amounts				0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				0	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)				0	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)				0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				0	22.00
23.00	Allowable bad debts (see instructions)				0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)				0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)				0	25.50
25.99	Demonstration payment adjustment amount before sequestration				0	25.99
26.00	Net reimbursable amount (see instructions)				0	26.00
26.01	Sequestration adjustment (see instructions)				0	26.01
26.02	Demonstration payment adjustment amount after sequestration				0	26.02
27.00	Interim payments				0	27.00
28.00	Tentative settlement (for contractor use only)				0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)				0	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2				0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST

Provider CCN: 26-0110
Component CCN: 26-8657Period:
From 01/01/2019
To 12/31/2019Worksheet M-4
Date/Time Prepared:
8/19/2020 11:28 am

		Title XVIII	RHC II	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		3,188,024	3,188,024	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.003203	0.008091	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		10,211	25,794	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		91,353	40,868	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		101,564	66,662	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		3,548,554	3,548,554	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		3,262,921	3,262,921	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.028621	0.018786	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		93,388	61,297	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		194,952	127,959	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		673	1,700	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		289.68	75.27	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		263	557	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		76,186	41,925	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			322,911	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			118,111	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 26-0110 Component CCN: 26-8674	Period: From 01/01/2019 To 12/31/2019	Worksheet M-4 Date/Time Prepared: 8/19/2020 11:28 am	
		Title XVIII	RHC III	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		1,942,676	1,942,676	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.019229	0.021880	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		37,356	42,506	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		406,541	81,928	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		443,897	124,434	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		2,802,689	2,802,689	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		1,760,722	1,760,722	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.158383	0.044398	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		278,868	78,173	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		722,765	202,607	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		2,995	3,408	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		241.32	59.45	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		0	0	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		0	0	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			925,372	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			0	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2019 To 12/31/2019	Worksheet M-5 Date/Time Prepared: 8/19/2020 11:28 am
		RHC II	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		480,548	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	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	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		480,548	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	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		122,902	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		603,450	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00