

SoutheastHEALTH

Title XVIII Medicare Cost Report

Provider CCN: 26-0110

Year Ended December 31, 2020

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 26-0110		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 3:26 pm		
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)						01/01/2020		12/31/2020		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

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 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/29/2021 3:26 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/29/2021	Time: 3:26 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SOUTHEASTHEALTH (26-0110) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Encryption Information

ECR: Date: 7/29/2021 Time: 3:26 pm

0vq0moz4mer5PE0Ti2LHwnGg61cM10

KFVDQ0i0FkiLU3XrcSxoGQPu.IMLhj

lohV2q6gvz0FQUPq

PI: Date: 7/29/2021 Time: 3:26 pm

fhNeOHXNRucBBWfv5z39Zog2ZgW8a0

AEBc408L2DFZ0AIVhxpWIXNkVi825s

9ntu0mQ50Z0RGK3w

(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	1,255,240	32,395	0	4,195,152	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-3,890	0		-63,091	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
10.01 RURAL HEALTH CLINIC II	0		91,630		0	10.01
10.02 RURAL HEALTH CLINIC III	0		0		0	10.02
200.00 Total	0	1,251,350	124,025	0	4,132,061	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.

Worksheet S-2
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

7/29/2021 3:26 pm S:\HFS\Hospitals\Southeast - Cape\2020\Cape 2020.mcrx

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 3:26 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	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 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 3:26 pm	
			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:			3,254,077	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

7/29/2021 3:26 pm S:\HFS\Hospitals\Southeast - Cape\2020\Cape 2020.mcrx

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 3:26 pm	
		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 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 3:26 pm
			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 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 7/29/2021 3:26 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			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	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	04/21/2021	Y	04/21/2021
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 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
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		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 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
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		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 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	206	75,612	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)		206	75,612	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	5,124	0.00	0	10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
11.01 CARDIOTHORACIC ICU	34.01	12	4,392	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)		232	85,128	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	13	4,326		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)		245				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 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,606	1,852	29,590			1.00
2.00	HMO and other (see instructions)	6,180	2,746				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	387	7				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)	13,606	1,852	29,590			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	1,701	153	3,699			10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	CARDIOTHORACIC ICU	1,257	355	2,836			11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		101	2,129			13.00
14.00	Total (see instructions)	16,564	2,461	38,254	0.00	1,781.63	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	1,754	255	3,020	0.00	13.74	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	3,623	323	6,843	0.00	14.64	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	16.56	24.00
24.10	HOSPICE (non-distinct part)			0			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	6,780	1,653	31,213	0.00	42.35	26.01
26.02	RURAL HEALTH CLINIC III	0	258	23,141	0.00	22.33	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	1,891.25	27.00
28.00	Observation Bed Days		254	5,601			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			600			30.00
31.00	Employee discount days - IRF			17			31.00
32.00	Labor & delivery days (see instructions)	0	13	40			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 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,105	411	7,178	1.00
2.00 HMO and other (see instructions)			994	557		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				1		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	3,105	411	7,178	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	150	21	251	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 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/29/2021 3:26 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	135,604,559	0	135,604,559	3,933,839.67	34.47
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		3,775,941	0	3,775,941	38,584.29	97.86
4.00	Physician-Part A - Administrative		447,319	0	447,319	1,939.31	230.66
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		18,547,170	0	18,547,170	139,992.00	132.49
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		1,963,008	0	1,963,008	109,816.31	17.88
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		9,222,482	0	9,222,482	227,794.71	40.49
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		38,067,566	107,764	38,175,330	746,970.29	51.11
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,620,435	0	1,620,435	21,636.40	74.89
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		7,764,281	0	7,764,281	211,863.64	36.65
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		13,856,701	0	13,856,701		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,614,388	0	3,614,388		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		117,693	0	117,693		
22.00	Physician Part A - Administrative		40,135	0	40,135		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,577,728	0	1,577,728		
24.00	Wage-related costs (RHC/FQHC)		458,009	0	458,009		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,583,443	0	1,583,443		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/29/2021 3:26 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	899,386	0	899,386	38,450.46	23.39	26.00
27.00	Administrative & General	5.00	16,434,457	0	16,434,457	581,038.23	28.28	27.00
28.00	Administrative & General under contract (see inst.)		923,332	0	923,332	5,863.42	157.47	28.00
29.00	Maintenance & Repairs	6.00	1,987,385	0	1,987,385	79,343.44	25.05	29.00
30.00	Operation of Plant	7.00	1,346	0	1,346	809.00	1.66	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,930,501	0	1,930,501	156,030.06	12.37	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,177,561	0	1,177,561	90,290.79	13.04	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,904,821	-56,620	2,848,201	95,120.64	29.94	38.00
39.00	Central Services and Supply	14.00	781,840	0	781,840	47,017.60	16.63	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	1,521,536	0	1,521,536	85,286.48	17.84	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 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/29/2021 3:26 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	103,019,290	0	103,019,290	3,423,515.78	30.09	1.00
2.00	Excluded area salaries (see instructions)	38,067,566	107,764	38,175,330	746,970.29	51.11	2.00
3.00	Subtotal salaries (line 1 minus line 2)	64,951,724	-107,764	64,843,960	2,676,545.49	24.23	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,384,716	0	9,384,716	233,500.04	40.19	4.00
5.00	Subtotal wage-related costs (see inst.)	15,480,279	0	15,480,279	0.00	23.87	5.00
6.00	Total (sum of lines 3 thru 5)	89,816,719	-107,764	89,708,955	2,910,045.53	30.83	6.00
7.00	Total overhead cost (see instructions)	28,562,165	-56,620	28,505,545	1,179,250.12	24.17	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
7/29/2021 3:26 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	1,992,277	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	297,460	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)	7,968,202	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	166,307	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	151,064	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	588,254	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	639,430	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	7,665,306	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	196,353	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)	19,664,653	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 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,620,435	19,664,653	1.00
2.00	Hospital	1,620,435	18,480,320	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	110,374	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	151,892	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	144,526	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	477,307	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	300,234	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 01/01/2020 To 12/31/2020		Worksheet S-4 Date/Time Prepared: 7/29/2021 3:26 pm	
						Home Health Agency I		PPS	
						1.00			
0.00 County								0.00	
				Title V	Title XVIII	Title XIX	Other	Total	
				1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours	0	367	21	43	431	1.00		
2.00	Unduplicated Census Count (see instructions)	0.00	315.00	0.00	0.00	0.00	2.00		
				Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week		Staff	Contract	Total			
		0		1.00	2.00	3.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)	40.00		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			1.99	0.00	1.99	5.00		
6.00	Direct Nursing Service			6.46	0.00	6.46	6.00		
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00		
8.00	Physical Therapy Service			2.93	0.00	2.93	8.00		
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00		
10.00	Occupational Therapy Service			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			0.56	0.00	0.56	14.00		
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00		
16.00	Home Health Aide			0.20	0.00	0.20	16.00		
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00		
18.00	DIETICIAN			0.07	0.00	0.07	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	1,420	155	62	15	1,652	21.00		
22.00	Skilled Nursing Visit Charges	211,935	23,134	9,254	2,239	246,562	22.00		
23.00	Physical Therapy Visits	1,224	130	58	3	1,415	23.00		
24.00	Physical Therapy Visit Charges	310,284	32,955	14,703	761	358,703	24.00		
25.00	Occupational Therapy Visits	190	63	0	1	254	25.00		
26.00	Occupational Therapy Visit Charges	48,165	15,971	0	254	64,390	26.00		
27.00	Speech Pathology Visits	43	11	0	0	54	27.00		
28.00	Speech Pathology Visit Charges	10,901	2,789	0	0	13,690	28.00		
29.00	Medical Social Service Visits	19	5	0	0	24	29.00		
30.00	Medical Social Service Visit Charges	3,045	801	0	0	3,846	30.00		
31.00	Home Health Aide Visits	186	38	0	0	224	31.00		
32.00	Home Health Aide Visit Charges	10,044	2,052	0	0	12,096	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,082	402	120	19	3,623	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)	594,374	77,702	23,957	3,254	699,287	35.00		
36.00	Total Number of Episodes (standard/non outlier)	364		54	4	422	36.00		
37.00	Total Number of Outlier Episodes		21		0	21	37.00		
38.00	Total Non-Routine Medical Supply Charges	11,262	972	387	150	12,771	38.00		

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 26-0110 Component CCN: 26-8657		Period: From 01/01/2020 To 12/31/2020		Worksheet S-8 Date/Time Prepared: 7/29/2021 3:26 pm	
				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 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 3:26 pm

		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 01/01/2020 To 12/31/2020		Worksheet S-8 Date/Time Prepared: 7/29/2021 3:26 pm		
				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			MO 63703-4927		
								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 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 3:26 pm

		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

Period:

Worksheet S-9

Hospice CCN: 26-1537

From 01/01/2020
To 12/31/2020PARTS I THROUGH IV
Date/Time Prepared:
7/29/2021 3:26 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	11,521	303	572	12,396	11.00
12.00	Hospice Inpatient Respite Care	15	0	0	15	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	11,536	303	572	12,411	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-10

Date/Time Prepared:
7/29/2021 3:26 pm

				1.00	
	Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.216038	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			21,288,060	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			99,713,776	6.00
7.00	Medicaid cost (line 1 times line 6)			21,541,965	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)			253,905	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)			253,905	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)	8,755,505	2,793,193	11,548,698	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,891,522	2,793,193	4,684,715	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)	1,891,522	2,793,193	4,684,715	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)			43,057,990	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,065,535	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,639,284	27.01
28.00	Non-Medicare bad debt expense (see instructions)			41,418,706	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			9,521,763	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			14,206,478	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			14,460,383	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,038,729	8,038,729	-6,546,034	1,492,695
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2		0	0	160,084	160,084
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3		0	0	736,944	736,944
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4		0	0	336,188	336,188
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5		0	0	0	0
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6		0	0	146,428	146,428
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7		0	0	518,472	518,472
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8		0	0	349,729	349,729
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9		374,491	374,491	8,755,878	9,130,369
2.00	00200	CAP REL COSTS-MYBLE EQUIP		10,527,729	10,527,729	6,070	10,533,799
3.00	00300	OTHER CAP REL COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	899,386	11,365,497	12,264,883	-1,481,423	10,783,460
5.01	01160	COMMUNICATIONS	181,261	391,276	572,537	0	572,537
5.02	00550	DATA PROCESSING	2,459,445	9,046,670	11,506,115	0	11,506,115
5.03	00560	PURCHASING RECEIVING AND STORES	641,940	-200,827	441,113	0	441,113
5.04	00570	ADMITTING	2,502,488	1,039,981	3,542,469	0	3,542,469
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,030,416	4,043,428	6,073,844	0	6,073,844
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	8,618,907	28,979,440	37,598,347	3,335	37,601,682
6.00	00600	MAINTENANCE & REPAIRS	1,987,385	1,334,475	3,321,860	0	3,321,860
7.00	00700	OPERATION OF PLANT	1,346	4,021,374	4,022,720	0	4,022,720
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,048,850	1,048,850
9.00	00900	HOUSEKEEPING	1,930,501	1,856,292	3,786,793	-1,048,850	2,737,943
10.00	01000	DIETARY	1,177,561	2,214,820	3,392,381	0	3,392,381
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,904,821	622,505	3,527,326	-56,620	3,470,706
14.00	01400	CENTRAL SERVICES & SUPPLY	781,840	898,491	1,680,331	-113,096	1,567,235
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,521,536	534,740	2,056,276	0	2,056,276
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	1,814,036	608,824	2,422,860	0	2,422,860
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	115,106	32,751	147,857	0	147,857
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	49,875	19,926	69,801	0	69,801
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	170,931	45,010	215,941	0	215,941
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PHARMACY RESIDENCY	99,673	15,868	115,541	51,144	166,685
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,029,619	4,617,076	20,646,695	-1,768,446	18,878,249
33.01	03301	ADULT SPECIAL CARE	2,008,213	1,815,192	3,823,405	-766,707	3,056,698
34.01	03401	CARDIOTHORACIC ICU	1,226,765	1,019,474	2,246,239	301,122	2,547,361
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	761,125	872,758	1,633,883	-7,410	1,626,473
43.00	04300	NURSERY	523,751	76,917	600,668	169,271	769,939
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,589,433	29,880,213	34,469,646	-23,036,516	11,433,130
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,563,819	1,563,819
53.00	05300	ANESTHESIOLOGY	7,399,713	1,808,005	9,207,718	92,648	9,300,366
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,531,539	1,663,502	4,195,041	-783,961	3,411,080
54.01	05401	ULTRASOUND	420,936	357,735	778,671	-59,305	719,366
54.03	05403	CARDIOVASCULAR LAB	1,909,340	7,652,445	9,561,785	-6,170,379	3,391,406
55.00	05500	RADIOLOGY-THERAPEUTIC	2,819,118	1,069,123	3,888,241	-140,491	3,747,750
55.01	05501	CHEMOTHERAPY	973,066	336,075	1,309,141	163,563	1,472,704
56.01	05601	NUCLEAR MEDICINE	273,262	893,449	1,166,711	-530	1,166,181
57.00	05700	CT SCAN	593,923	1,156,753	1,750,676	-134,595	1,616,081
58.00	05800	MRI	344,694	331,439	676,133	-9,173	666,960
60.00	06000	LABORATORY	3,583,891	8,559,165	12,143,056	-1,594	12,141,462
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	110	950,192	950,302	-5,902	944,400
65.00	06500	RESPIRATORY THERAPY	1,812,981	1,303,733	3,116,714	-149,453	2,967,261
66.00	06600	PHYSICAL THERAPY	787,198	82,231	869,429	0	869,429
66.01	06601	SOUTHEAST OUTPATIENT REHAB	1,833,220	304,520	2,137,740	-77	2,137,663
66.02	06602	PHYSIATRY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	216,818	22,090	238,908	-386	238,522
68.00	06800	SPEECH PATHOLOGY	141,907	13,863	155,770	0	155,770
69.01	06901	CV DIAGNOSTIC	670,259	424,038	1,094,297	59,247	1,153,544
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0
70.01	07001	NEUROPHYSIOLOGY	356,211	497,132	853,343	-106,114	747,229
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,631,517	13,631,517
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,329,204	19,329,204

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,742,501	37,248,371	39,990,872	-75,349	39,915,523	73.00
74.00	07400	RENAL DIALYSIS	198,227	26,862	225,089	0	225,089	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	278,332	34,826	313,158	0	313,158	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	3,291,437	667,585	3,959,022	0	3,959,022	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,070,371	1,130,529	3,200,900	0	3,200,900	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	761,976	181,911	943,887	8,099	951,986	90.01
90.02	09002	DIABETES CENTER	165,819	19,222	185,041	0	185,041	90.02
91.00	09100	EMERGENCY	8,845,854	3,163,738	12,009,592	-321,422	11,688,170	91.00
91.01	09101	G.I. LABORATORY	497,676	467,576	965,252	-240,640	724,612	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,047,427	196,204	1,243,631	28,310	1,271,941	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		4,463,759	4,463,759	-4,463,759	0	113.00
116.00	11600	HOSPICE	996,632	539,521	1,536,153	28,310	1,564,463	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	102,591,798	199,658,714	302,250,512	0	302,250,512	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,631	84,351	104,982	0	104,982	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	10,292	10,292	0	10,292	193.03
193.04	19304	COMMUNITY WELLNESS	0	23,309	23,309	0	23,309	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	30,238,798	6,623,859	36,862,657	0	36,862,657	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	647,095	5,090,143	5,737,238	0	5,737,238	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	1,048,513	3,276,653	4,325,166	0	4,325,166	193.11
193.13	19313	HEALTHPOINT	1,033,001	458,512	1,491,513	0	1,491,513	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	24,723	2,467	27,190	0	27,190	194.00
194.01	07951	FOUNDATION OFFICE	0	9,184	9,184	0	9,184	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	135,604,559	215,237,484	350,842,043	0	350,842,043	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-8,058	1,484,637	1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	0	160,084	1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	0	736,944	1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	0	336,188	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	146,428	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	518,472	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	349,729	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	-765,318	8,365,051	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-6,593	10,527,206	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,087,901	6,695,559	4.00
5.01	01160	COMMUNICATIONS	-60,135	512,402	5.01
5.02	00550	DATA PROCESSING	-987,902	10,518,213	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-50	441,063	5.03
5.04	00570	ADMITTING	0	3,542,469	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-1,065,684	5,008,160	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-8,734,713	28,866,969	5.06
6.00	00600	MAINTENANCE & REPAIRS	-38	3,321,822	6.00
7.00	00700	OPERATION OF PLANT	-564,977	3,457,743	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,048,850	8.00
9.00	00900	HOUSEKEEPING	-85,221	2,652,722	9.00
10.00	01000	DIETARY	-872,847	2,519,534	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	-120,862	3,349,844	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,047	1,565,188	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-103,452	1,952,824	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	-1,713,585	709,275	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	-128,990	18,867	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	-69,801	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	-215,941	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	166,685	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,764,447	13,113,802	30.00
33.01	03301	ADULT SPECIAL CARE	0	3,056,698	33.01
34.01	03401	CARDIOTHORACIC ICU	-1,816	2,545,545	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-80,276	1,546,197	41.00
43.00	04300	NURSERY	0	769,939	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-200,000	11,233,130	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,563,819	52.00
53.00	05300	ANESTHESIOLOGY	-8,348,135	952,231	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,411,080	54.00
54.01	05401	ULTRASOUND	0	719,366	54.01
54.03	05403	CARDIOVASCULAR LAB	-398,217	2,993,189	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,533,071	2,214,679	55.00
55.01	05501	CHEMOTHERAPY	-243,731	1,228,973	55.01
56.01	05601	NUCLEAR MEDICINE	0	1,166,181	56.01
57.00	05700	CT SCAN	0	1,616,081	57.00
58.00	05800	MRI	0	666,960	58.00
60.00	06000	LABORATORY	-1,878,879	10,262,583	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	944,400	63.00
65.00	06500	RESPIRATORY THERAPY	-36,181	2,931,080	65.00
66.00	06600	PHYSICAL THERAPY	-70,911	798,518	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	2,137,663	66.01
66.02	06602	PHYSIATRY	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	238,522	67.00
68.00	06800	SPEECH PATHOLOGY	0	155,770	68.00
69.01	06901	CV DIAGNOSTIC	0	1,153,544	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	-18,103	729,126	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,631,517	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-10,000	19,319,204	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-27,855	39,887,668	73.00
74.00	07400	RENAL DIALYSIS	0	225,089	74.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/29/2021 3:26 pm

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	-61,485	251,673	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	-75,385	3,883,637	88.01
88.02	08802	RURAL HEALTH CLINIC III	-24,533	3,176,367	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	-540,046	411,940	90.01
90.02	09002	DIABETES CENTER	0	185,041	90.02
91.00	09100	EMERGENCY	-7,136,115	4,552,055	91.00
91.01	09101	G.I. LABORATORY	0	724,612	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,271,941	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-77	1,564,386	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-46,043,378	256,207,134	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	104,982	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	10,292	193.03
193.04	19304	COMMUNITY WELLNESS	0	23,309	193.04
193.05	19305	HOME INFUSION	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	36,862,657	193.06
193.07	19307	GENERATIONS	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	5,737,238	193.08
193.09	19309	OUTREACH LAB	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	193.10
193.11	19311	MARKETING	-3,895,119	430,047	193.11
193.13	19313	HEALTHPOINT	0	1,491,513	193.13
193.14	19314	DOCTORS PARK	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	27,190	194.00
194.01	07951	FOUNDATION OFFICE	0	9,184	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-49,938,497	300,903,546	200.00

RECLASSIFICATIONS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
7/29/2021 3:26 pm

	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	160,084		1.00
2.00	NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	736,944		2.00
3.00	NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	336,188		3.00
4.00	NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	146,428		4.00
5.00	NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	518,472		5.00
6.00	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	349,729		6.00
7.00	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	4,298,189		7.00
	0		0	6,546,034		
	B - TO RECLASS INTEREST EXPENSE					
1.00	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	4,457,689		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,070		2.00
	0		0	4,463,759		
	D - TO RECLASS SUPPLY EXPENSE					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,631,517		1.00
2.00			0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
	0		0	13,631,517		
	E - TO RECLASS IMPLANTABLES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	19,304,436		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	19,304,436		
	F - TO RECLASS HHA ADMIN COST					
1.00	HOME HEALTH AGENCY	101.00	28,310	0		1.00
2.00	HOSPICE	116.00	28,310	0		2.00
	0		56,620	0		
	G - TO RECLASS ADMIN TO APPROP DEPT					
1.00	CV DIAGNOSTIC	69.01	49,465	13,288		1.00
	0		49,465	13,288		
	H - TO RECLASS ADMIN TO APPROP DEPT					
1.00	CHEMOTHERAPY	55.01	192,064	24,663		1.00
	0		192,064	24,663		
	J - TO RECLASS LABOR/ DELIVERY EXPENSE					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,352,299	211,520		1.00
2.00	NURSERY	43.00	164,550	25,738		2.00
	0		1,516,849	237,258		

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RECLASSIFICATIONS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
7/29/2021 3:26 pm

	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		3,335	1.00
2.00	ADULTS & PEDIATRICS	30.00		365,142	2.00
3.00	SUBPROVIDER - IRF	41.00		3,274	3.00
4.00	ANESTHESIOLOGY	53.00		521,616	4.00
5.00	CARDIOVASCULAR LAB	54.03		25,392	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00		104,492	6.00
7.00	CHEMOTHERAPY	55.01		17,632	7.00
8.00	NEUROPHYSIOLOGY	70.01		1,112	8.00
9.00	HYPERBARIC WOUND CLINIC	90.01		34,910	9.00
10.00	G.I. LABORATORY	91.01		1,645	10.00
11.00	EMERGENCY	91.00		402,873	11.00
12.00	HYPERBARIC WOUND CLINIC				12.00
13.00	G.I. LABORATORY				13.00
14.00	EMERGENCY				14.00
			0	1,481,423	
	L - TO RECLASS INVENTORY ADJMT				
1.00	OPERATING ROOM	50.00	0	79,241	1.00
2.00	ANESTHESIOLOGY	53.00	0	1,376	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	24,768	3.00
			0	105,385	
	M - TO RECLASS LAUNDRY EXPENSE				
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,048,850	1.00
			0	1,048,850	
	O - RECLASS IT SALARIES TO COMMUNICATIO				
1.00		0.00	0	0	1.00
			0	0	
	P - PHARMACY TEACHING SALAIRES				
1.00	PHARMACY RESIDENCY	23.00	51,144	0	1.00
			51,144	0	
	Q - BANKED MONITOR EXPENSE				
1.00	CARDIOTHORACIC ICU	34.01	194,880	24,223	1.00
			194,880	24,223	
	R - ER TO ACUTE				
1.00	ADULTS & PEDIATRICS	30.00	0	377,253	1.00
			0	377,253	
	S - CARDIAC LAB TO CARDIAC ICU				
1.00	CARDIOTHORACIC ICU	34.01	216,423	0	1.00
	TOTALS		216,423	0	
500.00	Grand Total: Increases		2,277,445	47,258,089	500.00

RECLASSIFICATIONS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
7/29/2021 3:26 pm

	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	6,546,034	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	6,546,034			
	B - TO RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	4,463,759	11	1.00	
2.00		0.00	0	0	11	2.00	
	0		0	4,463,759			
	D - TO RECLASS SUPPLY EXPENSE						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	113,096	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	756,734	0	2.00	
3.00	ADULT SPECIAL CARE	33.01	0	544,863	0	3.00	
4.00	CARDIOTHORACIC ICU	34.01	0	134,404	0	4.00	
5.00	SUBPROVIDER - IRF	41.00	0	10,684	0	5.00	
6.00	NURSERY	43.00	0	21,017	0	6.00	
7.00	OPERATING ROOM	50.00	0	7,601,159	0	7.00	
8.00	ANESTHESIOLOGY	53.00	0	430,344	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	779,647	0	9.00	
10.00	ULTRASOUND	54.01	0	59,305	0	10.00	
11.00	CARDIOVASCULAR LAB	54.03	0	2,127,481	0	11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	28,256	0	12.00	
13.00	CHEMOTHERAPY	55.01	0	70,796	0	13.00	
14.00	NUCLEAR MEDICINE	56.01	0	530	0	14.00	
15.00	CT SCAN	57.00	0	134,595	0	15.00	
16.00	MRI	58.00	0	9,173	0	16.00	
17.00	LABORATORY	60.00	0	1,594	0	17.00	
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	5,902	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	115,403	0	19.00	
20.00	SOUTHEAST OUTPATIENT REHAB	66.01	0	77	0	20.00	
21.00	OCCUPATIONAL THERAPY	67.00	0	386	0	21.00	
22.00	CV DIAGNOSTIC	69.01	0	3,506	0	22.00	
23.00	NEUROPHYSIOLOGY	70.01	0	107,226	0	23.00	
24.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,205	0	24.00	
25.00	HYPERBARIC WOUND CLINIC	90.01	0	26,811	0	25.00	
26.00	EMERGENCY	91.00	0	347,042	0	26.00	
27.00	G.I. LABORATORY	91.01	0	177,281	0	27.00	
	0		0	13,631,517			
	E - TO RECLASS IMPLANTABLES						
1.00	ADULT SPECIAL CARE	33.01	0	2,741	0	1.00	
2.00	OPERATING ROOM	50.00	0	15,514,598	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,314	0	3.00	
4.00	CARDIOVASCULAR LAB	54.03	0	3,683,729	0	4.00	
5.00	RESPIRATORY THERAPY	65.00	0	34,050	0	5.00	
6.00	G.I. LABORATORY	91.01	0	65,004	0	6.00	
	0		0	19,304,436			
	F - TO RECLASS HHA ADMIN COST						
1.00	NURSING ADMINISTRATION	13.00	56,620	0	0	1.00	
2.00		0.00	0	0	0	2.00	
	0		56,620	0			
	G - TO RECLASS ADMIN TO APPROP DEPT						
1.00	CARDIOVASCULAR LAB	54.03	49,465	13,288	0	1.00	
	0		49,465	13,288			
	H - TO RECLASS ADMIN TO APPROP DEPT						
1.00	RADIOLOGY-THERAPEUTIC	55.00	192,064	24,663	0	1.00	
	0		192,064	24,663			
	J - TO RECLASS LABOR/ DELIVERY EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	1,516,849	237,258	0	1.00	
2.00		0.00	0	0	0	2.00	
	0		1,516,849	237,258			
	K - RECLASS PHYSICIAN BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,481,423	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	

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RECLASSIFICATIONS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
7/29/2021 3:26 pm

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	1,481,423		
L - TO RECLASS INVENTORY ADJMT						
1.00	CARDIOVASCULAR LAB	54.03	0	105,385	0	1.00
2.00			0	0	0	2.00
3.00		0.00	0	0	0	3.00
0			0	105,385		
M - TO RECLASS LAUNDRY EXPENSE						
1.00	HOUSEKEEPING	9.00	0	1,048,850	0	1.00
0			0	1,048,850		
O - RECLASS IT SALARIES TO COMMUNICATIO						
1.00		0.00	0	0	0	1.00
0			0	0		
P - PHARMACY TEACHING SALAIRES						
1.00	DRUGS CHARGED TO PATIENTS	73.00	51,144	0	0	1.00
0			51,144	0		
Q - BANKED MONITOR EXPENSE						
1.00	ADULT SPECIAL CARE	33.01	194,880	24,223	0	1.00
0			194,880	24,223		
R - ER TO ACUTE						
1.00	EMERGENCY	91.00	0	377,253	0	1.00
0			0	377,253		
S - CARDIAC LAB TO CARDIAC ICU						
1.00	CARDIOVASCULAR LAB	54.03	216,423	0	0	1.00
0			216,423	0		
500.00	Grand Total: Decreases		2,277,445	47,258,089		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	17,239,574	3,850,976	0	3,850,976	0	1.00
2.00	Land Improvements	13,708,433	15,551	0	15,551	0	2.00
3.00	Buildings and Fixtures	217,621,941	6,486,074	0	6,486,074	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	127,592,072	19,086,807	0	19,086,807	15,482,644	6.00
7.00	HIT designated Assets	4,713,528	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	380,875,548	29,439,408	0	29,439,408	15,482,644	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	380,875,548	29,439,408	0	29,439,408	15,482,644	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	21,090,550	0				1.00
2.00	Land Improvements	13,723,984	0				2.00
3.00	Buildings and Fixtures	224,108,015	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	131,196,235	0				6.00
7.00	HIT designated Assets	4,713,528	0				7.00
8.00	Subtotal (sum of lines 1-7)	394,832,312	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	394,832,312	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	8,038,729	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	374,491	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	10,527,729	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,566,458	0	374,491	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	8,038,729				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	374,491				1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,527,729				2.00
3.00	Total (sum of lines 1-2)	0	18,940,949				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
		1.00	2.00	3.00	4.00	5.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	258,922,550	0	258,922,550	0.655779	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	135,909,763	0	135,909,763	0.344221	0	2.00	
3.00	Total (sum of lines 1-2)	394,832,313	0	394,832,313	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	1,484,637	0	1.00	
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	160,084	0	1.01	
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	736,944	0	1.02	
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	336,188	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	146,428	0	1.05	
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	518,472	0	1.06	
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	349,729	0	1.07	
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	4,297,946	0	1.08	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,524,723	0	2.00	
3.00	Total (sum of lines 1-2)	0	0	0	18,555,151	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	1,484,637	1.00	
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	0	160,084	1.01	
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	0	736,944	1.02	
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	0	336,188	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	146,428	1.05	
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	518,472	1.06	
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0	349,729	1.07	
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	4,067,105	0	0	0	8,365,051	1.08	
2.00	CAP REL COSTS-MVBLE EQUIP	2,483	0	0	0	10,527,206	2.00	
3.00	Total (sum of lines 1-2)	4,069,588	0	0	0	22,624,739	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8

Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - 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	-765,075	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	11	1.08
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,042	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	-28,341	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	-23,623,116			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	-11,070,499			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-834,625	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	-27,855	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-103,452	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-1,713,585	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-8,257	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 01/01/2020
To 12/31/2020

Worksheet A-8

Date/Time Prepared:
7/29/2021 3:26 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
23.00	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00			0 *** Cost Center Deleted ***	114.00		25.00
26.00			0 CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01			0 NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	26.01
26.02			0 NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	26.02
26.03			0 NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	26.03
26.04			0 NEW CAP-REL CSTS-BLDGS & FIX #5	1.04	0	26.04
26.05			0 NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	26.05
26.06			0 NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	26.06
26.07			0 NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	26.07
26.08			0 NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	26.08
27.00	A	-2,545	CAP REL COSTS-MVBLE EQUIP	2.00	11	27.00
28.00			0 NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00			0	0.00	0	29.00
30.00	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	A		0 ADULTS & PEDIATRICS	30.00		30.99
31.00	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00
32.00			0	0.00	0	32.00
33.00	B	-25,249	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
34.00	B		0 OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.00
35.00	B		0 OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.00
36.00	B		0 OTHER ADMINISTRATIVE & GENERAL	5.06	0	36.00
37.00	B	-113,917	0 OTHER ADMINISTRATIVE & GENERAL	5.06	0	37.00
38.00	A		0 OTHER ADMINISTRATIVE & GENERAL	5.06	0	38.00
39.00	A	-217,983	EMERGENCY	91.00	0	39.00
40.00	A	-8,379	HYPERBARIC WOUND CLINIC	90.01	0	40.00
41.00	A	-39,390	0 OTHER ADMINISTRATIVE & GENERAL	5.06	0	41.00
42.00	B	-50	PURCHASING RECEIVING AND STORES	5.03	0	42.00
43.00	B	-4,538	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	43.00
44.00	B	-1,456,465	0 OTHER ADMINISTRATIVE & GENERAL	5.06	0	44.00
45.00	B	-85,221	HOUSEKEEPING	9.00	0	45.00
45.01	B		0 DIETARY	10.00	0	45.01
45.02	B	-2,047	CENTRAL SERVICES & SUPPLY	14.00	0	45.02
45.03	B	-5,460	ADULTS & PEDIATRICS	30.00	0	45.03
45.04	B	-38	MAINTENANCE & REPAIRS	6.00	0	45.04
45.05	B	-39,594	OPERATION OF PLANT	7.00	0	45.05
45.06	B	-17	SUBPROVIDER - IRF	41.00	0	45.06

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ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8

Date/Time Prepared:
7/29/2021 3:26 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00	5.00
45.07	MISC INCOME - IMPLANT	B		-10,000	IMPL. DEV. CHARGED TO PATIENTS	72.00	0 45.07
45.08	MISC INCOME - RADIOLOGY	B			RADIOLOGY-DIAGNOSTIC	54.00	0 45.08
46.00	MISC INCOME - RADIOLOGY	B			CARDIOVASCULAR LAB	54.03	0 46.00
47.00	MISC INCOME - THERAPEUTIC RADIOLOGY	B		-18,401	RADIOLOGY-THERAPEUTIC	55.00	0 47.00
49.00	MISC INCOME - NUCLEAR MEDICINE	B			CT SCAN	57.00	0 49.00
49.01	MISC INCOME - LABORATORY	B		-7,642	LABORATORY	60.00	0 49.01
49.02	MISC INCOME - RESPIRATORY THERAPY	B		-36,181	RESPIRATORY THERAPY	65.00	0 49.02
49.03	MISC INCOME - PHYSICAL THERAPY	B		-70,911	PHYSICAL THERAPY	66.00	0 49.03
49.04	MISC INCOME - CARDIAC REHAB	B		-61,485	CARDIAC REHABILITATION	76.97	0 49.04
49.05	MISC INCOME GI LAB	B			G.I. LABORATORY	91.01	0 49.05
49.06	MISC INCOME - HOME HEALTH	B			HOME HEALTH AGENCY	101.00	0 49.06
49.07	MISC INCOME - HOSPICE	B		-77	HOSPICE	116.00	0 49.07
49.08	NONPATIENT LAB	B		-1,818,011	LABORATORY	60.00	0 49.08
49.09	SCHOOL OF RAD TECH TUITION	A		-215,941	SCHOOL OF RADIOLOGICAL TECHNOLOGY	20.03	0 49.09
49.10	SCHOOL OF SURG TECH TUITION	A		-69,801	SCHOOL OF SURGICAL TECHNOLOGY	20.02	0 49.10
49.11	SCHOOL OF MED TECH TUITION	B		-128,990	SCHOOL OF MEDICAL TECHNOLOGY	20.01	0 49.11
49.12	340B DRUG PROGRAM	B			DRUGS CHARGED TO PATIENTS	73.00	0 49.12
49.13	PRISONER MEALS	B		-29,965	DIETARY	10.00	0 49.13
49.14	INTEREST	B		0		0.00	0 49.14
49.15	RENTAL INCOME	B		-558,858	OPERATION OF PLANT	7.00	0 49.15
49.16	HOSPITALIST EXPENSE - SALARY	A		-171,430	ADULTS & PEDIATRICS	30.00	0 49.16
49.17	HOSPITALIST EXPENSE - OTHER	A		-68,691	ADULTS & PEDIATRICS	30.00	0 49.17
49.18	ANESTHESIA - PROF - SALARY	A		-237,229	ANESTHESIOLOGY	53.00	0 49.18
49.19	ANESTHESIA - PROF - OTHER	A		-55,374	ANESTHESIOLOGY	53.00	0 49.19
49.20	SELF-INSURED COST	A		-3,763,948	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.20
49.21	MHA EXPENSE	A		-282,804	OTHER ADMINISTRATIVE & GENERAL	5.06	0 49.21
49.22	MHA PAID TO POOL	A		-806,811	OTHER ADMINISTRATIVE & GENERAL	5.06	0 49.22
49.23	REAL ESTATE TAXES	A		-180,085	OPERATION OF PLANT	7.00	0 49.23
49.24	PHYSICIAN RECRUITMENT - ENVIRONMENTAL	A			HOUSEKEEPING	9.00	0 49.24
49.25	PHYSICIAN RECRUITMENT - HOSPITALISTS	A			ADULTS & PEDIATRICS	30.00	0 49.25
49.26	PHYSICIAN RECRUITMENT - ANESTHESIA	A			ANESTHESIOLOGY	53.00	0 49.26
49.27	PHYSICIAN RECRUITMENT - WOUND CENTER	A			HYPERBARIC WOUND CLINIC	90.01	0 49.27
49.28	PHYSICIAN RECRUITMENT - ED	A			EMERGENCY	91.00	0 49.28
49.29	NON ALLOWABLE LEGAL FEES	A			OTHER ADMINISTRATIVE & GENERAL	5.06	0 49.29
49.30	RHC PHYSICIANS - HOSPITAL TIME	A		-75,385	RURAL HEALTH CLINIC II	88.01	0 49.30
49.31	RHC PHYSICIANS - HOSPITAL TIME	A		-24,533	RURAL HEALTH CLINIC III	88.02	0 49.31
49.32	SCHOOL OF NURSING - SETTLEMENTS	A			NURSING SCHOOL	20.00	0 49.32
49.33	PHYSICIAN BILLING SALARIES	A		-647,120	CASHIERING/ACCOUNTS RECEIVABLE	5.05	11 49.33
49.34	PHYSICIAN BILLING OTHER EXPENSES	A		-414,026	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 49.34
49.35	MISC INCOME - CAPITAL	B		-8,058	CAP REL COSTS-BLDG & FIXT	1.00	9 49.35
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			-49,938,497			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 01/01/2020
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:
7/29/2021 3:26 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COSTS	4,621,041	4,624,047 1.00
2.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	2,692,545	2,870,158 2.00
3.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	1,307,022	1,428,113 3.00
4.00		5.01	COMMUNICATIONS	HOME OFFICE COSTS	343,176	374,970 4.00
4.01		5.02	DATA PROCESSING	HOME OFFICE COSTS	10,663,133	11,651,035 4.01
4.02		5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE COSTS	9,312,851	10,175,654 4.02
4.03		7.00	OPERATION OF PLANT	HOME OFFICE COSTS	269,599	294,576 4.03
4.04		13.00	NURSING ADMINISTRATION	HOME OFFICE COSTS	1,304,552	1,425,414 4.04
4.06		193.11	MARKETING	HOME OFFICE COSTS	0	3,895,119 4.06
4.07		5.06	OTHER ADMINISTRATIVE & GENER	INTERNAL RENT ALLOCATION	0	5,083,626 4.07
4.08		7.00	OPERATION OF PLANT	INTERNAL RENT ALLOCATION	0	-238,537 4.08
4.09		1.08	NEW CAP-REL CSTS-BLDGS & FIX	HOME OFFICE COSTS	374,248	374,491 4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				30,888,167	41,958,666 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	
	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 01/01/2020
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:
7/29/2021 3:26 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-3,006	9		1.00
2.00	-177,613	0		2.00
3.00	-121,091	0		3.00
4.00	-31,794	0		4.00
4.01	-987,902	0		4.01
4.02	-862,803	0		4.02
4.03	-24,977	0		4.03
4.04	-120,862	0		4.04
4.06	-3,895,119	0		4.06
4.07	-5,083,626	0		4.07
4.08	238,537	0		4.08
4.09	-243	9		4.09
5.00	-11,070,499			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 01/01/2020
To 12/31/2020

Worksheet A-8-2

Date/Time Prepared:
7/29/2021 3:26 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMINISTRATIVE & GENERAL	88,897	88,897	0	211,500	0	1.00
2.00	34.01	CARDIOTHORACIC ICU	1,816	1,816	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	5,569,174	5,472,892	96,282	211,500	464	3.00
4.00	41.00	SUBPROVIDER - IRF	114,933	66,287	48,646	211,500	341	4.00
5.00	50.00	OPERATING ROOM	200,000	200,000	0	246,500	0	5.00
6.00	53.00	ANESTHESIOLOGY	8,112,312	8,015,508	96,804	239,400	469	6.00
7.00	54.03	CARDIOVASCULAR LAB	398,217	398,217	0	211,500	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	1,514,670	1,514,670	0	271,900	0	8.00
9.00	55.01	CHEMOTHERAPY	243,731	243,731	0	211,500	0	9.00
10.00	60.00	LABORATORY	53,226	53,226	0	0	0	10.00
11.00	70.01	NEUROPHYSIOLOGY	18,103	18,103	0	211,500	0	11.00
12.00	90.01	HYPERBARIC WOUND CLINIC	535,226	529,694	5,532	211,500	33	12.00
13.00	91.00	EMERGENCY	6,942,270	6,676,072	266,198	211,500	42	13.00
14.00	91.01	G.I. LABORATORY	23,388	0	23,388	211,500	591	14.00
200.00			23,815,963	23,279,113	536,850		1,940	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	0	0	0	0	0	1.00
2.00	34.01	CARDIOTHORACIC ICU	0	0	0	0	1,816	2.00
3.00	30.00	ADULTS & PEDIATRICS	47,181	2,359	0	0	180,879	3.00
4.00	41.00	SUBPROVIDER - IRF	34,674	1,734	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	53,980	2,699	0	0	234,655	6.00
7.00	54.03	CARDIOVASCULAR LAB	0	0	0	0	5,879	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	18,924	8.00
9.00	55.01	CHEMOTHERAPY	0	0	0	0	2,993	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	70.01	NEUROPHYSIOLOGY	0	0	0	0	0	11.00
12.00	90.01	HYPERBARIC WOUND CLINIC	3,355	168	0	0	19,715	12.00
13.00	91.00	EMERGENCY	4,271	214	0	0	518,111	13.00
14.00	91.01	G.I. LABORATORY	60,095	3,005	0	0	0	14.00
200.00			203,556	10,179	0	0	982,972	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	0	0	88,897		1.00
2.00	34.01	CARDIOTHORACIC ICU	0	0	0	1,816		2.00
3.00	30.00	ADULTS & PEDIATRICS	3,127	50,308	45,974	5,518,866		3.00
4.00	41.00	SUBPROVIDER - IRF	0	34,674	13,972	80,259		4.00
5.00	50.00	OPERATING ROOM	0	0	0	200,000		5.00
6.00	53.00	ANESTHESIOLOGY	2,800	56,780	40,024	8,055,532		6.00
7.00	54.03	CARDIOVASCULAR LAB	0	0	0	398,217		7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	1,514,670		8.00
9.00	55.01	CHEMOTHERAPY	0	0	0	243,731		9.00
10.00	60.00	LABORATORY	0	0	0	53,226		10.00
11.00	70.01	NEUROPHYSIOLOGY	0	0	0	18,103		11.00
12.00	90.01	HYPERBARIC WOUND CLINIC	204	3,559	1,973	531,667		12.00
13.00	91.00	EMERGENCY	19,867	24,138	242,060	6,918,132		13.00
14.00	91.01	G.I. LABORATORY	0	60,095	0	0		14.00
200.00			25,998	229,554	344,003	23,623,116		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

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	1,484,637	1,484,637			1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	160,084	0	160,084		1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	736,944	0	0	736,944	1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	336,188	0	0	0	1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	336,188	1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	146,428	0	0	0	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	518,472	0	0	0	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	349,729	0	0	0	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	8,365,051	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	10,527,206				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,695,559	0	0	0	4.00
5.01	01160	COMMUNICATIONS	512,402	16,861	0	0	5.01
5.02	00550	DATA PROCESSING	10,518,213	0	2,158	2,186	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	441,063	0	3,510	63,866	5.03
5.04	00570	ADMITTING	3,542,469	0	11,315	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,008,160	0	0	18,741	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	28,866,969	274,516	10,672	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,321,822	0	0	16,727	6.00
7.00	00700	OPERATION OF PLANT	3,457,743	118,026	6,814	52,176	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,048,850	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,652,722	0	5,963	13,274	9.00
10.00	01000	DIETARY	2,519,534	0	11,190	0	10.00
11.00	01100	CAFETERIA	0	0	0	68,643	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,349,844	194,515	8,482	7,651	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,565,188	0	585	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,952,824	0	0	26,791	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	709,275	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	18,867	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	166,685	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,113,802	137,346	37,354	577,833	30.00
33.01	03301	ADULT SPECIAL CARE	3,056,698	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	2,545,545	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,546,197	0	23,459	0	41.00
43.00	04300	NURSERY	769,939	0	0	10,617	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,233,130	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,563,819	0	10,248	19,800	52.00
53.00	05300	ANESTHESIOLOGY	952,231	0	2,995	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,411,080	0	0	0	54.00
54.01	05401	ULTRASOUND	719,366	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	2,993,189	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,214,679	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	1,228,973	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	1,166,181	0	0	0	56.01
57.00	05700	CT SCAN	1,616,081	0	0	0	57.00
58.00	05800	MRI	666,960	0	0	0	58.00
60.00	06000	LABORATORY	10,262,583	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.	944,400	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,931,080	99,585	0	0	65.00
66.00	06600	PHYSICAL THERAPY	798,518	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,137,663	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	238,522	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	155,770	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	1,153,544	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	729,126	281,981	0	0	70.01

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

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	13,631,517	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,319,204	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,887,668	361,807	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	225,089	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	251,673	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	3,883,637	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	3,176,367	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	411,940	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	185,041	0	0	0	0	90.02
91.00	09100	EMERGENCY	4,552,055	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	724,612	0	24,210	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,271,941	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,564,386	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	256,207,134	1,484,637	158,955	733,713	327,298	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	104,982	0	0	3,231	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	10,292	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	23,309	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	36,862,657	0	1,129	0	8,890	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	5,737,238	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	430,047	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	1,491,513	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	27,190	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	9,184	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)	300,903,546	1,484,637	160,084	736,944	336,188	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

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	146,428				1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	518,472			1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	349,729		1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0	8,365,051	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	137,917	4.00
5.01	01160	COMMUNICATIONS	0	0	2,537	0	1,910	5.01
5.02	00550	DATA PROCESSING	0	10,151	8,260	0	344,119	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	190,257	5.03
5.04	00570	ADMITTING	0	18,488	0	0	35,927	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	111,405	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	4,388	9,550	1,842	85,908	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	29,138	0	6.00
7.00	00700	OPERATION OF PLANT	0	28,434	85,856	0	92,536	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	1,214	1,190	54,582	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	63,466	1,940	0	64,036	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	70,430	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	274,624	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	19,708	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	18,655	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	42,749	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	163,174	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	58,272	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	60,111	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	91,937	70,095	73,003	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	23,124	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7,138	265,872	54.00
54.01	05401	ULTRASOUND	0	0	0	4,987	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	24,846	18,732	105,518	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	71,269	513,108	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	416,888	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	6,656	133,920	56.01
57.00	05700	CT SCAN	0	0	0	3,671	61,794	57.00
58.00	05800	MRI	0	0	0	0	95,167	58.00
60.00	06000	LABORATORY	0	0	49,221	3,398	76,064	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	1,789	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,542	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,474	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	370,260	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,951	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	976	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	4,770	1,732	60,176	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	2,705	0	11,950	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

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

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	532	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	21,501	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	559,424	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	220,920	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	112,341	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	93,783	90.02
91.00	09100	EMERGENCY	0	0	0	40,572	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	64,056	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	64,056	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	146,428	518,472	349,729	4,843,063	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	40,001	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	76,025	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	1,824,045	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	60,274	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	117	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	115,304	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	1,358,892	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	9,883	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	37,447	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	146,428	518,472	349,729	8,365,051	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description			CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	Subtotal	DATA PROCESSING	
			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	10,527,206					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,183	6,834,659				4.00
5.01	01160	COMMUNICATIONS	45,881	11,663	591,254			5.01
5.02	00550	DATA PROCESSING	3,456,896	0	16,912	14,358,895	14,358,895	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,944	41,303	4,770	750,713	43,909	5.03
5.04	00570	ADMITTING	4,657	161,013	12,358	3,804,968	222,553	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	89,500	130,639	14,310	5,361,590	313,599	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	218,875	248,025	34,690	29,781,572	1,741,924	5.06
6.00	00600	MAINTENANCE & REPAIRS	59,995	127,870	11,708	3,606,965	210,971	6.00
7.00	00700	OPERATION OF PLANT	90,712	87	0	3,947,176	230,870	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,048,850	61,347	8.00
9.00	00900	HOUSEKEEPING	12,687	124,210	4,987	2,874,658	168,139	9.00
10.00	01000	DIETARY	12,475	75,765	6,288	2,693,895	157,566	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	46,701	131,463	9,757	3,877,855	226,816	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	309,809	50,304	3,252	1,999,568	116,955	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,070	97,897	9,323	2,087,905	122,122	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	55,692	116,717	8,022	1,164,330	68,102	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	131	7,406	0	46,112	2,697	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	132	3,209	0	21,996	1,287	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	52	10,998	0	53,799	3,147	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	9,704	0	176,389	10,317	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	314,259	626,231	86,942	15,147,608	885,984	30.00
33.01	03301	ADULT SPECIAL CARE	99,495	116,672	8,673	3,339,810	195,345	33.01
34.01	03401	CARDIOTHORACIC ICU	154,347	105,395	6,504	2,871,902	167,978	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	13,980	46,171	8,889	1,638,696	95,847	41.00
43.00	04300	NURSERY	29,616	44,286	650	855,108	50,015	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,687,330	295,289	29,704	13,480,488	788,474	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,886	87,008	5,204	1,708,965	99,957	52.00
53.00	05300	ANESTHESIOLOGY	202,930	22,655	9,757	1,213,692	70,989	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	555,342	162,882	21,465	4,423,779	258,747	54.00
54.01	05401	ULTRASOUND	24,448	27,083	1,084	776,968	45,445	54.01
54.03	05403	CARDIOVASCULAR LAB	522,382	82,612	7,805	3,755,084	219,635	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	129,591	84,453	11,058	3,024,158	176,883	55.00
55.01	05501	CHEMOTHERAPY	31,600	60,773	5,420	1,743,654	101,986	55.01
56.01	05601	NUCLEAR MEDICINE	7,404	17,582	1,951	1,333,694	78,008	56.01
57.00	05700	CT SCAN	87,799	38,214	1,301	1,808,860	105,800	57.00
58.00	05800	MRI	63,309	22,178	3,035	850,649	49,754	58.00
60.00	06000	LABORATORY	335,238	230,591	16,044	10,973,139	641,819	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	7	1,084	947,280	55,406	63.00
65.00	06500	RESPIRATORY THERAPY	165,345	116,649	5,854	3,324,055	194,424	65.00
66.00	06600	PHYSICAL THERAPY	220	50,649	5,204	864,065	50,539	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	12,516	117,951	19,080	2,657,470	155,435	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,672	13,950	434	258,529	15,121	67.00
68.00	06800	SPEECH PATHOLOGY	391	9,130	0	166,267	9,725	68.00
69.01	06901	CV DIAGNOSTIC	190,185	46,308	10,190	1,466,905	85,799	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	60,921	21,952	6,071	1,114,706	65,199	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,631,517	797,307	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,319,204	1,129,980	72.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

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	481,731	173,165	6,938	40,911,841	2,392,817	73.00
74.00	07400	RENAL DIALYSIS	4,318	12,754	0	242,161	14,164	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	15,762	17,908	1,735	308,579	18,049	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	87,972	211,774	11,274	4,754,081	278,066	88.01
88.02	08802	RURAL HEALTH CLINIC III	10,400	133,210	9,757	3,550,654	207,678	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	18,320	18,636	4,553	565,790	33,093	90.01
90.02	09002	DIABETES CENTER	1,731	10,669	1,951	293,175	17,148	90.02
91.00	09100	EMERGENCY	48,922	214,185	17,128	4,872,862	285,014	91.00
91.01	09101	G.I. LABORATORY	248,649	30,642	6,938	1,035,051	60,540	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	9,966	69,214	6,071	1,421,248	83,129	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,111	65,946	5,854	1,709,353	99,980	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,064,480	4,753,047	481,979	250,018,283	13,783,600	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,985	1,327	0	151,526	8,863	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	2,343	0	2,385	91,045	5,325	193.03
193.04	19304	COMMUNITY WELLNESS	2,133	0	0	25,442	1,488	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	331,733	1,945,592	75,452	41,049,498	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	9,417	41,635	2,385	5,850,949	342,222	193.08
193.09	19309	OUTREACH LAB	0	0	0	117	7	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	12,640	25,003	4,987	587,981	34,391	193.11
193.13	19313	HEALTHPOINT	91,638	66,464	21,681	3,030,188	177,236	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	10,459	1,591	434	49,557	2,899	194.00
194.01	07951	FOUNDATION OFFICE	378	0	1,951	48,960	2,864	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)	10,527,206	6,834,659	591,254	300,903,546	14,358,895	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

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	794,622					5.03
5.04	00570	ADMITTING	81	4,027,602				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	140	0	5,675,329			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	290	0	0	31,523,786	31,523,786	5.06
6.00	00600	MAINTENANCE & REPAIRS	44	0	0	3,817,980	446,795	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	4,178,046	488,932	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,110,197	129,920	8.00
9.00	00900	HOUSEKEEPING	43	0	0	3,042,840	356,085	9.00
10.00	01000	DIETARY	3	0	0	2,851,464	333,690	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	667	0	0	4,105,338	480,423	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	32	0	0	2,116,555	247,688	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	352	0	0	2,210,379	258,667	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	46	0	0	1,232,478	144,230	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	30	0	0	48,839	5,715	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	23,283	2,725	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	56,946	6,664	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	186,706	21,849	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	597	137,101	193,200	16,364,490	1,915,038	30.00
33.01	03301	ADULT SPECIAL CARE	85	23,210	32,707	3,591,157	420,252	33.01
34.01	03401	CARDIOTHORACIC ICU	60	17,594	24,793	3,082,327	360,706	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	149	7,410	10,441	1,752,543	205,090	41.00
43.00	04300	NURSERY	0	7,179	10,117	922,419	107,945	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	183	441,887	622,698	15,333,730	1,794,414	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	22,392	31,555	1,862,869	218,000	52.00
53.00	05300	ANESTHESIOLOGY	7	112,155	158,046	1,554,889	181,959	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	224	103,294	145,559	4,931,603	577,116	54.00
54.01	05401	ULTRASOUND	4	36,987	52,121	911,525	106,670	54.01
54.03	05403	CARDIOVASCULAR LAB	27	127,677	179,920	4,282,343	501,137	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	145	83,135	117,152	3,401,473	398,054	55.00
55.01	05501	CHEMOTHERAPY	35	28,184	39,716	1,913,575	223,934	55.01
56.01	05601	NUCLEAR MEDICINE	27	50,785	71,565	1,534,079	179,524	56.01
57.00	05700	CT SCAN	10	219,084	308,728	2,442,482	285,829	57.00
58.00	05800	MRI	5	81,134	114,332	1,095,874	128,244	58.00
60.00	06000	LABORATORY	167	363,041	511,590	12,489,756	1,461,601	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16	26,949	37,975	1,067,626	124,938	63.00
65.00	06500	RESPIRATORY THERAPY	38	139,210	196,171	3,853,898	450,999	65.00
66.00	06600	PHYSICAL THERAPY	14	37,145	52,344	1,004,107	117,505	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	66	45,607	64,268	2,922,846	342,043	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	11,993	16,901	302,544	35,405	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,257	7,408	188,657	22,077	68.00
69.01	06901	CV DIAGNOSTIC	60	109,486	154,285	1,816,535	212,578	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	40	25,252	35,584	1,240,781	145,201	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	326,598	401,783	566,184	15,723,389	1,840,014	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	463,122	458,100	645,544	22,015,950	2,576,395	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107	674,437	950,126	44,929,328	5,257,697	73.00
74.00	07400	RENAL DIALYSIS	0	6,303	8,882	271,510	31,773	74.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
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To 12/31/2020Worksheet B
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Date/Time Prepared:
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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	6	3,053	4,302	333,989	39,085	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	181	16,761	23,619	5,072,708	593,629	88.01
88.02	08802	RURAL HEALTH CLINIC III	72	20,667	29,123	3,808,194	445,650	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	72	18,263	25,736	642,954	75,241	90.01
90.02	09002	DIABETES CENTER	11	402	567	311,303	36,430	90.02
91.00	09100	EMERGENCY	195	111,927	157,726	5,427,724	635,174	91.00
91.01	09101	G.I. LABORATORY	21	40,235	56,698	1,192,545	139,556	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	66	5,259	7,410	1,517,112	177,539	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	46	7,264	10,236	1,826,879	213,789	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	794,184	4,027,602	5,675,329	249,442,550	25,501,614	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19	0	0	160,408	18,772	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	96,370	11,278	193.03
193.04	19304	COMMUNITY WELLNESS	4	0	0	26,934	3,152	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	41,049,498	4,803,776	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	39	0	0	6,193,210	724,754	193.08
193.09	19309	OUTREACH LAB	0	0	0	124	15	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	231	0	0	622,603	72,859	193.11
193.13	19313	HEALTHPOINT	72	0	0	3,207,496	375,354	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	52,456	6,139	194.00
194.01	07951	FOUNDATION OFFICE	73	0	0	51,897	6,073	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)	794,622	4,027,602	5,675,329	300,903,546	31,523,786	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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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	4,264,775					6.00
7.00	00700	OPERATION OF PLANT	11,479	4,678,457				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,240,117			8.00
9.00	00900	HOUSEKEEPING	27,032	48,414	0	3,474,371		9.00
10.00	01000	DIETARY	85,170	92,751	0	69,600	3,432,675	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,498,058	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	34,068	97,128	0	72,884	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	113,683	27,272	0	20,465	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,440	25,519	0	19,150	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	106,647	100,761	0	75,611	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	7,231	0	5,426	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	6,845	0	5,136	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	0	15,685	0	11,770	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	1,361,602	665,139	299,085	499,119	1,515,481	30.00
33.01	03301	ADULT SPECIAL CARE	0	76,894	48,083	57,701	127,582	33.01
34.01	03401	CARDIOTHORACIC ICU	260,693	129,313	44,791	97,036	95,453	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	152,194	57,368	32,010	43,049	140,422	41.00
43.00	04300	NURSERY	5,555	10,113	6,259	7,589	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	319,571	298,893	336,253	224,289	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43,915	51,439	32,954	0	52.00
53.00	05300	ANESTHESIOLOGY	741	57,068	0	42,824	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	108,499	112,906	110,183	84,724	394	54.00
54.01	05401	ULTRASOUND	4,073	10,728	0	8,051	0	54.01
54.03	05403	CARDIOVASCULAR LAB	82,948	111,797	32,991	83,892	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	92,205	341,578	37,100	256,319	0	55.00
55.01	05501	CHEMOTHERAPY	18,145	152,958	0	114,780	0	55.01
56.01	05601	NUCLEAR MEDICINE	11,850	63,455	0	47,616	1,138	56.01
57.00	05700	CT SCAN	12,590	30,569	0	22,939	0	57.00
58.00	05800	MRI	29,254	34,917	16,446	26,202	0	58.00
60.00	06000	LABORATORY	95,168	100,168	50	75,165	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.	2,222	2,360	0	1,771	0	63.00
65.00	06500	RESPIRATORY THERAPY	19,626	20,034	0	15,033	0	65.00
66.00	06600	PHYSICAL THERAPY	18,515	12,502	1,294	9,382	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,333	135,850	0	101,942	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	370	2,575	0	1,932	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,287	0	966	0	68.00
69.01	06901	CV DIAGNOSTIC	22,218	32,099	1,755	24,087	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	20,367	30,919	0	23,202	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	741	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	82,207	30,612	0	22,971	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

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
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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	9,258	10,514	0	7,890	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	111,831	205,256	0	154,023	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	17,404	81,057	133	60,825	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	18,145	0	5,904	0	0	90.01
90.02	09002	DIABETES CENTER	1,481	34,410	0	25,821	0	90.02
91.00	09100	EMERGENCY	262,545	87,279	173,747	65,494	54,147	91.00
91.01	09101	G.I. LABORATORY	64,803	59,206	40,096	44,428	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6,665	23,502	0	17,636	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,147	23,502	0	17,636	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,627,485	3,512,349	1,237,619	2,599,330	3,432,675	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,073	16,136	0	12,108	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	51,472	27,894	0	20,931	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	421,404	541,663	2,498	406,462	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	17,775	22,115	0	16,595	0	193.08
193.09	19309	OUTREACH LAB	0	43	0	32	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	64,433	42,306	0	31,746	0	193.11
193.13	19313	HEALTHPOINT	59,248	498,585	0	374,136	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	3,626	0	2,721	0	194.00
194.01	07951	FOUNDATION OFFICE	18,885	13,740	0	10,310	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)	4,264,775	4,678,457	1,240,117	3,474,371	3,432,675	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
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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	1,498,058					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	53,796	0	4,843,637			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,544	0	0	2,559,207		14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,302	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	1,474	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	44	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	5,136	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	481,179	0	3,077,592	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	61,442	0	454,497	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	35,660	0	363,597	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	17,567	0	181,799	0	0	41.00
43.00	04300	NURSERY	16,619	0	142,842	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	110,176	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,540	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22,193	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,513	0	0	0	0	54.00
54.01	05401	ULTRASOUND	12,037	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	58,334	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	730	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	481	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	4,552	0	0	0	0	56.01
57.00	05700	CT SCAN	14,357	0	0	0	0	57.00
58.00	05800	MRI	2,014	0	0	0	0	58.00
60.00	06000	LABORATORY	93,688	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	56,292	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	22,120	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	160	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,946	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,094	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	13,336	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	7,295	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,058,406	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,500,801	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,105	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,474	0	0	0	0	74.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
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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	6,624	0	64,928	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	292	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	131	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	102	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	38,957	0	0	90.02
91.00	09100	EMERGENCY	64,360	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	16,079	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	277	0	194,784	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	146	0	220,756	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,456,211	0	4,739,752	2,559,207	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,984	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	39,133	0	12,986	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	336	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	233	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	146	0	90,899	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	15	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)	1,498,058	0	4,843,637	2,559,207	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
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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	2,574,457					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		1,661,201		20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0			67,211	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	87,636	0	0	1,238,723	0	30.00
33.01	03301	ADULT SPECIAL CARE	14,836	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	11,246	0	0	58,370	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,736	0	0	0	0	41.00
43.00	04300	NURSERY	4,589	0	0	12,474	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	282,456	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,313	0	0	101,913	0	52.00
53.00	05300	ANESTHESIOLOGY	71,690	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,026	0	0	0	0	54.00
54.01	05401	ULTRASOUND	23,642	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	81,612	0	0	73,904	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	53,140	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	18,015	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	32,462	0	0	0	0	56.01
57.00	05700	CT SCAN	140,039	0	0	0	0	57.00
58.00	05800	MRI	51,861	0	0	0	0	58.00
60.00	06000	LABORATORY	232,057	0	0	0	67,211	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,226	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	88,983	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	23,743	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	29,152	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,666	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,360	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	69,984	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	16,141	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	256,821	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	292,819	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	431,105	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,029	0	0	0	0	74.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
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Part I
Date/Time Prepared:
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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	1,951	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	10,714	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	13,210	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	11,674	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	257	0	0	0	0	90.02
91.00	09100	EMERGENCY	71,544	0	0	123,566	0	91.00
91.01	09101	G.I. LABORATORY	25,718	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	3,361	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,643	0		0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,574,457	0	0	1,608,950	67,211	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	52,251	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)	2,574,457	0	0	1,661,201	67,211	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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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	38,033					20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY		91,065				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					213,691	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	38,033	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	91,065	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

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
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To 12/31/2020Worksheet B
Part I
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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	213,691	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)	38,033	91,065	0	0	213,691	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)	38,033	91,065	0	0	213,691	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

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 TECHNOLOGY				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	27,505,084	0	27,505,084	30.00
33.01	03301	ADULT SPECIAL CARE	4,852,444	0	4,852,444	33.01
34.01	03401	CARDIOTHORACIC ICU	4,539,192	0	4,539,192	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,586,778	0	2,586,778	41.00
43.00	04300	NURSERY	1,236,404	0	1,236,404	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,737,815	0	18,737,815	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,381,943	0	2,381,943	52.00
53.00	05300	ANESTHESIOLOGY	1,931,364	0	1,931,364	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,148,029	0	6,148,029	54.00
54.01	05401	ULTRASOUND	1,076,726	0	1,076,726	54.01
54.03	05403	CARDIOVASCULAR LAB	5,308,958	0	5,308,958	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,580,599	0	4,580,599	55.00
55.01	05501	CHEMOTHERAPY	2,441,888	0	2,441,888	55.01
56.01	05601	NUCLEAR MEDICINE	1,874,676	0	1,874,676	56.01
57.00	05700	CT SCAN	2,948,805	0	2,948,805	57.00
58.00	05800	MRI	1,384,812	0	1,384,812	58.00
60.00	06000	LABORATORY	14,614,864	0	14,614,864	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,216,143	0	1,216,143	63.00
65.00	06500	RESPIRATORY THERAPY	4,504,865	0	4,504,865	65.00
66.00	06600	PHYSICAL THERAPY	1,209,168	0	1,209,168	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,535,326	0	3,535,326	66.01
66.02	06602	PHYSIATRY	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	355,438	0	355,438	67.00
68.00	06800	SPEECH PATHOLOGY	217,441	0	217,441	68.00
69.01	06901	CV DIAGNOSTIC	2,192,592	0	2,192,592	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,483,906	0	1,483,906	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,879,371	0	18,879,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,385,965	0	26,385,965	72.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	51,045,716	0	51,045,716	73.00
74.00	07400	RENAL DIALYSIS	308,786	0	308,786	74.00
76.00	03950	CARDIAC REHAB	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	474,239	0	474,239	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	6,148,453	0	6,148,453	88.01
88.02	08802	RURAL HEALTH CLINIC III	4,426,604	0	4,426,604	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	754,020	0	754,020	90.01
90.02	09002	DIABETES CENTER	448,659	0	448,659	90.02
91.00	09100	EMERGENCY	6,965,580	0	6,965,580	91.00
91.01	09101	G.I. LABORATORY	1,582,431	0	1,582,431	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	1,940,876	0	1,940,876	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	2,315,498	0	2,315,498	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	240,541,458	0	240,541,458	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	213,481	0	213,481	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	207,945	0	207,945	193.03
193.04	19304	COMMUNITY WELLNESS	30,086	0	30,086	193.04
193.05	19305	HOME INFUSION	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	47,329,671	0	47,329,671	193.06
193.07	19307	GENERATIONS	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	6,974,785	0	6,974,785	193.08
193.09	19309	OUTREACH LAB	214	0	214	193.09
193.10	19310	FOOT CLINIC	0	0	0	193.10
193.11	19311	MARKETING	834,180	0	834,180	193.11
193.13	19313	HEALTHPOINT	4,605,864	0	4,605,864	193.13
193.14	19314	DOCTORS PARK	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	64,942	0	64,942	194.00
194.01	07951	FOUNDATION OFFICE	100,920	0	100,920	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)	300,903,546	0	300,903,546	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 3:26 pm

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	
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	4.00
5.01	01160	COMMUNICATIONS	0	16,861	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	2,158	2,186	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,845	0	3,510	63,866	5.03
5.04	00570	ADMITTING	0	0	11,315	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	18,741	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,825	274,516	10,672	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	16,727	6.00
7.00	00700	OPERATION OF PLANT	0	118,026	6,814	52,176	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	5,963	13,274	9.00
10.00	01000	DIETARY	0	0	11,190	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	194,515	8,482	7,651	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	585	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	26,791	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	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	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	143,012	137,346	37,354	577,833	30.00
33.01	03301	ADULT SPECIAL CARE	51,689	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	37,087	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,346	0	23,459	0	41.00
43.00	04300	NURSERY	2,707	0	0	10,617	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	218,744	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	10,248	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,995	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,000	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	105	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	111,763	99,585	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	480	281,981	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 3:26 pm

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	0	361,807	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	179	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	24,210	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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	581,782	1,484,637	158,955	733,713	327,298	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,231	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	26,190	0	1,129	0	8,890	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	201.00
202.00		TOTAL (sum lines 118 through 201)	607,972	1,484,637	160,084	736,944	336,188	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 3:26 pm

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	137,917	4.00
5.01	01160	COMMUNICATIONS	0	0	2,537	0	1,910	5.01
5.02	00550	DATA PROCESSING	0	10,151	8,260	0	344,119	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	190,257	5.03
5.04	00570	ADMITTING	0	18,488	0	0	35,927	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	111,405	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	4,388	9,550	1,842	85,908	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	29,138	0	6.00
7.00	00700	OPERATION OF PLANT	0	28,434	85,856	0	92,536	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	1,214	1,190	54,582	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	63,466	1,940	0	64,036	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	70,430	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	274,624	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	19,708	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	18,655	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	42,749	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	163,174	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	58,272	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	60,111	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	91,937	70,095	73,003	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	23,124	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7,138	265,872	54.00
54.01	05401	ULTRASOUND	0	0	0	4,987	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	24,846	18,732	105,518	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	71,269	513,108	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	416,888	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	6,656	133,920	56.01
57.00	05700	CT SCAN	0	0	0	3,671	61,794	57.00
58.00	05800	MRI	0	0	0	0	95,167	58.00
60.00	06000	LABORATORY	0	0	49,221	3,398	76,064	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	1,789	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,542	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,474	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	370,260	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,951	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	976	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	4,770	1,732	60,176	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	2,705	0	11,950	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

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 3:26 pm

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	532	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	21,501	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	559,424	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	220,920	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	112,341	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	93,783	90.02
91.00	09100	EMERGENCY	0	0	0	40,572	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	64,056	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	64,056	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	146,428	518,472	349,729	4,843,063	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	40,001	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	76,025	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	1,824,045	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	60,274	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	117	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	115,304	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	1,358,892	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	9,883	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	37,447	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	146,428	518,472	349,729	8,365,051	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 3:26 pm

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	1,183	139,100	139,100			4.00
5.01	01160	COMMUNICATIONS	45,881	67,189	237	67,426		5.01
5.02	00550	DATA PROCESSING	3,456,896	3,823,770	0	1,929	3,825,699	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,944	265,422	840	544	11,699	5.03
5.04	00570	ADMITTING	4,657	89,128	3,276	1,409	59,297	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	89,500	208,481	2,658	1,632	83,555	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	218,875	634,713	5,046	3,956	464,116	5.06
6.00	00600	MAINTENANCE & REPAIRS	59,995	145,565	2,601	1,335	56,211	6.00
7.00	00700	OPERATION OF PLANT	90,712	489,346	2	0	61,513	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	16,345	8.00
9.00	00900	HOUSEKEEPING	12,687	92,739	2,527	569	44,799	9.00
10.00	01000	DIETARY	12,475	92,308	1,541	717	41,982	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	46,701	386,791	2,675	1,113	60,432	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	309,809	380,824	1,023	371	31,161	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,070	27,861	1,992	1,063	32,538	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	55,692	330,316	2,375	915	18,145	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	131	19,839	151	0	719	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	132	18,787	65	0	343	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	52	42,801	224	0	838	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	197	0	2,749	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	314,259	1,463,645	12,741	9,913	236,060	30.00
33.01	03301	ADULT SPECIAL CARE	99,495	209,456	2,374	989	52,048	33.01
34.01	03401	CARDIOTHORACIC ICU	154,347	251,545	2,144	742	44,756	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	13,980	39,785	939	1,014	25,537	41.00
43.00	04300	NURSERY	29,616	42,940	901	74	13,326	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,687,330	2,141,109	6,008	3,387	210,080	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,886	52,934	1,770	593	26,633	52.00
53.00	05300	ANESTHESIOLOGY	202,930	229,049	461	1,113	18,914	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	555,342	837,352	3,314	2,448	68,940	54.00
54.01	05401	ULTRASOUND	24,448	29,435	551	124	12,108	54.01
54.03	05403	CARDIOVASCULAR LAB	522,382	671,478	1,681	890	58,519	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	129,591	713,968	1,718	1,261	47,128	55.00
55.01	05501	CHEMOTHERAPY	31,600	448,488	1,236	618	27,173	55.01
56.01	05601	NUCLEAR MEDICINE	7,404	147,980	358	223	20,784	56.01
57.00	05700	CT SCAN	87,799	153,264	777	148	28,189	57.00
58.00	05800	MRI	63,309	158,476	451	346	13,257	58.00
60.00	06000	LABORATORY	335,238	464,026	4,691	1,830	171,005	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	1,789	0	124	14,762	63.00
65.00	06500	RESPIRATORY THERAPY	165,345	382,235	2,373	668	51,802	65.00
66.00	06600	PHYSICAL THERAPY	220	9,694	1,030	593	13,466	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	12,516	382,776	2,400	2,176	41,414	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,672	5,623	284	49	4,029	67.00
68.00	06800	SPEECH PATHOLOGY	391	1,367	186	0	2,591	68.00
69.01	06901	CV DIAGNOSTIC	190,185	256,863	942	1,162	22,860	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	60,921	358,037	447	692	17,372	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	212,434	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	301,070	72.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 3:26 pm

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	481,731	844,070	3,523	791	637,474	73.00
74.00	07400	RENAL DIALYSIS	4,318	4,318	259	0	3,774	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	15,762	37,263	364	198	4,809	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	87,972	647,396	4,308	1,286	74,088	88.01
88.02	08802	RURAL HEALTH CLINIC III	10,400	231,320	2,710	1,113	55,333	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	18,320	130,661	379	519	8,817	90.01
90.02	09002	DIABETES CENTER	1,731	95,514	217	223	4,569	90.02
91.00	09100	EMERGENCY	48,922	89,673	4,358	1,953	75,939	91.00
91.01	09101	G.I. LABORATORY	248,649	272,859	623	791	16,130	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0				92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	9,966	74,022	1,408	692	22,149	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,111	73,167	1,342	668	26,639	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,064,480	19,208,557	96,698	54,964	3,672,420	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,985	45,217	27	0	2,361	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	2,343	78,368	0	272	1,419	193.03
193.04	19304	COMMUNITY WELLNESS	2,133	2,133	0	0	396	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	331,733	2,191,987	39,635	8,604	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	9,417	69,691	847	272	91,181	193.08
193.09	19309	OUTREACH LAB	0	117	0	0	2	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	12,640	127,944	509	569	9,163	193.11
193.13	19313	HEALTHPOINT	91,638	1,450,530	1,352	2,473	47,222	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	10,459	20,342	32	49	772	194.00
194.01	07951	FOUNDATION OFFICE	378	37,825	0	223	763	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)	10,527,206	23,232,711	139,100	67,426	3,825,699	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 3:26 pm

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	278,505					5.03
5.04	00570	ADMITTING	28	153,138				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	49	0	296,375			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	102	0	0	1,107,933		5.06
6.00	00600	MAINTENANCE & REPAIRS	15	0	0	15,703	221,430	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	17,184	596	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,566	0	8.00
9.00	00900	HOUSEKEEPING	15	0	0	12,515	1,404	9.00
10.00	01000	DIETARY	1	0	0	11,728	4,422	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	234	0	0	16,885	1,769	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11	0	0	8,705	5,902	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	124	0	0	9,091	1,269	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	0	0	5,069	5,537	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	11	0	0	201	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	96	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	234	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	768	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	209	5,231	10,083	67,307	70,700	30.00
33.01	03301	ADULT SPECIAL CARE	30	886	1,707	14,770	0	33.01
34.01	03401	CARDIOTHORACIC ICU	21	671	1,294	12,678	13,535	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	52	283	545	7,208	7,902	41.00
43.00	04300	NURSERY	0	274	528	3,794	288	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	64	16,859	32,497	63,068	16,592	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	854	1,647	7,662	0	52.00
53.00	05300	ANESTHESIOLOGY	3	4,279	8,248	6,395	38	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	78	3,941	7,596	20,284	5,633	54.00
54.01	05401	ULTRASOUND	1	1,411	2,720	3,749	211	54.01
54.03	05403	CARDIOVASCULAR LAB	9	4,871	9,390	17,613	4,307	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	51	3,172	6,114	13,990	4,787	55.00
55.01	05501	CHEMOTHERAPY	12	1,075	2,073	7,871	942	55.01
56.01	05601	NUCLEAR MEDICINE	9	1,938	3,735	6,310	615	56.01
57.00	05700	CT SCAN	4	8,359	16,112	10,046	654	57.00
58.00	05800	MRI	2	3,096	5,967	4,507	1,519	58.00
60.00	06000	LABORATORY	58	13,851	26,699	51,370	4,941	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	1,028	1,982	4,391	115	63.00
65.00	06500	RESPIRATORY THERAPY	13	5,311	10,238	15,851	1,019	65.00
66.00	06600	PHYSICAL THERAPY	5	1,417	2,732	4,130	961	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	23	1,740	3,354	12,022	173	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	458	882	1,244	19	67.00
68.00	06800	SPEECH PATHOLOGY	0	201	387	776	0	68.00
69.01	06901	CV DIAGNOSTIC	21	4,177	8,052	7,471	1,154	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	14	963	1,857	5,103	1,057	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	114,464	15,329	29,548	64,670	38	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	162,325	17,478	33,689	90,552	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38	25,207	49,774	184,771	4,268	73.00
74.00	07400	RENAL DIALYSIS	0	240	464	1,117	0	74.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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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	2	116	224	1,374	481	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	64	639	1,233	20,864	5,806	88.01
88.02	08802	RURAL HEALTH CLINIC III	25	788	1,520	15,663	904	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	25	697	1,343	2,644	942	90.01
90.02	09002	DIABETES CENTER	4	15	30	1,280	77	90.02
91.00	09100	EMERGENCY	68	4,270	8,231	22,324	13,631	91.00
91.01	09101	G.I. LABORATORY	7	1,535	2,959	4,905	3,365	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	23	201	387	6,240	346	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	16	277	534	7,514	423	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	278,352	153,138	296,375	896,273	188,342	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7	0	0	660	211	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	396	2,672	193.03
193.04	19304	COMMUNITY WELLNESS	1	0	0	111	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	168,837	21,880	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	14	0	0	25,473	923	193.08
193.09	19309	OUTREACH LAB	0	0	0	1	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	81	0	0	2,561	3,345	193.11
193.13	19313	HEALTHPOINT	25	0	0	13,192	3,076	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	216	0	194.00
194.01	07951	FOUNDATION OFFICE	25	0	0	213	981	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)	278,505	153,138	296,375	1,107,933	221,430	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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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	568,641				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	20,911			8.00
9.00	00900	HOUSEKEEPING	5,884	0	160,452		9.00
10.00	01000	DIETARY	11,273	0	3,214	167,186	10.00
11.00	01100	CAFETERIA	0	0	0	72,962	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	11,805	0	3,366	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,315	0	945	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,102	0	884	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	12,247	0	3,492	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	879	0	251	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	832	0	237	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	1,906	0	544	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	0	0	0	250	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	80,845	5,043	23,053	73,811	30.00
33.01	03301	ADULT SPECIAL CARE	9,346	811	2,665	6,214	33.01
34.01	03401	CARDIOTHORACIC ICU	15,717	755	4,481	4,649	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,973	540	1,988	6,839	41.00
43.00	04300	NURSERY	1,229	106	350	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,329	5,669	10,358	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,338	867	1,522	0	52.00
53.00	05300	ANESTHESIOLOGY	6,936	0	1,978	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,723	1,858	3,913	19	54.00
54.01	05401	ULTRASOUND	1,304	0	372	0	54.01
54.03	05403	CARDIOVASCULAR LAB	13,588	556	3,874	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	41,517	626	11,837	0	55.00
55.01	05501	CHEMOTHERAPY	18,591	0	5,301	0	55.01
56.01	05601	NUCLEAR MEDICINE	7,713	0	2,199	55	56.01
57.00	05700	CT SCAN	3,715	0	1,059	0	57.00
58.00	05800	MRI	4,244	277	1,210	0	58.00
60.00	06000	LABORATORY	12,175	1	3,471	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	287	0	82	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,435	0	694	0	65.00
66.00	06600	PHYSICAL THERAPY	1,520	22	433	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	16,512	0	4,708	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	313	0	89	0	67.00
68.00	06800	SPEECH PATHOLOGY	156	0	45	0	68.00
69.01	06901	CV DIAGNOSTIC	3,902	30	1,112	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	3,758	0	1,071	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	3,721	0	1,061	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	76.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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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	1,278	0	364	0	323	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	24,948	0	7,113	0	14	88.01
88.02	08802	RURAL HEALTH CLINIC III	9,852	2	2,809	0	6	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	100	0	0	5	90.01
90.02	09002	DIABETES CENTER	4,182	0	1,192	0	0	90.02
91.00	09100	EMERGENCY	10,608	2,930	3,025	2,637	3,135	91.00
91.01	09101	G.I. LABORATORY	7,196	676	2,052	0	783	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,857	0	814	0	14	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,857	0	814	0	7	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	426,908	20,869	120,042	167,186	70,924	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,961	0	559	0	97	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	3,390	0	967	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	65,836	42	18,771	0	1,906	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	2,688	0	766	0	16	193.08
193.09	19309	OUTREACH LAB	5	0	1	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	5,142	0	1,466	0	11	193.11
193.13	19313	HEALTHPOINT	60,600	0	17,278	0	7	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	441	0	126	0	0	194.00
194.01	07951	FOUNDATION OFFICE	1,670	0	476	0	1	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)	568,641	20,911	160,452	167,186	72,962	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
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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	487,690				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	433,891			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	79,692	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	309,875	0	0	2,729	30.00
33.01	03301	ADULT SPECIAL CARE	0	45,762	0	0	462	33.01
34.01	03401	CARDIOTHORACIC ICU	0	36,609	0	0	350	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	18,305	0	0	147	41.00
43.00	04300	NURSERY	0	14,382	0	0	143	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	8,796	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	446	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,233	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	2,056	54.00
54.01	05401	ULTRASOUND	0	0	0	0	736	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	2,542	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	1,655	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	561	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	1,011	56.01
57.00	05700	CT SCAN	0	0	0	0	4,361	57.00
58.00	05800	MRI	0	0	0	0	1,615	58.00
60.00	06000	LABORATORY	0	0	0	0	7,227	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	536	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	2,771	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	739	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	908	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	239	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	105	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	2,179	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	503	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	179,445	0	7,998	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	254,446	0	9,119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	12,943	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	125	74.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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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	6,537	0	0	61	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	334	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	411	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	364	90.01
90.02	09002	DIABETES CENTER	0	3,922	0	0	8	90.02
91.00	09100	EMERGENCY	0	0	0	0	2,228	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	801	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	19,612	0	0	105	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	22,227	0	0	145	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	477,231	433,891	0	79,692	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	1,307	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	9,152	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	487,690	433,891	0	79,692	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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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		378,184			20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0			22,051		20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0				20,362	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

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ALLOCATION OF CAPITAL RELATED COSTS

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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	378,184	22,051	20,362	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	378,184	22,051	20,362	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

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Cost Center Description			INTERNS & RESIDENTS			PHARMACY RESIDENCY	Subtotal	
			SCHOOL OF RADIOLOGICAL TECHNOLO	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES APPRV	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						20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY						20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	46,547					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				3,964		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					2,394,679	30.00
33.01	03301	ADULT SPECIAL CARE					350,513	33.01
34.01	03401	CARDIOTHORACIC ICU					391,684	34.01
40.00	04000	SUBPROVIDER - IPF					0	40.00
41.00	04100	SUBPROVIDER - IRF					118,913	41.00
43.00	04300	NURSERY					79,144	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					2,556,182	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					103,020	52.00
53.00	05300	ANESTHESIOLOGY					280,728	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					974,346	54.00
54.01	05401	ULTRASOUND					53,308	54.01
54.03	05403	CARDIOVASCULAR LAB					792,159	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC					847,860	55.00
55.01	05501	CHEMOTHERAPY					513,964	55.01
56.01	05601	NUCLEAR MEDICINE					193,152	56.01
57.00	05700	CT SCAN					227,387	57.00
58.00	05800	MRI					195,065	58.00
60.00	06000	LABORATORY					765,908	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.					0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					25,102	63.00
65.00	06500	RESPIRATORY THERAPY					478,152	65.00
66.00	06600	PHYSICAL THERAPY					37,819	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB					468,214	66.01
66.02	06602	PHYSIATRY					0	66.02
67.00	06700	OCCUPATIONAL THERAPY					13,470	67.00
68.00	06800	SPEECH PATHOLOGY					5,867	68.00
69.01	06901	CV DIAGNOSTIC					310,575	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB					0	69.02
70.01	07001	NEUROPHYSIOLOGY					391,229	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					623,926	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					868,679	72.00

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ALLOCATION OF CAPITAL RELATED COSTS

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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					1,771,445
76.00	03950	CARDIAC REHAB					10,369
76.97	07697	CARDIAC REHABILITATION					0
76.98	07698	HYPERBARIC OXYGEN THERAPY					53,394
76.99	07699	LITHOTRIPSY					0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC					0
88.01	08801	RURAL HEALTH CLINIC II					788,093
88.02	08802	RURAL HEALTH CLINIC III					322,456
90.01	09001	HYPERBARIC WOUND CLINIC					146,496
90.02	09002	DIABETES CENTER					111,233
91.00	09100	EMERGENCY					245,010
91.01	09101	G.I. LABORATORY					314,682
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY					128,870
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					0
116.00	11600	HOSPICE					136,630
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	18,089,723
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					51,100
191.01	19101	RESPIRE CARE					0
193.01	19301	VENDING MACHINES					0
193.02	19302	SUNSET GUEST HOUSE					0
193.03	19303	LACEYS RESTAURANT					87,484
193.04	19304	COMMUNITY WELLNESS					2,641
193.05	19305	HOME INFUSION					0
193.06	19306	SE HOSP PHYSICIANS LLC					2,518,805
193.07	19307	GENERATIONS					0
193.08	19308	RETAIL PHARMACY					191,871
193.09	19309	OUTREACH LAB					126
193.10	19310	FOOT CLINIC					0
193.11	19311	MARKETING					150,791
193.13	19313	HEALTHPOINT					1,604,907
193.14	19314	DOCTORS PARK					0
194.00	07950	JAZZMANS RESTAURANT					21,978
194.01	07951	FOUNDATION OFFICE					42,177
200.00		Cross Foot Adjustments	46,547	0	0	3,964	471,108
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	46,547	0	0	3,964	23,232,711

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	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 TECHNOLOGY		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	2,394,679	30.00
33.01	03301	ADULT SPECIAL CARE	350,513	33.01
34.01	03401	CARDIOTHORACIC ICU	391,684	34.01
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	118,913	41.00
43.00	04300	NURSERY	79,144	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,556,182	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	103,020	52.00
53.00	05300	ANESTHESIOLOGY	280,728	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	974,346	54.00
54.01	05401	ULTRASOUND	53,308	54.01
54.03	05403	CARDIOVASCULAR LAB	792,159	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	847,860	55.00
55.01	05501	CHEMOTHERAPY	513,964	55.01
56.01	05601	NUCLEAR MEDICINE	193,152	56.01
57.00	05700	CT SCAN	227,387	57.00
58.00	05800	MRI	195,065	58.00
60.00	06000	LABORATORY	765,908	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	25,102	63.00
65.00	06500	RESPIRATORY THERAPY	478,152	65.00
66.00	06600	PHYSICAL THERAPY	37,819	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	468,214	66.01
66.02	06602	PHYSIATRY	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	13,470	67.00
68.00	06800	SPEECH PATHOLOGY	5,867	68.00
69.01	06901	CV DIAGNOSTIC	310,575	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	69.02
70.01	07001	NEUROPHYSIOLOGY	391,229	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	623,926	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	868,679	72.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,771,445	73.00
74.00	07400	RENAL DIALYSIS	0	10,369	74.00
76.00	03950	CARDIAC REHAB	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	53,394	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	788,093	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	322,456	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	146,496	90.01
90.02	09002	DIABETES CENTER	0	111,233	90.02
91.00	09100	EMERGENCY	0	245,010	91.00
91.01	09101	G.I. LABORATORY	0	314,682	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	128,870	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	136,630	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	18,089,723	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	51,100	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	87,484	193.03
193.04	19304	COMMUNITY WELLNESS	0	2,641	193.04
193.05	19305	HOME INFUSION	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	2,518,805	193.06
193.07	19307	GENERATIONS	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	191,871	193.08
193.09	19309	OUTREACH LAB	0	126	193.09
193.10	19310	FOOT CLINIC	0	0	193.10
193.11	19311	MARKETING	0	150,791	193.11
193.13	19313	HEALTHPOINT	0	1,604,907	193.13
193.14	19314	DOCTORS PARK	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	21,978	194.00
194.01	07951	FOUNDATION OFFICE	0	42,177	194.01
200.00		Cross Foot Adjustments	0	471,108	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	23,232,711	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 3:26 pm

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	16,906						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	46,525				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	0	0	0	1,009	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	3,126	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	36,480	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

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 3:26 pm

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)	16,906	54,350	46,321	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)	1,484,637	160,084	736,944	336,188	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	87.817166	2.924657	15.839742	7.508554	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 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 3:26 pm

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	429,120		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					8,749,777	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	7,075	983	4.00
5.01	01160	COMMUNICATIONS	0	468	0	98	38,134	5.01
5.02	00550	DATA PROCESSING	694	1,524	0	17,653	2,873,225	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	9,760	4,940	5.03
5.04	00570	ADMITTING	1,264	0	0	1,843	3,871	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	5,715	74,389	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	300	1,762	554	4,407	181,920	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,764	0	49,865	6.00
7.00	00700	OPERATION OF PLANT	1,944	15,840	0	4,747	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	10,545	9.00
10.00	01000	DIETARY	0	0	0	0	10,369	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	3,285	38,816	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,613	257,500	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	46,289	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	110	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	2,193	43	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	261,199	30.00
33.01	03301	ADULT SPECIAL CARE	0	10,751	0	0	82,696	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	18,080	0	128,287	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	11,620	41.00
43.00	04300	NURSERY	0	0	0	0	24,616	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	16,962	21,083	3,745	1,402,439	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	19,022	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,955	0	168,667	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,147	13,639	461,577	54.00
54.01	05401	ULTRASOUND	0	0	1,500	0	20,320	54.01
54.03	05403	CARDIOVASCULAR LAB	0	4,584	5,634	5,413	434,182	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	21,436	26,322	107,711	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	21,386	26,265	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	2,002	6,870	6,154	56.01
57.00	05700	CT SCAN	0	0	1,104	3,170	72,975	57.00
58.00	05800	MRI	0	0	0	4,882	52,620	58.00
60.00	06000	LABORATORY	0	9,081	1,022	3,902	278,636	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	137,428	65.00
66.00	06600	PHYSICAL THERAPY	0	1,748	0	0	183	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	18,994	10,403	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	325	68.00
69.01	06901	CV DIAGNOSTIC	0	880	521	3,087	158,074	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	499	0	613	50,635	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 3:26 pm

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	400,395	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	3,589	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,470	0	0	0	13,101	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	73,119	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	11,333	8,644	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	5,763	15,227	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	40,662	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	206,667	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	3,286	8,283	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	3,286	7,573	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,011	95,656	105,190	248,445	8,365,178	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,052	1,650	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	1,947	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	1,773	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	93,572	275,723	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	3,092	7,827	193.08
193.09	19309	OUTREACH LAB	0	0	0	6	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	5,915	10,506	193.11
193.13	19313	HEALTHPOINT	0	0	0	69,710	76,166	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	507	8,693	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)	146,428	518,472	349,729	8,365,051	10,527,206	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.626711	5.420172	3.324736	19.493501	1.203140	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 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 3:26 pm

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	106,225,612					4.00
5.01	01160	COMMUNICATIONS	181,261	2,727				5.01
5.02	00550	DATA PROCESSING	0	78	-14,358,895	245,495,153		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	641,940	22	0	750,713	33,165,296	5.03
5.04	00570	ADMITTING	2,502,488	57	0	3,804,968	3,367	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,030,416	66	0	5,361,590	5,824	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	3,854,851	160	0	29,781,572	12,122	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,987,385	54	0	3,606,965	1,818	6.00
7.00	00700	OPERATION OF PLANT	1,346	0	0	3,947,176	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,048,850	0	8.00
9.00	00900	HOUSEKEEPING	1,930,501	23	0	2,874,658	1,786	9.00
10.00	01000	DIETARY	1,177,561	29	0	2,693,895	132	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	2,043,223	45	0	3,877,855	27,819	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	781,840	15	0	1,999,568	1,341	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,521,536	43	0	2,087,905	14,711	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	1,814,036	37	0	1,164,330	1,919	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	115,106	0	0	46,112	1,251	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	49,875	0	0	21,996	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	170,931	0	0	53,799	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	150,817	0	0	176,389	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,733,004	401	0	15,147,608	24,929	30.00
33.01	03301	ADULT SPECIAL CARE	1,813,333	40	0	3,339,810	3,532	33.01
34.01	03401	CARDIOTHORACIC ICU	1,638,068	30	0	2,871,902	2,516	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	717,602	41	0	1,638,696	6,213	41.00
43.00	04300	NURSERY	688,301	3	0	855,108	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,589,433	137	0	13,480,488	7,630	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,352,299	24	0	1,708,965	0	52.00
53.00	05300	ANESTHESIOLOGY	352,102	45	0	1,213,692	312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,531,539	99	0	4,423,779	9,347	54.00
54.01	05401	ULTRASOUND	420,936	5	0	776,968	156	54.01
54.03	05403	CARDIOVASCULAR LAB	1,283,971	36	0	3,755,084	1,123	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,312,589	51	0	3,024,158	6,033	55.00
55.01	05501	CHEMOTHERAPY	944,553	25	0	1,743,654	1,446	55.01
56.01	05601	NUCLEAR MEDICINE	273,262	9	0	1,333,694	1,115	56.01
57.00	05700	CT SCAN	593,923	6	0	1,808,860	426	57.00
58.00	05800	MRI	344,694	14	0	850,649	223	58.00
60.00	06000	LABORATORY	3,583,891	74	0	10,973,139	6,966	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	110	5	0	947,280	663	63.00
65.00	06500	RESPIRATORY THERAPY	1,812,981	27	0	3,324,055	1,572	65.00
66.00	06600	PHYSICAL THERAPY	787,198	24	0	864,065	598	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	1,833,220	88	0	2,657,470	2,768	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	216,818	2	0	258,529	0	67.00
68.00	06800	SPEECH PATHOLOGY	141,907	0	0	166,267	0	68.00
69.01	06901	CV DIAGNOSTIC	719,724	47	0	1,466,905	2,486	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	341,182	28	0	1,114,706	1,650	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,631,517	13,631,517	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,319,204	19,329,204	72.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 3:26 pm

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	2,691,357	32	0	40,911,841	4,480	73.00
74.00	07400	RENAL DIALYSIS	198,227	0	0	242,161	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	278,332	8	0	308,579	265	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	3,291,437	52	0	4,754,081	7,564	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,070,371	45	0	3,550,654	3,001	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	289,637	21	0	565,790	3,014	90.01
90.02	09002	DIABETES CENTER	165,819	9	0	293,175	451	90.02
91.00	09100	EMERGENCY	3,328,901	79	0	4,872,862	8,143	91.00
91.01	09101	G.I. LABORATORY	476,247	32	0	1,035,051	883	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,075,737	28	0	1,421,248	2,757	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,024,942	27	0	1,709,353	1,933	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	73,872,760	2,223	-14,358,895	235,659,388	33,147,006	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,631	0	0	151,526	785	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	91,045	1	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	25,442	178	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	30,238,798	348	-41,049,498	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	647,095	11	0	5,850,949	1,637	193.08
193.09	19309	OUTREACH LAB	0	0	0	117	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	388,604	23	0	587,981	9,635	193.11
193.13	19313	HEALTHPOINT	1,033,001	100	0	3,030,188	3,023	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	24,723	2	0	49,557	0	194.00
194.01	07951	FOUNDATION OFFICE	0	9	0	48,960	3,031	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)	6,834,659	591,254		14,358,895	794,622	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.064341	216.814815		0.058490	0.023959	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	139,100	67,426		3,825,699	278,505	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001309	24.725339		0.015584	0.008397	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 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 3:26 pm

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	1,113,423,170					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,113,423,170				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	-31,523,786	269,379,760		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	3,817,980	11,517	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	4,178,046	31	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,110,197	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	3,042,840	73	9.00
10.00	01000	DIETARY	0	0	0	2,851,464	230	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	4,105,338	92	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,116,555	307	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,210,379	66	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	1,232,478	288	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	48,839	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	23,283	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	0	0	0	56,946	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	186,706	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,904,676	37,904,676	0	16,364,490	3,677	30.00
33.01	03301	ADULT SPECIAL CARE	6,416,968	6,416,968	0	3,591,157	0	33.01
34.01	03401	CARDIOTHORACIC ICU	4,864,234	4,864,234	0	3,082,327	704	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,048,550	2,048,550	0	1,752,543	411	41.00
43.00	04300	NURSERY	1,984,806	1,984,806	0	922,419	15	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	122,169,584	122,169,584	0	15,333,730	863	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,190,856	6,190,856	0	1,862,869	0	52.00
53.00	05300	ANESTHESIOLOGY	31,007,729	31,007,729	0	1,554,889	2	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,557,811	28,557,811	0	4,931,603	293	54.00
54.01	05401	ULTRASOUND	10,225,881	10,225,881	0	911,525	11	54.01
54.03	05403	CARDIOVASCULAR LAB	35,299,278	35,299,278	0	4,282,343	224	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	22,984,560	22,984,560	0	3,401,473	249	55.00
55.01	05501	CHEMOTHERAPY	7,792,094	7,792,094	0	1,913,575	49	55.01
56.01	05601	NUCLEAR MEDICINE	14,040,615	14,040,615	0	1,534,079	32	56.01
57.00	05700	CT SCAN	60,570,546	60,570,546	0	2,442,482	34	57.00
58.00	05800	MRI	22,431,194	22,431,194	0	1,095,874	79	58.00
60.00	06000	LABORATORY	100,370,744	100,370,744	0	12,489,756	257	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,450,554	7,450,554	0	1,067,626	6	63.00
65.00	06500	RESPIRATORY THERAPY	38,487,625	38,487,625	0	3,853,898	53	65.00
66.00	06600	PHYSICAL THERAPY	10,269,529	10,269,529	0	1,004,107	50	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	12,609,016	12,609,016	0	2,922,846	9	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,315,845	3,315,845	0	302,544	1	67.00
68.00	06800	SPEECH PATHOLOGY	1,453,373	1,453,373	0	188,657	0	68.00
69.01	06901	CV DIAGNOSTIC	30,269,768	30,269,768	0	1,816,535	60	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	6,981,403	6,981,403	0	1,240,781	55	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	111,081,840	111,081,840	0	15,723,389	2	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	126,651,843	126,651,843	0	22,015,950	0	72.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 3:26 pm

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	186,366,746	186,366,746	0	44,929,328	222	73.00
74.00	07400	RENAL DIALYSIS	1,742,499	1,742,499	0	271,510	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	843,945	843,945	0	333,989	25	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	4,633,952	4,633,952	0	5,072,708	302	88.01
88.02	08802	RURAL HEALTH CLINIC III	5,713,729	5,713,729	0	3,808,194	47	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	5,049,321	5,049,321	0	642,954	49	90.01
90.02	09002	DIABETES CENTER	111,248	111,248	0	311,303	4	90.02
91.00	09100	EMERGENCY	30,944,787	30,944,787	0	5,427,724	709	91.00
91.01	09101	G.I. LABORATORY	11,123,832	11,123,832	0	1,192,545	175	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,453,888	1,453,888	0	1,517,112	18	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,008,301	2,008,301	0	1,826,879	22	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,113,423,170	1,113,423,170	-31,523,786	217,918,764	9,796	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	160,408	11	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	96,370	139	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	26,934	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	41,049,498	1,138	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	6,193,210	48	193.08
193.09	19309	OUTREACH LAB	0	0	0	124	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	622,603	174	193.11
193.13	19313	HEALTHPOINT	0	0	0	3,207,496	160	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	52,456	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	51,897	51	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)	4,027,602	5,675,329		31,523,786	4,264,775	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003617	0.005097		0.117024	370.302596	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	153,138	296,375		1,107,933	221,430	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000138	0.000266		0.004113	19.226361	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 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
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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	654,122					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,231,472				8.00
9.00	00900	HOUSEKEEPING	6,769	0	647,353			9.00
10.00	01000	DIETARY	12,968	0	12,968	235,262		10.00
11.00	01100	CAFETERIA	0	0	0	102,671	102,671	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	13,580	0	13,580	0	3,687	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,813	0	3,813	0	2,299	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	2,488	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	101	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	3	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	352	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	92,997	297,000	92,997	103,865	32,978	30.00
33.01	03301	ADULT SPECIAL CARE	10,751	47,748	10,751	8,744	4,211	33.01
34.01	03401	CARDIOTHORACIC ICU	18,080	44,479	18,080	6,542	2,444	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,021	31,787	8,021	9,624	1,204	41.00
43.00	04300	NURSERY	1,414	6,215	1,414	0	1,139	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,790	333,909	41,790	0	7,551	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,140	51,080	6,140	0	3,875	52.00
53.00	05300	ANESTHESIOLOGY	7,979	0	7,979	0	1,521	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,786	109,415	15,786	27	4,490	54.00
54.01	05401	ULTRASOUND	1,500	0	1,500	0	825	54.01
54.03	05403	CARDIOVASCULAR LAB	15,631	32,761	15,631	0	3,998	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	47,758	36,841	47,758	0	50	55.00
55.01	05501	CHEMOTHERAPY	21,386	0	21,386	0	33	55.01
56.01	05601	NUCLEAR MEDICINE	8,872	0	8,872	78	312	56.01
57.00	05700	CT SCAN	4,274	0	4,274	0	984	57.00
58.00	05800	MRI	4,882	16,331	4,882	0	138	58.00
60.00	06000	LABORATORY	14,005	50	14,005	0	6,421	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	3,858	65.00
66.00	06600	PHYSICAL THERAPY	1,748	1,285	1,748	0	1,516	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	18,994	0	18,994	0	11	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	360	0	360	0	339	67.00
68.00	06800	SPEECH PATHOLOGY	180	0	180	0	75	68.00
69.01	06901	CV DIAGNOSTIC	4,488	1,743	4,488	0	914	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	4,323	0	4,323	0	500	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	5,353	73.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 3:26 pm

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	101	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	454	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	20	88.01
88.02	08802	RURAL HEALTH CLINIC III	11,333	132	11,333	0	9	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	5,863	0	0	7	90.01
90.02	09002	DIABETES CENTER	4,811	0	4,811	0	0	90.02
91.00	09100	EMERGENCY	12,203	172,536	12,203	3,711	4,411	91.00
91.01	09101	G.I. LABORATORY	8,278	39,816	8,278	0	1,102	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	19	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,286	0	3,286	0	10	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	491,082	1,228,991	484,313	235,262	99,803	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,256	0	2,256	0	136	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	75,733	2,481	75,733	0	2,682	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	3,092	0	3,092	0	23	193.08
193.09	19309	OUTREACH LAB	6	0	6	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	5,915	0	5,915	0	16	193.11
193.13	19313	HEALTHPOINT	69,710	0	69,710	0	10	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	1	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)	4,678,457	1,240,117	3,474,371	3,432,675	1,498,058	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.152270	1.007020	5.367042	14.590860	14.590858	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	568,641	20,911	160,452	167,186	72,962	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.869319	0.016980	0.247859	0.710638	0.710639	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 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 3:26 pm

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	373				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	32,960,721			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,113,423,170	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	237	0	0	37,904,676	30.00
33.01	03301	ADULT SPECIAL CARE	0	35	0	0	6,416,968	33.01
34.01	03401	CARDIOTHORACIC ICU	0	28	0	0	4,864,234	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	14	0	0	2,048,550	41.00
43.00	04300	NURSERY	0	11	0	0	1,984,806	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	122,169,584	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	6,190,856	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	31,007,729	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	28,557,811	54.00
54.01	05401	ULTRASOUND	0	0	0	0	10,225,881	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	35,299,278	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	22,984,560	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	7,792,094	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	14,040,615	56.01
57.00	05700	CT SCAN	0	0	0	0	60,570,546	57.00
58.00	05800	MRI	0	0	0	0	22,431,194	58.00
60.00	06000	LABORATORY	0	0	0	0	100,370,744	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	7,450,554	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	38,487,625	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	10,269,529	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	12,609,016	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,315,845	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,453,373	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	30,269,768	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	6,981,403	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	13,631,517	0	111,081,840	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	19,329,204	0	126,651,843	72.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 3:26 pm

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	186,366,746	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,742,499	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5	0	0	843,945	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	4,633,952	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	5,713,729	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	5,049,321	90.01
90.02	09002	DIABETES CENTER	0	3	0	0	111,248	90.02
91.00	09100	EMERGENCY	0	0	0	0	30,944,787	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	11,123,832	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	15	0	0	1,453,888	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	17	0	0	2,008,301	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	365	32,960,721	0	1,113,423,170	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	7	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	4,843,637	2,559,207	0	2,574,457	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	12,985.621984	0.077644	0.000000	0.002312	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	487,690	433,891	0	79,692	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	1,307.479893	0.013164	0.000000	0.000072	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 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 3:26 pm

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		7,058		20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0			728	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0				20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0			4,825	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	5,263	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	248	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	53	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	4,825	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	433	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	314	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	728	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

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 3:26 pm

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	525	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	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	6,836	728	4,825	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	222	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	1,661,201	67,211	38,033	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	235.364267	92.322802	7.882487	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	378,184	22,051	20,362	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	53.582318	30.289835	4.220104	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 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description			INTERNS & RESIDENTS			PHARMACY RESIDENCY (ASSIGNED TIME)		
			SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)			
			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						20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	2,580					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	2,580		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

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 3:26 pm

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			
						23.00		
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)	2,580	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)	91,065	0	0	213,691		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	35.296512	0.000000	0.000000	2,136.910000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	46,547	0	0	3,964		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	18.041473	0.000000	0.000000	39.640000		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 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	27,505,084		27,505,084	45,974	27,551,058	30.00
33.01	03301	ADULT SPECIAL CARE	4,852,444		4,852,444	0	4,852,444	33.01
34.01	03401	CARDIOTHORACIC ICU	4,539,192		4,539,192	0	4,539,192	34.01
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,586,778		2,586,778	13,972	2,600,750	41.00
43.00	04300	NURSERY	1,236,404		1,236,404	0	1,236,404	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,737,815		18,737,815	0	18,737,815	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,381,943		2,381,943	0	2,381,943	52.00
53.00	05300	ANESTHESIOLOGY	1,931,364		1,931,364	40,024	1,971,388	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,148,029		6,148,029	0	6,148,029	54.00
54.01	05401	ULTRASOUND	1,076,726		1,076,726	0	1,076,726	54.01
54.03	05403	CARDIOVASCULAR LAB	5,308,958		5,308,958	0	5,308,958	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,580,599		4,580,599	0	4,580,599	55.00
55.01	05501	CHEMOTHERAPY	2,441,888		2,441,888	0	2,441,888	55.01
56.01	05601	NUCLEAR MEDICINE	1,874,676		1,874,676	0	1,874,676	56.01
57.00	05700	CT SCAN	2,948,805		2,948,805	0	2,948,805	57.00
58.00	05800	MRI	1,384,812		1,384,812	0	1,384,812	58.00
60.00	06000	LABORATORY	14,614,864		14,614,864	0	14,614,864	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,216,143		1,216,143	0	1,216,143	63.00
65.00	06500	RESPIRATORY THERAPY	4,504,865	0	4,504,865	0	4,504,865	65.00
66.00	06600	PHYSICAL THERAPY	1,209,168	0	1,209,168	0	1,209,168	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,535,326	0	3,535,326	0	3,535,326	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	355,438	0	355,438	0	355,438	67.00
68.00	06800	SPEECH PATHOLOGY	217,441	0	217,441	0	217,441	68.00
69.01	06901	CV DIAGNOSTIC	2,192,592		2,192,592	0	2,192,592	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,483,906		1,483,906	0	1,483,906	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,879,371		18,879,371	0	18,879,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,385,965		26,385,965	0	26,385,965	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,045,716		51,045,716	0	51,045,716	73.00
74.00	07400	RENAL DIALYSIS	308,786		308,786	0	308,786	74.00
76.00	03950	CARDIAC REHAB	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	474,239		474,239	0	474,239	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	6,148,453		6,148,453	0	6,148,453	88.01
88.02	08802	RURAL HEALTH CLINIC III	4,426,604		4,426,604	0	4,426,604	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	754,020		754,020	1,973	755,993	90.01
90.02	09002	DIABETES CENTER	448,659		448,659	0	448,659	90.02
91.00	09100	EMERGENCY	6,965,580		6,965,580	242,060	7,207,640	91.00
91.01	09101	G.I. LABORATORY	1,582,431		1,582,431	0	1,582,431	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,385,023		4,385,023		4,385,023	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,940,876		1,940,876		1,940,876	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,315,498		2,315,498		2,315,498	116.00
200.00		Subtotal (see instructions)	244,926,481	0	244,926,481	344,003	245,270,484	200.00
201.00		Less Observation Beds	4,385,023		4,385,023		4,385,023	201.00
202.00		Total (see instructions)	240,541,458	0	240,541,458	344,003	240,885,461	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,480,148		26,480,148			30.00	
33.01	03301	ADULT SPECIAL CARE	6,416,968		6,416,968			33.01	
34.01	03401	CARDIOTHORACIC ICU	4,864,234		4,864,234			34.01	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
41.00	04100	SUBPROVIDER - IRF	2,048,550		2,048,550			41.00	
43.00	04300	NURSERY	1,984,806		1,984,806			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,215,042	64,954,542	122,169,584	0.153375	0.000000	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,670,401	520,454	6,190,855	0.384752	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	14,934,977	16,072,752	31,007,729	0.062287	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,117,172	20,440,639	28,557,811	0.215284	0.000000	54.00	
54.01	05401	ULTRASOUND	2,830,615	7,395,266	10,225,881	0.105294	0.000000	54.01	
54.03	05403	CARDIOVASCULAR LAB	13,319,363	21,979,915	35,299,278	0.150398	0.000000	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	4,140,523	18,844,037	22,984,560	0.199290	0.000000	55.00	
55.01	05501	CHEMOTHERAPY	45,268	7,746,825	7,792,093	0.313380	0.000000	55.01	
56.01	05601	NUCLEAR MEDICINE	816,652	13,223,964	14,040,616	0.133518	0.000000	56.01	
57.00	05700	CT SCAN	13,324,964	47,245,582	60,570,546	0.048684	0.000000	57.00	
58.00	05800	MRI	2,885,366	19,545,828	22,431,194	0.061736	0.000000	58.00	
60.00	06000	LABORATORY	46,468,075	53,902,669	100,370,744	0.145609	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.	6,677,887	772,667	7,450,554	0.163229	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	32,570,863	5,916,762	38,487,625	0.117047	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	9,370,484	899,045	10,269,529	0.117743	0.000000	66.00	
66.01	06601	SOUTHEAST OUTPATIENT REHAB	7,500	12,601,516	12,609,016	0.280381	0.000000	66.01	
66.02	06602	PHYSIATRY	0	0	0	0.000000	0.000000	66.02	
67.00	06700	OCCUPATIONAL THERAPY	3,088,219	227,625	3,315,844	0.107194	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	1,320,184	133,188	1,453,372	0.149611	0.000000	68.00	
69.01	06901	CV DIAGNOSTIC	7,713,664	22,556,104	30,269,768	0.072435	0.000000	69.01	
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0.000000	0.000000	69.02	
70.01	07001	NEUROPHYSIOLOGY	1,088,132	5,893,271	6,981,403	0.212551	0.000000	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	59,300,395	51,781,445	111,081,840	0.169959	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	75,596,406	51,055,437	126,651,843	0.208335	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	67,662,164	118,704,581	186,366,745	0.273899	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	1,742,499	0	1,742,499	0.177209	0.000000	74.00	
76.00	03950	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	5,381	838,564	843,945	0.561931	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	4,633,952	4,633,952			88.01	
88.02	08802	RURAL HEALTH CLINIC III	0	5,713,729	5,713,729			88.02	
90.01	09001	HYPERBARIC WOUND CLINIC	72,093	4,977,228	5,049,321	0.149331	0.000000	90.01	
90.02	09002	DIABETES CENTER	192	111,056	111,248	4.032962	0.000000	90.02	
91.00	09100	EMERGENCY	5,605,834	25,338,953	30,944,787	0.225097	0.000000	91.00	
91.01	09101	G.I. LABORATORY	1,329,722	9,794,109	11,123,831	0.142256	0.000000	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,482,514	7,942,013	11,424,527	0.383825	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	1,453,888	1,453,888			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	2,008,301	2,008,301			116.00	
200.00		Subtotal (see instructions)	488,197,257	625,225,907	1,113,423,164			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	488,197,257	625,225,907	1,113,423,164			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
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	0.153375		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.384752		52.00
53.00	05300	ANESTHESIOLOGY	0.063577		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.215284		54.00
54.01	05401	ULTRASOUND	0.105294		54.01
54.03	05403	CARDIOVASCULAR LAB	0.150398		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199290		55.00
55.01	05501	CHEMOTHERAPY	0.313380		55.01
56.01	05601	NUCLEAR MEDICINE	0.133518		56.01
57.00	05700	CT SCAN	0.048684		57.00
58.00	05800	MRI	0.061736		58.00
60.00	06000	LABORATORY	0.145609		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.163229		63.00
65.00	06500	RESPIRATORY THERAPY	0.117047		65.00
66.00	06600	PHYSICAL THERAPY	0.117743		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.280381		66.01
66.02	06602	PHYSIATRY	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.107194		67.00
68.00	06800	SPEECH PATHOLOGY	0.149611		68.00
69.01	06901	CV DIAGNOSTIC	0.072435		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000		69.02
70.01	07001	NEUROPHYSIOLOGY	0.212551		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.169959		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.208335		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273899		73.00
74.00	07400	RENAL DIALYSIS	0.177209		74.00
76.00	03950	CARDIAC REHAB	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.561931		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	0.149722		90.01
90.02	09002	DIABETES CENTER	4.032962		90.02
91.00	09100	EMERGENCY	0.232919		91.00
91.01	09101	G.I. LABORATORY	0.142256		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.383825		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 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	27,505,084		27,505,084	45,974	27,551,058	30.00	
33.01	03301	ADULT SPECIAL CARE	4,852,444		4,852,444	0	4,852,444	33.01	
34.01	03401	CARDIOTHORACIC ICU	4,539,192		4,539,192	0	4,539,192	34.01	
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	2,586,778		2,586,778	13,972	2,600,750	41.00	
43.00	04300	NURSERY	1,236,404		1,236,404	0	1,236,404	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	18,737,815		18,737,815	0	18,737,815	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,381,943		2,381,943	0	2,381,943	52.00	
53.00	05300	ANESTHESIOLOGY	1,931,364		1,931,364	40,024	1,971,388	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,148,029		6,148,029	0	6,148,029	54.00	
54.01	05401	ULTRASOUND	1,076,726		1,076,726	0	1,076,726	54.01	
54.03	05403	CARDIOVASCULAR LAB	5,308,958		5,308,958	0	5,308,958	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	4,580,599		4,580,599	0	4,580,599	55.00	
55.01	05501	CHEMOTHERAPY	2,441,888		2,441,888	0	2,441,888	55.01	
56.01	05601	NUCLEAR MEDICINE	1,874,676		1,874,676	0	1,874,676	56.01	
57.00	05700	CT SCAN	2,948,805		2,948,805	0	2,948,805	57.00	
58.00	05800	MRI	1,384,812		1,384,812	0	1,384,812	58.00	
60.00	06000	LABORATORY	14,614,864		14,614,864	0	14,614,864	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,216,143		1,216,143	0	1,216,143	63.00	
65.00	06500	RESPIRATORY THERAPY	4,504,865	0	4,504,865	0	4,504,865	65.00	
66.00	06600	PHYSICAL THERAPY	1,209,168	0	1,209,168	0	1,209,168	66.00	
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,535,326	0	3,535,326	0	3,535,326	66.01	
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	355,438	0	355,438	0	355,438	67.00	
68.00	06800	SPEECH PATHOLOGY	217,441	0	217,441	0	217,441	68.00	
69.01	06901	CV DIAGNOSTIC	2,192,592		2,192,592	0	2,192,592	69.01	
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	69.02	
70.01	07001	NEUROPHYSIOLOGY	1,483,906		1,483,906	0	1,483,906	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,879,371		18,879,371	0	18,879,371	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,385,965		26,385,965	0	26,385,965	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	51,045,716		51,045,716	0	51,045,716	73.00	
74.00	07400	RENAL DIALYSIS	308,786		308,786	0	308,786	74.00	
76.00	03950	CARDIAC REHAB	0		0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	474,239		474,239	0	474,239	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	6,148,453		6,148,453	0	6,148,453	88.01	
88.02	08802	RURAL HEALTH CLINIC III	4,426,604		4,426,604	0	4,426,604	88.02	
90.01	09001	HYPERBARIC WOUND CLINIC	754,020		754,020	1,973	755,993	90.01	
90.02	09002	DIABETES CENTER	448,659		448,659	0	448,659	90.02	
91.00	09100	EMERGENCY	6,965,580		6,965,580	242,060	7,207,640	91.00	
91.01	09101	G.I. LABORATORY	1,582,431		1,582,431	0	1,582,431	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,385,023		4,385,023	0	4,385,023	92.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	1,940,876		1,940,876	0	1,940,876	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00	
116.00	11600	HOSPICE	2,315,498		2,315,498	0	2,315,498	116.00	
200.00		Subtotal (see instructions)	244,926,481	0	244,926,481	344,003	245,270,484	200.00	
201.00		Less Observation Beds	4,385,023		4,385,023	0	4,385,023	201.00	
202.00		Total (see instructions)	240,541,458	0	240,541,458	344,003	240,885,461	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,480,148		26,480,148			30.00
33.01	03301	ADULT SPECIAL CARE	6,416,968		6,416,968			33.01
34.01	03401	CARDIOTHORACIC ICU	4,864,234		4,864,234			34.01
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	2,048,550		2,048,550			41.00
43.00	04300	NURSERY	1,984,806		1,984,806			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	57,215,042	64,954,542	122,169,584	0.153375	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,670,401	520,454	6,190,855	0.384752	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,934,977	16,072,752	31,007,729	0.062287	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,117,172	20,440,639	28,557,811	0.215284	0.000000	54.00
54.01	05401	ULTRASOUND	2,830,615	7,395,266	10,225,881	0.105294	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	13,319,363	21,979,915	35,299,278	0.150398	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,140,523	18,844,037	22,984,560	0.199290	0.000000	55.00
55.01	05501	CHEMOTHERAPY	45,268	7,746,825	7,792,093	0.313380	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	816,652	13,223,964	14,040,616	0.133518	0.000000	56.01
57.00	05700	CT SCAN	13,324,964	47,245,582	60,570,546	0.048684	0.000000	57.00
58.00	05800	MRI	2,885,366	19,545,828	22,431,194	0.061736	0.000000	58.00
60.00	06000	LABORATORY	46,468,075	53,902,669	100,370,744	0.145609	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.	6,677,887	772,667	7,450,554	0.163229	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	32,570,863	5,916,762	38,487,625	0.117047	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,370,484	899,045	10,269,529	0.117743	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	7,500	12,601,516	12,609,016	0.280381	0.000000	66.01
66.02	06602	PHYSIATRY	0	0	0	0.000000	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,088,219	227,625	3,315,844	0.107194	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,320,184	133,188	1,453,372	0.149611	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	7,713,664	22,556,104	30,269,768	0.072435	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0.000000	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	1,088,132	5,893,271	6,981,403	0.212551	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	59,300,395	51,781,445	111,081,840	0.169959	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	75,596,406	51,055,437	126,651,843	0.208335	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,662,164	118,704,581	186,366,745	0.273899	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,742,499	0	1,742,499	0.177209	0.000000	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	5,381	838,564	843,945	0.561931	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	0.000000	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	4,633,952	4,633,952	1.326827	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	5,713,729	5,713,729	0.774731	0.000000	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	72,093	4,977,228	5,049,321	0.149331	0.000000	90.01
90.02	09002	DIABETES CENTER	192	111,056	111,248	4.032962	0.000000	90.02
91.00	09100	EMERGENCY	5,605,834	25,338,953	30,944,787	0.225097	0.000000	91.00
91.01	09101	G.I. LABORATORY	1,329,722	9,794,109	11,123,831	0.142256	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,482,514	7,942,013	11,424,527	0.383825	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,453,888	1,453,888			101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,008,301	2,008,301			116.00
200.00		Subtotal (see instructions)	488,197,257	625,225,907	1,113,423,164			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	488,197,257	625,225,907	1,113,423,164			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
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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

Client Name: **Southeast Health**
Engagement: **CR2020**
Period Ending: **12/31/20**
Worksheet: **C.01 - Patient Revenue Summary**

Purpose: To summarize the inpatient and outpatient revenues to be reported on Worksheet C.

CMS Line	CMS Description	A	B	C	D	E	F	G	H	I	J
		Inpatient Revenue	Outpatient Revenue	Total Revenue	Reclassifications		Adjustments		Adjusted Inpatient Revenue	Adjusted Outpatient Revenue	Adjusted Total Revenue
		G.6	G.6	crossfoot	Inpatient Amount	Outpatient Amount	Inpatient Amount	Outpatient Amount	A+D+F	B+E+G	H+I
30	ADULTS & PEDIATRICS	44,754,363	13,220,378	57,974,741	(17,919,445)	(8,414,871)	(354,770)	(4,805,507)	26,480,148	-	26,480,148
33.01	ADULT SPECIAL CARE	8,130,517	184,782	8,315,299	(1,659,766)	(183,690)	(53,783)	(1,092)	6,416,968	0	6,416,968
34.01	CARDIOTHORACIC ICU	4,883,809	32,584	4,916,393	(12,366)	(32,584)	(7,210)	-	4,864,234	0	4,864,234
40	SUBPROVIDER - IPF	248	(248)	-	(0)	0	(248)	248	-	-	-
41	SUBPROVIDER - IRF	2,364,011	-	2,364,011	(304,694)	304,694	(10,767)	(304,694)	2,048,550	-	2,048,550
43	NURSERY	1,465,200	4,067	1,469,267	747,761	(4,067)	(228,155)	-	1,984,806	-	1,984,806
	placeholder	-	-	-	-	-	-	-	-	-	-
50	OPERATING ROOM	148,717,476	113,593,912	262,311,388	(91,027,424)	(46,031,682)	(475,010)	(2,607,688)	57,215,042	64,954,542	122,169,584
52	DELIVERY ROOM & LABOR ROOM	-	-	-	6,140,585	534,606	(470,183)	(14,152)	5,670,401	520,454	6,190,856
53	ANESTHESIOLOGY	21,945,960	52,793,738	74,739,698	(6,805,295)	(8,940,435)	(205,688)	(27,780,551)	14,934,977	16,072,752	31,007,729
54	RADIOLOGY-DIAGNOSTIC	9,264,930	23,314,883	32,579,813	(1,072,289)	(2,096,713)	(75,469)	(777,531)	8,117,172	20,440,639	28,557,811
54.01	ULTRASOUND	3,013,243	7,932,152	10,945,395	(137,918)	(203,707)	(44,709)	(333,179)	2,830,615	7,395,266	10,225,881
54.03	CARDIOVASCULAR LAB	28,799,639	44,428,692	73,228,331	(15,285,953)	(22,217,875)	(194,323)	(230,902)	13,319,363	21,979,915	35,299,278
55	RADIOLOGY-THERAPEUTIC	4,140,907	22,938,719	27,079,626	(384)	(41,195)	-	(4,053,487)	4,140,523	18,844,037	22,984,560
55.01	CHEMOTHERAPY	73,319	12,873,676	12,946,995	(28,051)	(4,700,144)	-	(426,707)	45,268	7,746,825	7,792,094
56.01	NUCLEAR MEDICINE	817,027	13,469,538	14,286,565	-	(22,082)	(375)	(223,492)	816,652	13,223,964	14,040,615
57	CT SCAN	14,172,181	50,446,824	64,619,005	(710,131)	(2,356,856)	(137,086)	(844,386)	13,324,964	47,245,582	60,570,546
58	MRI	2,962,719	20,702,612	23,665,331	(33,365)	(183,233)	(43,988)	(973,551)	2,885,366	19,545,828	22,431,194
60	LABORATORY	46,951,563	55,401,723	102,353,286	5,361	45,216	(488,849)	(1,544,270)	46,468,075	53,902,669	100,370,744
62.3	BLOOD CLOTTING FOR HEMOPHILIACS	-	-	-	-	-	-	-	-	-	-
63	BLOOD STORING, PROCESSING & TRANS.	6,740,268	782,463	7,522,731	4,442	(758)	(66,823)	(9,038)	6,677,887	772,667	7,450,554
65	RESPIRATORY THERAPY	45,223,328	9,938,181	55,161,509	(12,384,616)	(3,937,688)	(267,849)	(83,731)	32,570,863	5,916,762	38,487,625
66	PHYSICAL THERAPY	9,411,419	919,508	10,330,927	2,136	(161)	(43,071)	(20,302)	9,370,484	899,045	10,269,529
66.01	SOUTHEAST OUTPATIENT REHAB	-	13,488,908	13,488,908	7,500	(9,159)	-	(878,233)	7,500	12,601,516	12,609,016
66.02	PHYSIATRY	-	-	-	-	-	-	-	-	-	-
67	OCCUPATIONAL THERAPY	3,111,053	229,043	3,340,096	699	-	(23,533)	(1,418)	3,088,219	227,625	3,315,845
68	SPEECH PATHOLOGY	1,326,653	133,653	1,460,306	-	-	(6,469)	(465)	1,320,184	133,188	1,453,373
69.01	CV DIAGNOSTIC	8,064,856	23,098,339	31,163,195	(33,174)	4,691	(318,018)	(546,927)	7,713,664	22,556,104	30,269,768
69.02	ELECTROPHYSIOLOGY LAB	-	-	-	-	-	-	-	-	-	-
70.01	NEUROPHYSIOLOGY	1,264,326	6,423,405	7,687,731	(163,752)	(233,909)	(12,443)	(296,225)	1,088,132	5,893,271	6,981,403
71	MEDICAL SUPPLIES CHARGED TO PATIENT	-	-	-	59,845,497	53,345,865	(545,102)	(1,564,420)	59,300,395	51,781,445	111,081,840
72	IMPL. DEV. CHARGED TO PATIENTS	-	-	-	75,891,382	51,734,559	(294,976)	(679,122)	75,596,406	51,055,437	126,651,843
73	DRUGS CHARGED TO PATIENTS	68,723,193	120,912,263	189,635,456	(268,603)	20,112	(792,426)	(2,227,793)	67,662,164	118,704,581	186,366,746
74	DIALYSIS	-	-	-	1,742,499	-	-	-	1,742,499	-	1,742,499
76	NOT USED	-	-	-	-	-	-	-	-	-	-
76.97	CARDIAC REHABILITATION	5,381	860,232	865,613	-	-	-	(21,668)	5,381	838,564	843,945
76.98	HYPERBARIC OXYGEN THERAPY	-	-	-	-	-	-	-	-	-	-
76.99	LITHOTRIPSY	-	-	-	-	-	-	-	-	-	-
	placeholder	-	-	-	-	-	-	-	-	-	-
88	RURAL HEALTH CLINIC	-	-	-	-	-	-	-	-	-	-
88.01	RURAL HEALTH CLINIC II	-	4,645,642	4,645,642	-	-	-	(11,690)	-	4,633,952	4,633,952
88.02	RURAL HEALTH CLINIC III	-	5,753,962	5,753,962	-	-	-	(40,233)	-	5,713,729	5,713,729
90.01	HYPERBARIC WOUND CLINIC	72,093	6,105,311	6,177,404	-	(219,770)	-	(908,313)	72,093	4,977,228	5,049,321
90.02	DIABETES CENTER	192	117,647	117,839	-	-	-	(6,591)	192	111,056	111,248
91	EMERGENCY	10,602,742	47,618,196	58,220,938	(4,875,482)	(8,589,176)	(121,426)	(13,690,067)	5,605,834	25,338,953	30,944,787
91.01	G.I. LABORATORY	1,371,632	10,610,815	11,982,447	(35,897)	(118,730)	(6,013)	(697,975)	1,329,722	9,794,109	11,123,832
92	OBSERVATION BEDS (NON-DISTINCT PART	-	-	-	3,559,351	8,048,915	(76,837)	(106,902)	3,482,514	7,942,013	11,424,528
	placeholder	-	-	-	-	-	-	-	-	-	-
101	HOME HEALTH AGENCY	-	1,453,888	1,453,888	-	-	-	-	-	1,453,888	1,453,888
	placeholder	-	-	-	-	-	-	-	-	-	-
113	INTEREST EXPENSE	-	-	-	-	-	-	-	-	-	-
116	HOSPICE	-	2,267,542	2,267,542	-	-	-	(259,241)	-	2,008,301	2,008,301

Client Name: **Southeast Health**
Engagement: **CR2020**
Period Ending: **12/31/20**
Workpaper: **C.01 - Patient Revenue Summary**

Purpose: To summarize the inpatient and outpatient revenues to be reported on Worksheet C.

CMS Line	CMS Description	A	B	C	D	E	F	G	H	I	J
		Inpatient Revenue	Outpatient Revenue	Total Revenue	Reclassifications		Adjustments		Adjusted Inpatient Revenue	Adjusted Outpatient Revenue	Adjusted Total Revenue
		G.6	G.6	crossfoot	Inpatient Amount	Outpatient Amount	Inpatient Amount	Outpatient Amount	A+D+F	B+E+G	H+I
118	Total W/S C Charges	498,374,248	686,697,030	1,185,071,278	(4,811,392)	5,500,173	(5,365,598)	(66,971,294)	488,197,258	625,225,908	1,113,423,167
	Excluded from Worksheet C (include for W/S G Schedules)	-	-	-	-	-	-	-	-	-	-
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-	-	-	-	-	-	-	-	-	-
191.01	RESPIRE CARE	-	-	-	-	-	-	-	-	-	-
192	Physician PPO	-	688,781	688,781	-	(688,781)	-	-	-	-	-
193.01	VENDING MACHINES	-	-	-	-	-	-	-	-	-	-
193.02	SUNSET GUEST HOUSE	-	-	-	-	-	-	-	-	-	-
193.03	LACEYS RESTAURANT	-	-	-	-	-	-	-	-	-	-
193.04	COMMUNITY WELLNESS	-	-	-	-	-	-	-	-	-	-
193.05	HOME INFUSION	-	-	-	-	-	-	-	-	-	-
193.06	SE HOSP PHYSICIANS LLC	74	57,644,865	57,644,939	-	-	-	-	74	57,644,865	57,644,939
193.07	GENERATIONS	-	-	-	-	-	-	-	-	-	-
193.08	RETAIL PHARMACY	-	-	-	-	-	-	-	-	-	-
193.09	OUTREACH LAB	-	-	-	-	-	-	-	-	-	-
193.1	FOOT CLINIC	-	-	-	-	-	-	-	-	-	-
193.11	MARKETING	-	-	-	-	-	-	-	-	-	-
193.13	HEALTHPOINT	-	-	-	-	-	-	-	-	-	-
193.14	DOCTORS PARK	-	-	-	-	-	-	-	-	-	-
194	JAZZMANS RESTAURANT	-	-	-	-	-	-	-	-	-	-
194.01	FOUNDATION OFFICE	-	-	-	-	-	-	-	-	-	-
	Total	498,374,322	745,030,676	1,243,404,998	(4,811,392)	4,811,392	(5,365,598)	(66,971,294)	488,197,332	682,870,773	1,171,068,106

Total B-1 col 9

Total per Financial Statements:

Difference - Explain

1,243,404,998 G.2

72,261,037

-
0

acct grouped in ca on cost report and patient revenue on audit

0

A&P 26,480,148

less private

R&B 0 S3.04

D-1 line 28 26,480,148

Difference - Explain

rounding

0

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,394,679	0	2,394,679	35,191	68.05	30.00
33.01	ADULT SPECIAL CARE	350,513		350,513	3,699	94.76	33.01
34.01	CARDIOTHORACIC ICU	391,684		391,684	2,836	138.11	34.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	118,913	0	118,913	3,020	39.38	41.00
43.00	NURSERY	79,144		79,144	2,129	37.17	43.00
200.00	Total (lines 30 through 199)	3,334,933		3,334,933	46,875		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	13,606	925,888				30.00
33.01	ADULT SPECIAL CARE	1,701	161,187				33.01
34.01	CARDIOTHORACIC ICU	1,257	173,604				34.01
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	1,754	69,073				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	18,318	1,329,752				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/29/2021 3:26 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,556,182	122,169,584	0.020923	25,090,962	524,978	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	103,020	6,190,855	0.016641	7,542	126	52.00
53.00	05300	ANESTHESIOLOGY	280,728	31,007,729	0.009053	6,322,089	57,234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	974,346	28,557,811	0.034118	4,125,579	140,757	54.00
54.01	05401	ULTRASOUND	53,308	10,225,881	0.005213	1,371,479	7,150	54.01
54.03	05403	CARDIOVASCULAR LAB	792,159	35,299,278	0.022441	6,659,460	149,445	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	847,860	22,984,560	0.036888	219,066	8,081	55.00
55.01	05501	CHEMOTHERAPY	513,964	7,792,093	0.065960	24,427	1,611	55.01
56.01	05601	NUCLEAR MEDICINE	193,152	14,040,616	0.013757	459,521	6,322	56.01
57.00	05700	CT SCAN	227,387	60,570,546	0.003754	7,189,024	26,988	57.00
58.00	05800	MRI	195,065	22,431,194	0.008696	1,358,381	11,812	58.00
60.00	06000	LABORATORY	765,908	100,370,744	0.007631	22,339,760	170,475	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.	25,102	7,450,554	0.003369	3,275,361	11,035	63.00
65.00	06500	RESPIRATORY THERAPY	478,152	38,487,625	0.012424	14,691,772	182,531	65.00
66.00	06600	PHYSICAL THERAPY	37,819	10,269,529	0.003683	3,556,273	13,098	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	468,214	12,609,016	0.037133	3,610	134	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	13,470	3,315,844	0.004062	639,106	2,596	67.00
68.00	06800	SPEECH PATHOLOGY	5,867	1,453,372	0.004037	399,478	1,613	68.00
69.01	06901	CV DIAGNOSTIC	310,575	30,269,768	0.010260	4,032,640	41,375	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	391,229	6,981,403	0.056039	432,701	24,248	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	623,926	111,081,840	0.005617	26,931,624	151,275	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	868,679	126,651,843	0.006859	33,295,106	228,371	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,771,445	186,366,745	0.009505	32,447,276	308,411	73.00
74.00	07400	RENAL DIALYSIS	10,369	1,742,499	0.005951	812,347	4,834	74.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	53,394	843,945	0.063267	2,083	132	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	788,093	4,633,952	0.170069	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	322,456	5,713,729	0.056435	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	146,496	5,049,321	0.029013	24,764	718	90.01
90.02	09002	DIABETES CENTER	111,233	111,248	0.999865	192	192	90.02
91.00	09100	EMERGENCY	245,010	30,944,787	0.007918	3,403,082	26,946	91.00
91.01	09101	G.I. LABORATORY	314,682	11,123,831	0.028289	756,184	21,392	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	381,137	11,424,527	0.033361	1,932,063	64,456	92.00
200.00		Total (lines 50 through 199)	14,870,427	1,068,166,269		201,802,952	2,188,336	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0110		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/29/2021 3:26 pm		
Cost Center Description				Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	PPS All Other Medical Education Cost			
				1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	1,238,723	0	0	0	0	0	30.00	
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	0	0	0	33.01	
34.01	03401	CARDIOTHORACIC ICU	0	58,370	0	0	0	0	0	34.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	12,474	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	1,309,567	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	1,238,723	35,191	35.20	13,606	0	30.00		
33.01	03301	ADULT SPECIAL CARE	0	0	3,699	0.00	1,701	0	33.01		
34.01	03401	CARDIOTHORACIC ICU	0	58,370	2,836	20.58	1,257	0	34.01		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	3,020	0.00	1,754	0	41.00		
43.00	04300	NURSERY	0	12,474	2,129	5.86	0	0	43.00		
200.00		Total (lines 30 through 199)	0	1,309,567	46,875		18,318	0	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	478,931								30.00
33.01	03301	ADULT SPECIAL CARE	0								33.01
34.01	03401	CARDIOTHORACIC ICU	25,869								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)	504,800								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0110		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 3:26 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	38,033	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	101,913	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	91,065	0	0	54.00
54.01	05401	ULTRASOUND		0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB		0	0	73,904	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	67,211	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	213,691	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	123,566	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	197,155	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	692,847	0	213,691	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0110		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 3:26 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		38,033	38,033	122,169,584	0.000311	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		101,913	101,913	6,190,855	0.016462	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	31,007,729	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		91,065	91,065	28,557,811	0.003189	54.00
54.01	05401	ULTRASOUND	0		0	0	10,225,881	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	0		73,904	73,904	35,299,278	0.002094	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	22,984,560	0.000000	55.00
55.01	05501	CHEMOTHERAPY	0		0	0	7,792,093	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	0		0	0	14,040,616	0.000000	56.01
57.00	05700	CT SCAN	0		0	0	60,570,546	0.000000	57.00
58.00	05800	MRI	0		0	0	22,431,194	0.000000	58.00
60.00	06000	LABORATORY	0		67,211	67,211	100,370,744	0.000670	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	7,450,554	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	38,487,625	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	10,269,529	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0		0	0	12,609,016	0.000000	66.01
66.02	06602	PHYSIATRY	0		0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	3,315,844	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	1,453,372	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	0		0	0	30,269,768	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	0		0	0	6,981,403	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	111,081,840	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	126,651,843	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		213,691	213,691	186,366,745	0.001147	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	1,742,499	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	843,945	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	4,633,952	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC III	0		0	0	5,713,729	0.000000	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0		0	0	5,049,321	0.000000	90.01
90.02	09002	DIABETES CENTER	0		0	0	111,248	0.000000	90.02
91.00	09100	EMERGENCY	0		123,566	123,566	30,944,787	0.003993	91.00
91.01	09101	G.I. LABORATORY	0		0	0	11,123,831	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		197,155	197,155	11,424,527	0.017257	92.00
200.00		Total (lines 50 through 199)	0		906,538	906,538	1,068,166,269		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
Provider CCN: 26-0110
Period: From 01/01/2020 To 12/31/2020
Worksheet D Part IV Date/Time Prepared: 7/29/2021 3:26 pm

			Title XVIII		Hospital	PPS		
	Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000311	25,090,962	7,803	18,469,453	5,744	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.016462	7,542	124	607	10	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	6,322,089	0	4,378,105	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.003189	4,125,579	13,156	5,351,605	17,066	54.00
54.01	05401	ULTRASOUND	0.000000	1,371,479	0	1,968,408	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0.002094	6,659,460	13,945	9,898,624	20,728	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	219,066	0	10,351,941	0	55.00
55.01	05501	CHEMOTHERAPY	0.000000	24,427	0	3,318,182	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.000000	459,521	0	6,000,983	0	56.01
57.00	05700	CT SCAN	0.000000	7,189,024	0	19,773,897	0	57.00
58.00	05800	MRI	0.000000	1,358,381	0	7,675,147	0	58.00
60.00	06000	LABORATORY	0.000670	22,339,760	14,968	11,431,210	7,659	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	3,275,361	0	224,935	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	14,691,772	0	2,001,197	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,556,273	0	255	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.000000	3,610	0	4,086	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	639,106	0	377	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	399,478	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0.000000	4,032,640	0	10,120,026	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.000000	432,701	0	1,671,423	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	26,931,624	0	17,001,355	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	33,295,106	0	13,357,125	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001147	32,447,276	37,217	58,619,070	67,236	73.00
74.00	07400	RENAL DIALYSIS	0.000000	812,347	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	2,083	0	385,483	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	24,764	0	2,845,238	0	90.01
90.02	09002	DIABETES CENTER	0.000000	192	0	0	0	90.02
91.00	09100	EMERGENCY	0.003993	3,403,082	13,589	5,333,758	21,298	91.00
91.01	09101	G.I. LABORATORY	0.000000	756,184	0	3,425,532	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.017257	1,932,063	33,342	2,704,020	46,663	92.00
200.00	Total (lines 50 through 199)			201,802,952	134,144	216,312,042	186,404	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/29/2021 3:26 pm

			Title XVIII		Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.153375	18,469,453	0	0	2,832,752	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.384752	607	0	0	234	52.00	
53.00	05300	ANESTHESIOLOGY	0.062287	4,378,105	0	0	272,699	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.215284	5,351,605	0	0	1,152,115	54.00	
54.01	05401	ULTRASOUND	0.105294	1,968,408	0	0	207,262	54.01	
54.03	05403	CARDIOVASCULAR LAB	0.150398	9,898,624	0	0	1,488,733	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199290	10,351,941	0	0	2,063,038	55.00	
55.01	05501	CHEMOTHERAPY	0.313380	3,318,182	205	60	1,039,852	55.01	
56.01	05601	NUCLEAR MEDICINE	0.133518	6,000,983	0	0	801,239	56.01	
57.00	05700	CT SCAN	0.048684	19,773,897	0	0	962,672	57.00	
58.00	05800	MRI	0.061736	7,675,147	0	0	473,833	58.00	
60.00	06000	LABORATORY	0.145609	11,431,210	1,518	0	1,664,487	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.	0.163229	224,935	2	0	36,716	63.00	
65.00	06500	RESPIRATORY THERAPY	0.117047	2,001,197	0	0	234,234	65.00	
66.00	06600	PHYSICAL THERAPY	0.117743	255	0	0	30	66.00	
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.280381	4,086	0	0	1,146	66.01	
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0.107194	377	0	0	40	67.00	
68.00	06800	SPEECH PATHOLOGY	0.149611	0	0	0	0	68.00	
69.01	06901	CV DIAGNOSTIC	0.072435	10,120,026	0	0	733,044	69.01	
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02	
70.01	07001	NEUROPHYSIOLOGY	0.212551	1,671,423	0	0	355,263	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.169959	17,001,355	0	0	2,889,533	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.208335	13,357,125	0	0	2,782,757	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273899	58,619,070	0	34,003	16,055,705	73.00	
74.00	07400	RENAL DIALYSIS	0.177209	0	0	0	0	74.00	
76.00	03950	CARDIAC REHAB	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.561931	385,483	0	0	216,615	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						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	0.149331	2,845,238	0	0	424,882	90.01	
90.02	09002	DIABETES CENTER	4.032962	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.225097	5,333,758	5	0	1,200,613	91.00	
91.01	09101	G.I. LABORATORY	0.142256	3,425,532	0	0	487,302	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.383825	2,704,020	0	0	1,037,870	92.00	
200.00		Subtotal (see instructions)		216,312,042	1,730	34,063	39,414,666	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		216,312,042	1,730	34,063	39,414,666	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/29/2021 3:26 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
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	64	19		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	221	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	9,313		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				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	0		90.01
90.02	09002	DIABETES CENTER	0	0		90.02
91.00	09100	EMERGENCY	1	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)	286	9,332		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	286	9,332		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0110

Period:

Worksheet D

Component CCN: 26-T110

From 01/01/2020

Part II

To 12/31/2020

Date/Time Prepared:
7/29/2021 3:26 pm

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	2,556,182	122,169,584	0.020923	159,267	3,332	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	103,020	6,190,855	0.016641	0	0	52.00
53.00	05300 ANESTHESIOLOGY	280,728	31,007,729	0.009053	34,896	316	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	974,346	28,557,811	0.034118	39,990	1,364	54.00
54.01	05401 ULTRASOUND	53,308	10,225,881	0.005213	14,024	73	54.01
54.03	05403 CARDIOVASCULAR LAB	792,159	35,299,278	0.022441	11,850	266	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	847,860	22,984,560	0.036888	46	2	55.00
55.01	05501 CHEMOTHERAPY	513,964	7,792,093	0.065960	275	18	55.01
56.01	05601 NUCLEAR MEDICINE	193,152	14,040,616	0.013757	3,138	43	56.01
57.00	05700 CT SCAN	227,387	60,570,546	0.003754	42,384	159	57.00
58.00	05800 MRI	195,065	22,431,194	0.008696	21,834	190	58.00
60.00	06000 LABORATORY	765,908	100,370,744	0.007631	224,684	1,715	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.	25,102	7,450,554	0.003369	21,410	72	63.00
65.00	06500 RESPIRATORY THERAPY	478,152	38,487,625	0.012424	199,240	2,475	65.00
66.00	06600 PHYSICAL THERAPY	37,819	10,269,529	0.003683	1,529,350	5,633	66.00
66.01	06601 SOUTHEAST OUTPATIENT REHAB	468,214	12,609,016	0.037133	2,127	79	66.01
66.02	06602 PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	13,470	3,315,844	0.004062	985,514	4,003	67.00
68.00	06800 SPEECH PATHOLOGY	5,867	1,453,372	0.004037	327,742	1,323	68.00
69.01	06901 CV DIAGNOSTIC	310,575	30,269,768	0.010260	16,070	165	69.01
69.02	06902 ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001 NEUROPHYSIOLOGY	391,229	6,981,403	0.056039	3,453	194	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	623,926	111,081,840	0.005617	265,467	1,491	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	868,679	126,651,843	0.006859	78,831	541	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,771,445	186,366,745	0.009505	438,697	4,170	73.00
74.00	07400 RENAL DIALYSIS	10,369	1,742,499	0.005951	40,390	240	74.00
76.00	03950 CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	53,394	843,945	0.063267	0	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	788,093	4,633,952	0.170069	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	322,456	5,713,729	0.056435	0	0	88.02
90.01	09001 HYPERBARIC WOUND CLINIC	146,496	5,049,321	0.029013	1,062	31	90.01
90.02	09002 DIABETES CENTER	111,233	111,248	0.999865	0	0	90.02
91.00	09100 EMERGENCY	245,010	30,944,787	0.007918	22,469	178	91.00
91.01	09101 G.I. LABORATORY	314,682	11,123,831	0.028289	12,506	354	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	11,424,527	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	14,489,290	1,068,166,269		4,496,716	28,427	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0110 Component CCN: 26-T110		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 3:26 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	38,033	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	101,913	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	91,065	0	0	54.00
54.01	05401	ULTRASOUND		0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB		0	0	73,904	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	67,211	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	213,691	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	123,566	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	495,692	0	213,691	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0110 Component CCN: 26-T110		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 3:26 pm	
					Title XVIII		Subprovider - IRF		PPS	
Cost Center Description					All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0		38,033	38,033	122,169,584	0.000311	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		101,913	101,913	6,190,855	0.016462	52.00	
53.00	05300	ANESTHESIOLOGY	0		0	0	31,007,729	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		91,065	91,065	28,557,811	0.003189	54.00	
54.01	05401	ULTRASOUND	0		0	0	10,225,881	0.000000	54.01	
54.03	05403	CARDIOVASCULAR LAB	0		73,904	73,904	35,299,278	0.002094	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	22,984,560	0.000000	55.00	
55.01	05501	CHEMOTHERAPY	0		0	0	7,792,093	0.000000	55.01	
56.01	05601	NUCLEAR MEDICINE	0		0	0	14,040,616	0.000000	56.01	
57.00	05700	CT SCAN	0		0	0	60,570,546	0.000000	57.00	
58.00	05800	MRI	0		0	0	22,431,194	0.000000	58.00	
60.00	06000	LABORATORY	0		67,211	67,211	100,370,744	0.000670	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	7,450,554	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	0		0	0	38,487,625	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0		0	0	10,269,529	0.000000	66.00	
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0		0	0	12,609,016	0.000000	66.01	
66.02	06602	PHYSIATRY	0		0	0	0	0.000000	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	3,315,844	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0		0	0	1,453,372	0.000000	68.00	
69.01	06901	CV DIAGNOSTIC	0		0	0	30,269,768	0.000000	69.01	
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	0.000000	69.02	
70.01	07001	NEUROPHYSIOLOGY	0		0	0	6,981,403	0.000000	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	111,081,840	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	126,651,843	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0		213,691	213,691	186,366,745	0.001147	73.00	
74.00	07400	RENAL DIALYSIS	0		0	0	1,742,499	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	843,945	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	4,633,952	0.000000	88.01	
88.02	08802	RURAL HEALTH CLINIC III	0		0	0	5,713,729	0.000000	88.02	
90.01	09001	HYPERBARIC WOUND CLINIC	0		0	0	5,049,321	0.000000	90.01	
90.02	09002	DIABETES CENTER	0		0	0	111,248	0.000000	90.02	
91.00	09100	EMERGENCY	0		123,566	123,566	30,944,787	0.003993	91.00	
91.01	09101	G.I. LABORATORY	0		0	0	11,123,831	0.000000	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	11,424,527	0.000000	92.00	
200.00		Total (lines 50 through 199)	0		709,383	709,383	1,068,166,269		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0110 Component CCN: 26-T110		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 3:26 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000311	159,267		50	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.016462	0		0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	34,896		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.003189	39,990	128	0	0	54.00
54.01	05401	ULTRASOUND		0.000000	14,024		0	0	54.01
54.03	05403	CARDIOVASCULAR LAB		0.002094	11,850	25	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	46		0	0	55.00
55.01	05501	CHEMOTHERAPY		0.000000	275		0	0	55.01
56.01	05601	NUCLEAR MEDICINE		0.000000	3,138		0	0	56.01
57.00	05700	CT SCAN		0.000000	42,384		0	0	57.00
58.00	05800	MRI		0.000000	21,834		0	0	58.00
60.00	06000	LABORATORY		0.000670	224,684	151		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	21,410		0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	199,240		0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,529,350		0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB		0.000000	2,127		0	0	66.01
66.02	06602	PHYSIATRY		0.000000	0		0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0.000000	985,514		0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	327,742		0	0	68.00
69.01	06901	CV DIAGNOSTIC		0.000000	16,070		0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB		0.000000	0		0	0	69.02
70.01	07001	NEUROPHYSIOLOGY		0.000000	3,453		0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	265,467		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	78,831		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001147	438,697	503		0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	40,390		0	0	74.00
76.00	03950	CARDIAC REHAB		0.000000	0		0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0		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	1,062		0	0	90.01
90.02	09002	DIABETES CENTER		0.000000	0		0	0	90.02
91.00	09100	EMERGENCY		0.003993	22,469	90		0	91.00
91.01	09101	G.I. LABORATORY		0.000000	12,506		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)			4,496,716	947		0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/29/2021 3:26 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.153375	0	2,679,049	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.384752	0	30,113	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.062287	0	620,128	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.215284	0	907,553	0	0	54.00
54.01	05401	ULTRASOUND	0.105294	0	473,255	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0.150398	0	1,518,825	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199290	0	831,532	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.313380	0	401,278	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.133518	0	673,091	0	0	56.01
57.00	05700	CT SCAN	0.048684	0	2,804,218	0	0	57.00
58.00	05800	MRI	0.061736	0	823,896	0	0	58.00
60.00	06000	LABORATORY	0.145609	0	4,133,366	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.	0.163229	0	36,111	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.117047	0	424,564	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.117743	0	4,034	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.280381	0	128,503	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.107194	0	3,035	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.149611	0	1,583	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0.072435	0	1,124,921	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.212551	0	463,550	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.169959	0	2,377,302	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.208335	0	3,298,207	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273899	0	6,645,218	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.177209	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.561931	0	9,388	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						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	0.149331	0	217,945	0	0	90.01
90.02	09002	DIABETES CENTER	4.032962	0	5,069	0	0	90.02
91.00	09100	EMERGENCY	0.225097	0	2,570,359	0	0	91.00
91.01	09101	G.I. LABORATORY	0.142256	0	423,565	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.383825	0	557,611	0	0	92.00
200.00		Subtotal (see instructions)		0	34,187,269	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	34,187,269	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0110		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 3:26 pm
			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	410,899	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,586	0		52.00
53.00	05300	ANESTHESIOLOGY	38,626	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	195,382	0		54.00
54.01	05401	ULTRASOUND	49,831	0		54.01
54.03	05403	CARDIOVASCULAR LAB	228,428	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	165,716	0		55.00
55.01	05501	CHEMOTHERAPY	125,752	0		55.01
56.01	05601	NUCLEAR MEDICINE	89,870	0		56.01
57.00	05700	CT SCAN	136,521	0		57.00
58.00	05800	MRI	50,864	0		58.00
60.00	06000	LABORATORY	601,855	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,894	0		63.00
65.00	06500	RESPIRATORY THERAPY	49,694	0		65.00
66.00	06600	PHYSICAL THERAPY	475	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	36,030	0		66.01
66.02	06602	PHYSIATRY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	325	0		67.00
68.00	06800	SPEECH PATHOLOGY	237	0		68.00
69.01	06901	CV DIAGNOSTIC	81,484	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	98,528	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	404,044	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	687,132	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,820,119	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	5,275	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				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	32,546	0		90.01
90.02	09002	DIABETES CENTER	20,443	0		90.02
91.00	09100	EMERGENCY	578,580	0		91.00
91.01	09101	G.I. LABORATORY	60,255	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	214,025	0		92.00
200.00		Subtotal (see instructions)	6,200,416	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	6,200,416	0		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-1

Date/Time Prepared:
7/29/2021 3:26 pm

Title XVIII		Hospital	PPS
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	35,191	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	35,191	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)	29,590	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)	13,606	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)	27,551,058	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)	27,551,058	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)	27,551,058	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)	782.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	10,652,137	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	10,652,137	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-1

Date/Time Prepared:
7/29/2021 3:26 pm

		Title XVIII		Hospital	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
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
45.01	ADULT SPECIAL CARE	4,852,444	3,699	1,311.83	1,701	2,231,423
46.00	SURGICAL INTENSIVE CARE UNIT					
46.01	CARDIOTHORACIC ICU	4,539,192	2,836	1,600.56	1,257	2,011,904
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					35,465,533
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					50,360,997
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,765,479
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,322,480
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,087,959
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					46,273,038
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					5,601
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					782.90
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,385,023

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-1

Date/Time Prepared:
7/29/2021 3:26 pm

		Title XVIII		Hospital	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	2,394,679	27,551,058	0.086918	4,385,023	381,137	90.00
91.00 Nursing School cost	1,238,723	27,551,058	0.044961	4,385,023	197,155	91.00
92.00 Allied health cost	0	27,551,058	0.000000	4,385,023	0	92.00
93.00 All other Medical Education	0	27,551,058	0.000000	4,385,023	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 3:26 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,020	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,020	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,020	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)		1,754	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,600,750	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,600,750	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,600,750	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)		861.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,510,510	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)		1,510,510	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 3:26 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	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)					635,239	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,145,749	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)					69,073	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					29,374	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					98,447	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,047,302	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 Component CCN: 26-T110		Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 3:26 pm	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	118,913	2,600,750	0.045723	0	0 90.00
91.00	Nursing School cost	0	2,600,750	0.000000	0	0 91.00
92.00	Allied health cost	0	2,600,750	0.000000	0	0 92.00
93.00	All other Medical Education	0	2,600,750	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0110	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 3:26 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			35,191 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			35,191 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)			29,590 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)			1,852 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)			2,129 15.00
16.00	Nursery days (title V or XIX only)			101 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)			27,505,084 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)			27,505,084 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)			27,505,084 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)			781.59 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,447,505 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)			1,447,505 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-1

Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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)	1,236,404	2,129	580.74	101	58,655	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	4,852,444	3,699	1,311.83	153	200,710	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	4,539,192	2,836	1,600.56	355	568,199	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)					3,464,571	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,739,640	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)					5,601	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					781.59	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,377,686	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-1

Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description		Title XIX		Hospital		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	2,394,679	27,505,084	0.087063	4,377,686	381,134	90.00
91.00	Nursing School cost	0	27,505,084	0.000000	4,377,686	0	91.00
92.00	Allied health cost	0	27,505,084	0.000000	4,377,686	0	92.00
93.00	All other Medical Education	0	27,505,084	0.000000	4,377,686	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 3:26 pm
		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)		3,020	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,020	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,020	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)		255	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)		2,129	15.00
16.00	Nursery days (title V or XIX only)		101	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,586,778	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,586,778	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,586,778	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)		856.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		218,420	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)		218,420	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0110	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1	
				Component CCN: 26-T110		Date/Time Prepared: 7/29/2021 3:26 pm	
				Title XIX		Subprovider - IRF	Cost
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	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)						0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						218,420
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)						0.00
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 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 3:26 pm	
			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	118,913	2,586,778	0.045970	0	0	90.00
91.00	Nursing School cost	0	2,586,778	0.000000	0	0	91.00
92.00	Allied health cost	0	2,586,778	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,586,778	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0110	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 3:26 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		11,983,528		30.00
33.01	03301	ADULT SPECIAL CARE		2,882,960		33.01
34.01	03401	CARDIOTHORACIC ICU		2,123,358		34.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		11,763		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.153375	25,090,962	3,848,326	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.384752	7,542	2,902	52.00
53.00	05300	ANESTHESIOLOGY	0.063577	6,322,089	401,939	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.215284	4,125,579	888,171	54.00
54.01	05401	ULTRASOUND	0.105294	1,371,479	144,409	54.01
54.03	05403	CARDIOVASCULAR LAB	0.150398	6,659,460	1,001,569	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199290	219,066	43,658	55.00
55.01	05501	CHEMOTHERAPY	0.313380	24,427	7,655	55.01
56.01	05601	NUCLEAR MEDICINE	0.133518	459,521	61,354	56.01
57.00	05700	CT SCAN	0.048684	7,189,024	349,990	57.00
58.00	05800	MRI	0.061736	1,358,381	83,861	58.00
60.00	06000	LABORATORY	0.145609	22,339,760	3,252,870	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.163229	3,275,361	534,634	63.00
65.00	06500	RESPIRATORY THERAPY	0.117047	14,691,772	1,719,628	65.00
66.00	06600	PHYSICAL THERAPY	0.117743	3,556,273	418,726	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.280381	3,610	1,012	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.107194	639,106	68,508	67.00
68.00	06800	SPEECH PATHOLOGY	0.149611	399,478	59,766	68.00
69.01	06901	CV DIAGNOSTIC	0.072435	4,032,640	292,104	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.212551	432,701	91,971	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.169959	26,931,624	4,577,272	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.208335	33,295,106	6,936,536	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273899	32,447,276	8,887,276	73.00
74.00	07400	RENAL DIALYSIS	0.177209	812,347	143,955	74.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.561931	2,083	1,171	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	0.149722	24,764	3,708	90.01
90.02	09002	DIABETES CENTER	4.032962	192	774	90.02
91.00	09100	EMERGENCY	0.232919	3,403,082	792,642	91.00
91.01	09101	G.I. LABORATORY	0.142256	756,184	107,572	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.383825	1,932,063	741,574	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		201,802,952	35,465,533	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)		201,802,952		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 3:26 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
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		1,261,827		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.153375	159,267	24,428	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.384752	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063577	34,896	2,219	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.215284	39,990	8,609	54.00
54.01	05401 ULTRASOUND	0.105294	14,024	1,477	54.01
54.03	05403 CARDIOVASCULAR LAB	0.150398	11,850	1,782	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.199290	46	9	55.00
55.01	05501 CHEMOTHERAPY	0.313380	275	86	55.01
56.01	05601 NUCLEAR MEDICINE	0.133518	3,138	419	56.01
57.00	05700 CT SCAN	0.048684	42,384	2,063	57.00
58.00	05800 MRI	0.061736	21,834	1,348	58.00
60.00	06000 LABORATORY	0.145609	224,684	32,716	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.163229	21,410	3,495	63.00
65.00	06500 RESPIRATORY THERAPY	0.117047	199,240	23,320	65.00
66.00	06600 PHYSICAL THERAPY	0.117743	1,529,350	180,070	66.00
66.01	06601 SOUTHEAST OUTPATIENT REHAB	0.280381	2,127	596	66.01
66.02	06602 PHYSIATRY	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.107194	985,514	105,641	67.00
68.00	06800 SPEECH PATHOLOGY	0.149611	327,742	49,034	68.00
69.01	06901 CV DIAGNOSTIC	0.072435	16,070	1,164	69.01
69.02	06902 ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001 NEUROPHYSIOLOGY	0.212551	3,453	734	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.169959	265,467	45,119	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.208335	78,831	16,423	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.273899	438,697	120,159	73.00
74.00	07400 RENAL DIALYSIS	0.177209	40,390	7,157	74.00
76.00	03950 CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.561931	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	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	0.149722	1,062	159	90.01
90.02	09002 DIABETES CENTER	4.032962	0	0	90.02
91.00	09100 EMERGENCY	0.232919	22,469	5,233	91.00
91.01	09101 G.I. LABORATORY	0.142256	12,506	1,779	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.383825	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,496,716	635,239	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)		4,496,716		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0110	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 3:26 pm
			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		1,705,883	30.00
33.01	03301	ADULT SPECIAL CARE		424,310	33.01
34.01	03401	CARDIOTHORACIC ICU		600,937	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		131,734	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.153375	2,150,969	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.384752	123,749	52.00
53.00	05300	ANESTHESIOLOGY	0.062287	626,763	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.215284	500,862	54.00
54.01	05401	ULTRASOUND	0.105294	160,078	54.01
54.03	05403	CARDIOVASCULAR LAB	0.150398	336,871	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199290	0	55.00
55.01	05501	CHEMOTHERAPY	0.313380	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.133518	31,287	56.01
57.00	05700	CT SCAN	0.048684	314,357	57.00
58.00	05800	MRI	0.061736	147,904	58.00
60.00	06000	LABORATORY	0.145609	2,520,345	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.163229	349,323	63.00
65.00	06500	RESPIRATORY THERAPY	0.117047	2,363,425	65.00
66.00	06600	PHYSICAL THERAPY	0.117743	545,930	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.280381	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.107194	258,410	67.00
68.00	06800	SPEECH PATHOLOGY	0.149611	116,367	68.00
69.01	06901	CV DIAGNOSTIC	0.072435	383,134	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.212551	403,087	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.169959	2,913,621	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.208335	1,152,330	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273899	4,270,640	73.00
74.00	07400	RENAL DIALYSIS	0.177209	0	74.00
76.00	03950	CARDIAC REHAB	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.561931	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	1.326827	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.774731	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.149331	3,650	90.01
90.02	09002	DIABETES CENTER	4.032962	0	90.02
91.00	09100	EMERGENCY	0.225097	33,521	91.00
91.01	09101	G.I. LABORATORY	0.142256	52,845	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.383825	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		19,759,468	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)		19,759,468	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 3:26 pm
			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		174,740	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.153375	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.384752	0	52.00
53.00	05300	ANESTHESIOLOGY	0.062287	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.215284	0	54.00
54.01	05401	ULTRASOUND	0.105294	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0.150398	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199290	0	55.00
55.01	05501	CHEMOTHERAPY	0.313380	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.133518	0	56.01
57.00	05700	CT SCAN	0.048684	0	57.00
58.00	05800	MRI	0.061736	0	58.00
60.00	06000	LABORATORY	0.145609	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.163229	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.117047	0	65.00
66.00	06600	PHYSICAL THERAPY	0.117743	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.280381	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.107194	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.149611	0	68.00
69.01	06901	CV DIAGNOSTIC	0.072435	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.212551	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.169959	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.208335	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273899	0	73.00
74.00	07400	RENAL DIALYSIS	0.177209	0	74.00
76.00	03950	CARDIAC REHAB	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.561931	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	1.326827	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.774731	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.149331	0	90.01
90.02	09002	DIABETES CENTER	4.032962	0	90.02
91.00	09100	EMERGENCY	0.225097	0	91.00
91.01	09101	G.I. LABORATORY	0.142256	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.383825	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
7/29/2021 3:26 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			24,603,231	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			9,718,999	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)			1,474,653	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			458,111	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)			217.29	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			6.46	30.00
31.00	Percentage of Medicaid patient days (see instructions)			13.42	31.00
32.00	Sum of lines 30 and 31			19.88	32.00
33.00	Allowable disproportionate share percentage (see instructions)			5.81	33.00
34.00	Disproportionate share adjustment (see instructions)			498,531	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
7/29/2021 3:26 pm

		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,644,213	4,290,758	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,728,182	1,081,507	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,809,689		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		40,563,214		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			40,563,214	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,098,704	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			108,636	53.00
54.00	Special add-on payments for new technologies			123,951	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 intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			504,800	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			134,144	58.00
59.00	Total (sum of amounts on lines 49 through 58)			44,533,449	59.00
60.00	Primary payer payments			51,923	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			44,481,526	61.00
62.00	Deductibles billed to program beneficiaries			3,232,636	62.00
63.00	Coinurance billed to program beneficiaries			66,528	63.00
64.00	Allowable bad debts (see instructions)			935,906	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			608,339	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			571,830	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			41,790,701	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-170,519	70.93
70.94	HRR adjustment amount (see instructions)			-263,262	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
7/29/2021 3:26 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			433,521	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			40,923,399	71.00
71.01	Sequestration adjustment (see instructions)			270,094	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			39,398,065	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)			1,255,240	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			530,961	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 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/29/2021 3:26 pm

		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	24,603,231	0	24,603,231		24,603,231
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,718,999	0		9,718,999	9,718,999
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	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
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	1,474,653	0	1,474,653		1,474,653
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	458,111	0		458,111	458,111
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	
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	
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	0.0581	0.0581	0.0581	0.0581	
11.00	Disproportionate share adjustment (see instructions)	34.00	498,531	0	357,362	141,169	498,531
11.01	Uncompensated care payments	36.00	3,809,689	0	2,728,182	1,081,507	3,809,689
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	40,563,214	0	29,163,428	11,399,786	40,563,214
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	40,563,214	0	29,163,428	11,399,786	40,563,214
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,098,704	0	2,274,579	824,125	3,098,704

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/29/2021 3:26 pm

				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	123,951	0	0	123,951	123,951	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	31,438,007	12,347,862	43,785,869	19.00
		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	2,630,260	0	1,916,810	713,450	2,630,260	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	360,340	0	278,988	81,352	360,340	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0411	0.0411	0.0411	0.0411		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	108,104	0	78,781	29,323	108,104	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,098,704	0	2,274,579	824,125	3,098,704	26.00
		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		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/29/2021 3:26 pm

		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	24,603,231	24,603,231		24,603,231	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,718,999		9,718,999	9,718,999	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	1,474,653	1,474,653		1,474,653	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	458,111		458,111	458,111	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	0.0581	0.0581	0.0581		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	498,531	357,362	141,169	498,531	11.00
11.01	Uncompensated care payments	36.00	3,809,689	2,728,182	1,081,507	3,809,689	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	40,563,214	29,163,428	11,399,786	40,563,214	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	40,563,214	29,163,428	11,399,786	40,563,214	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,098,704	2,274,579	824,125	3,098,704	16.00
17.00	Special add-on payments for new technologies	54.00	123,951	0	123,951	123,951	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			31,438,007	12,347,862	43,785,869	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/29/2021 3:26 pm

		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	2,630,260	1,916,810	713,450	2,630,260	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	360,340	278,988	81,352	360,340	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	0.0411	0.0411	0.0411		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	108,104	78,781	29,323	108,104	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,098,704	2,274,579	824,125	3,098,704	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	-170,519	-155,206	-15,313	-170,519	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	-263,262	-214,048	-49,214	-263,262	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		310,688	122,833	433,521	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0110	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/29/2021 3:26 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		9,618	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		39,228,262	2.00
3.00	OPPS payments		37,452,619	3.00
4.00	Outlier payment (see instructions)		327,291	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		186,404	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		9,618	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		35,793	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)		35,793	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)		35,793	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		26,175	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)		9,618	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)		37,966,314	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		318	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,373,783	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)		31,601,831	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)		31,601,831	30.00
31.00	Primary payer payments		18,284	31.00
32.00	Subtotal (line 30 minus line 31)		31,583,547	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)		701,038	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		455,675	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		213,420	36.00
37.00	Subtotal (see instructions)		32,039,222	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-232	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)		32,039,454	40.00
40.01	Sequestration adjustment (see instructions)		211,460	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		31,795,599	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)		32,395	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 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/29/2021 3:26 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		39,398,065		31,697,799	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	11/17/2020	97,800	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		97,800	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		39,398,065		31,795,599	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		1,255,240		32,395	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		40,653,305		31,827,994	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 01/01/2020
 To 12/31/2020

 Worksheet E-1
 Part I
 Date/Time Prepared:
 7/29/2021 3:26 pm

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		2,724,523		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,724,523		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		3,890		0	6.02	
7.00	Total Medicare program liability (see instructions)		2,720,633		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 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/29/2021 3:26 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/29/2021 3:26 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,596,923 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			69,078 3.00
4.00	Outlier Payments			94,747 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)			8.251366 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)			2,760,748 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)			2,760,748 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,760,748 19.00
20.00	Deductibles			22,396 20.00
21.00	Subtotal (line 19 minus line 20)			2,738,352 21.00
22.00	Coinurance			2,112 22.00
23.00	Subtotal (line 21 minus line 22)			2,736,240 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,340 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,521 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,737,761 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)			947 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,738,708 32.00
32.01	Sequestration adjustment (see instructions)			18,075 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,724,523 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-3,890 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			94,747 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 01/01/2020
To 12/31/2020Worksheet E-3
Part VII
Date/Time Prepared:
7/29/2021 3:26 pm

		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		5,739,640		1.00
2.00	Medical and other services			6,200,416	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5,739,640	6,200,416	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)		5,739,640	6,200,416	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		3,037,604		8.00
9.00	Ancillary service charges		19,759,468	34,187,269	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)		22,797,072	34,187,269	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)		22,797,072	34,187,269	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		17,057,432	27,986,853	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)		5,739,640	6,200,416	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)		5,739,640	6,200,416	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)		5,739,640	6,200,416	31.00
32.00	Deductibles		72	4,751	32.00
33.00	Coinurance		371	24,383	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)		5,739,197	6,171,282	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		5,739,197	6,171,282	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)		5,739,197	6,171,282	40.00
41.00	Interim payments		2,205,179	5,510,148	41.00
42.00	Balance due provider/program (line 40 minus line 41)		3,534,018	661,134	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 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 7/29/2021 3:26 pm	
		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		218,420		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)		218,420	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)		218,420	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		174,740		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)		174,740	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)		174,740	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)		43,680	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)		174,740	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)		174,740	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		43,680	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		174,740	0	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)		174,740	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		174,740	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)		174,740	0	40.00
41.00	Interim payments		237,831	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-63,091	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0110	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/29/2021 3:26 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	18,318	6,567		26.00
27.00	Total Inpatient Days (see instructions)	39,185	39,185		27.00
28.00	Ratio of inpatient days to total inpatient days	0.467475	0.167590		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0110	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/29/2021 3:26 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,742,499	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			52,506,746	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			51,923	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			52,454,823	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			40,009,466	42.00
43.00	Primary payer payments (see instructions)			18,958	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			39,990,508	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			92,445,331	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.567415	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.432585	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0	50.00

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 01/01/2020
To 12/31/2020

Worksheet G

Date/Time Prepared:
7/29/2021 3:26 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	81,676,527	0	0	0	1.00
2.00 Temporary investments	4,978,923	0	0	0	2.00
3.00 Notes receivable	80,824,574	0	0	0	3.00
4.00 Accounts receivable	213,302,149	0	0	0	4.00
5.00 Other receivable	1,457,573	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-173,407,596	0	0	0	6.00
7.00 Inventory	7,760,428	0	0	0	7.00
8.00 Prepaid expenses	4,710,361	0	0	0	8.00
9.00 Other current assets	3,233,753	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)	224,536,692	0	0	0	11.00
FIXED ASSETS					
12.00 Land	21,090,550	0	0	0	12.00
13.00 Land improvements	13,723,985	0	0	0	13.00
14.00 Accumulated depreciation	-10,250,553	0	0	0	14.00
15.00 Buildings	224,108,015	0	0	0	15.00
16.00 Accumulated depreciation	-145,602,546	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	135,909,763	0	0	0	23.00
24.00 Accumulated depreciation	-108,240,029	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	417,304	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	131,156,489	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	1,150,704	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	18,108,955	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	19,259,659	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	374,952,840	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	17,313,396	0	0	0	37.00
38.00 Salaries, wages, and fees payable	12,593,271	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	4,741,310	0	0	0	40.00
41.00 Deferred income	16,685,231	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	24,801,848	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	76,135,056	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	105,011,182	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	31,670,773	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	136,681,955	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	212,817,011	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	162,135,829	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	162,135,829	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	374,952,840	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-1

Date/Time Prepared:
7/29/2021 3:26 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		134,379,906		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		26,274,924				2.00
3.00	Total (sum of line 1 and line 2)		160,654,830		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	CONTRIBUTIONS FOR PROPERTY	670,285		0		0	5.00
6.00	INCREASED TEMP RESTRICTED	0		0		0	6.00
7.00	INCREASE PERM RESTRICTED	99,602		0		0	7.00
8.00	TRANSFER TO AFFILIATES	711,111		0		0	8.00
9.00	ROUNDING	1		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,480,999		0		10.00
11.00	Subtotal (line 3 plus line 10)		162,135,829		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		162,135,829		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	CONTRIBUTIONS FOR PROPERTY		0				5.00
6.00	INCREASED TEMP RESTRICTED		0				6.00
7.00	INCREASE PERM RESTRICTED		0				7.00
8.00	TRANSFER TO AFFILIATES		0				8.00
9.00	ROUNDING		0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	28,283,705		28,283,705	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	2,048,550		2,048,550	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)	30,332,255		30,332,255	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	7,125,484		7,125,484	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
14.01	CARDIOTHORACIC ICU	4,827,581		4,827,581	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,953,065		11,953,065	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	42,285,320		42,285,320	17.00
18.00	Ancillary services	435,189,786	568,340,962	1,003,530,748	18.00
19.00	Outpatient services	10,722,152	43,075,076	53,797,228	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
20.01	RURAL HEALTH CLINIC II	0	4,631,547	4,631,547	20.01
20.02	RURAL HEALTH CLINIC III	0	5,698,677	5,698,677	20.02
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,453,888	1,453,888	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	2,008,301	2,008,301	26.00
27.00	PPO	74	57,644,865	57,644,939	27.00
27.01	PROFESSIONAL CHARGES	5,365,598	66,988,751	72,354,349	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	493,562,930	749,842,067	1,243,404,997	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		350,842,043		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)		350,842,043		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-3

Date/Time Prepared:
7/29/2021 3:26 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,243,404,997	1.00
2.00	Less contractual allowances and discounts on patients' accounts	897,523,044	2.00
3.00	Net patient revenues (line 1 minus line 2)	345,881,953	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	350,842,043	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,960,090	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	340,182	6.00
7.00	Income from investments	5,737,075	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	1,032,255	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	5,575,388	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,312,574	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	136,929	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	742,954	23.00
24.00	BUILDING BLOCKS GRANT	818,192	24.00
24.01	HEALTHPOINT	2,032,682	24.01
24.02	PRISONER MEALS	29,965	24.02
24.03	OUTREACH LAB	1,818,011	24.03
24.04	RENTAL INCOME	558,858	24.04
24.05	MISC OTHER OPERATING REVENUE	2,337,589	24.05
24.06	RENTAL INCOME - INTERNAL	5,697,781	24.06
24.07	LOSS ON EQUIPMENT DISPOSAL	-2,800	24.07
24.50	COVID-19 PHE Funding	2,737,664	24.50
25.00	Total other income (sum of lines 6-24)	31,905,299	25.00
26.00	Total (line 5 plus line 25)	26,945,209	26.00
27.00	CONTRIBUTION OF PROPERTY (GROUPED IN	670,285	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	670,285	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	26,274,924	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 26-0110

Period:

Worksheet H

HHA CCN: 26-7121

From 01/01/2020

Date/Time Prepared:

To 12/31/2020

7/29/2021 3:26 pm

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	167,686	98,663	5,035	1,689	60,925	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	450,736	0	0	0	450,736	6.00
7.00	Physical Therapy	289,076	0	0	0	289,076	7.00
8.00	Occupational Therapy	92,165	0	0	0	92,165	8.00
9.00	Speech Pathology	6,816	0	0	0	6,816	9.00
10.00	Medical Social Services	31,808	0	0	0	31,808	10.00
11.00	Home Health Aide	5,085	0	0	0	5,085	11.00
12.00	Supplies (see instructions)	0	0	0	21,200	21,200	12.00
13.00	Drugs	0	0	0	8,692	8,692	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)	4,055	0	0	0	4,055	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,047,427	98,663	5,035	1,689	90,817	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	-56,507	277,491	0	277,491		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	43,578	494,314	0	494,314		6.00
7.00	Physical Therapy	27,287	316,363	0	316,363		7.00
8.00	Occupational Therapy	8,955	101,120	0	101,120		8.00
9.00	Speech Pathology	1,279	8,095	0	8,095		9.00
10.00	Medical Social Services	2,888	34,696	0	34,696		10.00
11.00	Home Health Aide	462	5,547	0	5,547		11.00
12.00	Supplies (see instructions)	0	21,200	0	21,200		12.00
13.00	Drugs	0	8,692	0	8,692		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)	368	4,423	0	4,423		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	28,310	1,271,941	0	1,271,941		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
 7/29/2021 3:26 pm S:\HFS\Hospitals\Southeast - Cape\2020\Cape 2020.mcrx

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 26-0110

Period:

Worksheet H-1

HHA CCN: 26-7121

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 3:26 pmHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	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	277,491	0	0	0	0	277,491	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	494,314	0	0	0	0	494,314	6.00
7.00	Physical Therapy	316,363	0	0	0	0	316,363	7.00
8.00	Occupational Therapy	101,120	0	0	0	0	101,120	8.00
9.00	Speech Pathology	8,095	0	0	0	0	8,095	9.00
10.00	Medical Social Services	34,696	0	0	0	0	34,696	10.00
11.00	Home Health Aide	5,547	0	0	0	0	5,547	11.00
12.00	Supplies (see instructions)	21,200	0	0	0	0	21,200	12.00
13.00	Drugs	8,692	0	0	0	0	8,692	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)	4,423	0	0	0	0	4,423	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,271,941	0	0	0	0	1,271,941	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	277,491						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	137,932	632,246					6.00
7.00	Physical Therapy	88,278	404,641					7.00
8.00	Occupational Therapy	28,217	129,337					8.00
9.00	Speech Pathology	2,259	10,354					9.00
10.00	Medical Social Services	9,682	44,378					10.00
11.00	Home Health Aide	1,548	7,095					11.00
12.00	Supplies (see instructions)	5,916	27,116					12.00
13.00	Drugs	2,425	11,117					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)	1,234	5,657					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		1,271,941					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 26-0110

Period:

Worksheet H-1

HHA CCN: 26-7121

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 3:26 pmHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00						3.00
	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	-277,491	994,450	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	494,314	6.00	
7.00	Physical Therapy	0	0	0	0	0	316,363	7.00	
8.00	Occupational Therapy	0	0	0	0	0	101,120	8.00	
9.00	Speech Pathology	0	0	0	0	0	8,095	9.00	
10.00	Medical Social Services	0	0	0	0	0	34,696	10.00	
11.00	Home Health Aide	0	0	0	0	0	5,547	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	21,200	12.00	
13.00	Drugs	0	0	0	0	0	8,692	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	4,423	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	-277,491	994,450	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		277,491	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.279040	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 3:26 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS				Agency 1		
			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	632,246	0	0	0	0	0	0	2.00
3.00	Physical Therapy	404,641	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	129,337	0	0	0	0	0	0	4.00
5.00	Speech Pathology	10,354	0	0	0	0	0	0	5.00
6.00	Medical Social Services	44,378	0	0	0	0	0	0	6.00
7.00	Home Health Aide	7,095	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	27,116	0	0	0	0	0	0	8.00
9.00	Drugs	11,117	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)	5,657	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)	1,271,941	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	64,056	9,966	12,603	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	29,004	2.00	
3.00	Physical Therapy	0	0	0	0	0	18,602	3.00	
4.00	Occupational Therapy	0	0	0	0	0	5,931	4.00	
5.00	Speech Pathology	0	0	0	0	0	439	5.00	
6.00	Medical Social Services	0	0	0	0	0	2,047	6.00	
7.00	Home Health Aide	0	0	0	0	0	327	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	261	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	64,056	9,966	69,214	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 - 16.10.172.3

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 3:26 pmHome 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	6,071	92,696	5,422	66	5,259	7,410	1.00
2.00	Skilled Nursing Care	0	661,250	38,678	0	0	0	2.00
3.00	Physical Therapy	0	423,243	24,755	0	0	0	3.00
4.00	Occupational Therapy	0	135,268	7,912	0	0	0	4.00
5.00	Speech Pathology	0	10,793	631	0	0	0	5.00
6.00	Medical Social Services	0	46,425	2,715	0	0	0	6.00
7.00	Home Health Aide	0	7,422	434	0	0	0	7.00
8.00	Supplies (see instructions)	0	27,116	1,586	0	0	0	8.00
9.00	Drugs	0	11,117	650	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	5,918	346	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)	6,071	1,421,248	83,129	66	5,259	7,410	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	110,853	12,972	6,665	23,502	0	17,636	1.00
2.00	Skilled Nursing Care	699,928	81,909	0	0	0	0	2.00
3.00	Physical Therapy	447,998	52,427	0	0	0	0	3.00
4.00	Occupational Therapy	143,180	16,755	0	0	0	0	4.00
5.00	Speech Pathology	11,424	1,337	0	0	0	0	5.00
6.00	Medical Social Services	49,140	5,751	0	0	0	0	6.00
7.00	Home Health Aide	7,856	919	0	0	0	0	7.00
8.00	Supplies (see instructions)	28,702	3,359	0	0	0	0	8.00
9.00	Drugs	11,767	1,377	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)	6,264	733	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)	1,517,112	177,539	6,665	23,502	0	17,636	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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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 3:26 pmHome 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	277	0	194,784	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	277	0	194,784	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	3,361	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)	3,361	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 - 16.10.172.3

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 3:26 pmHome 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	22.00	23.00	24.00	25.00
1.00	Administrative and General	0	0	0	0	370,050	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	781,837	0	2.00
3.00	Physical Therapy	0	0	0	0	500,425	0	3.00
4.00	Occupational Therapy	0	0	0	0	159,935	0	4.00
5.00	Speech Pathology	0	0	0	0	12,761	0	5.00
6.00	Medical Social Services	0	0	0	0	54,891	0	6.00
7.00	Home Health Aide	0	0	0	0	8,775	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	32,061	0	8.00
9.00	Drugs	0	0	0	0	13,144	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	6,997	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	1,940,876	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	370,050						1.00
2.00	Skilled Nursing Care	781,837	184,183	966,020				2.00
3.00	Physical Therapy	500,425	117,889	618,314				3.00
4.00	Occupational Therapy	159,935	37,677	197,612				4.00
5.00	Speech Pathology	12,761	3,006	15,767				5.00
6.00	Medical Social Services	54,891	12,931	67,822				6.00
7.00	Home Health Aide	8,775	2,067	10,842				7.00
8.00	Supplies (see instructions)	32,061	7,553	39,614				8.00
9.00	Drugs	13,144	3,096	16,240				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)	6,997	1,648	8,645				19.00
19.50	Telemedicine	0	0	0				19.50
20.00	Total (sum of lines 1-19) (2)	1,940,876	370,050	1,940,876				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.		0.235577					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.

7/29/2021 3:26 pm S:\HFS\Hospitals\Southeast - Cape\2020\Cape 2020.mcrx

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2020

Part II

To 12/31/2020

Date/Time Prepared:
7/29/2021 3:26 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		Agency 1				
		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)		
		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)		COMMUNICATIONS (NONPATIENT)	
		1.06	1.07	1.08	2.00		4.00	
1.00	Administrative and General	0	0	3,286	8,283	195,872	28	1.00
2.00	Skilled Nursing Care	0	0	0	0	450,799	0	2.00
3.00	Physical Therapy	0	0	0	0	289,117	0	3.00
4.00	Occupational Therapy	0	0	0	0	92,178	0	4.00
5.00	Speech Pathology	0	0	0	0	6,817	0	5.00
6.00	Medical Social Services	0	0	0	0	31,812	0	6.00
7.00	Home Health Aide	0	0	0	0	5,086	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	4,056	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	8,283	1,075,737	28	20.00
21.00	Total cost to be allocated	0	0	64,056	9,966	69,214	6,071	21.00
22.00	Unit cost multiplier	0.000000	0.000000	19.493609	1.203187	0.064341	216.821429	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 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 3:26 pmHome 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	92,696	2,757	1,453,888	1,453,888	0	1.00
2.00	Skilled Nursing Care	0	661,250	0	0	0	0	2.00
3.00	Physical Therapy	0	423,243	0	0	0	0	3.00
4.00	Occupational Therapy	0	135,268	0	0	0	0	4.00
5.00	Speech Pathology	0	10,793	0	0	0	0	5.00
6.00	Medical Social Services	0	46,425	0	0	0	0	6.00
7.00	Home Health Aide	0	7,422	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	27,116	0	0	0	0	8.00
9.00	Drugs	0	11,117	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	5,918	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)		1,421,248	2,757	1,453,888	1,453,888		20.00
21.00	Total cost to be allocated		83,129	66	5,259	7,410		21.00
22.00	Unit cost multiplier		0.058490	0.023939	0.003617	0.005097		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	110,853	18	3,286	0	3,286	0	1.00
2.00	Skilled Nursing Care	699,928	0	0	0	0	0	2.00
3.00	Physical Therapy	447,998	0	0	0	0	0	3.00
4.00	Occupational Therapy	143,180	0	0	0	0	0	4.00
5.00	Speech Pathology	11,424	0	0	0	0	0	5.00
6.00	Medical Social Services	49,140	0	0	0	0	0	6.00
7.00	Home Health Aide	7,856	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	28,702	0	0	0	0	0	8.00
9.00	Drugs	11,767	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)	6,264	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)	1,517,112	18	3,286	0	3,286	0	20.00
21.00	Total cost to be allocated	177,539	6,665	23,502	0	17,636	0	21.00
22.00	Unit cost multiplier	0.117024	370.277778	7.152161	0.000000	5.367012	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0110
HHA CCN: 26-7121Period:
From 01/01/2020
To 12/31/2020Worksheet H-2
Part II
Date/Time Prepared:
7/29/2021 3:26 pm

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	19	0	15	0	0	1,453,888	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)	19	0	15	0	0	1,453,888	20.00
21.00	Total cost to be allocated	277	0	194,784	0	0	3,361	21.00
22.00	Unit cost multiplier	14.578947	0.000000	12,985.600000	0.000000	0.000000	0.002312	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 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 3:26 pmHome 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			
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 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:

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	966,020		966,020	3,274	295.06	1.00
2.00	Physical Therapy	3.00	618,314	0	618,314	2,805	220.43	2.00
3.00	Occupational Therapy	4.00	197,612	0	197,612	394	501.55	3.00
4.00	Speech Pathology	5.00	15,767	0	15,767	80	197.09	4.00
5.00	Medical Social Services	6.00	67,822		67,822	40	1,695.55	5.00
6.00	Home Health Aide	7.00	10,842		10,842	250	43.37	6.00
7.00	Total (sum of lines 1-6)		1,876,377	0	1,876,377	6,843		7.00

Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		
					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	1,104			8.00
8.01	Skilled Nursing Care		99926	0	548			8.01
9.00	Physical Therapy		16020	0	1,015			9.00
9.01	Physical Therapy		99926	0	400			9.01
10.00	Occupational Therapy		16020	0	188			10.00
10.01	Occupational Therapy		99926	0	66			10.01
11.00	Speech Pathology		16020	0	50			11.00
11.01	Speech Pathology		99926	0	4			11.01
12.00	Medical Social Services		16020	0	17			12.00
12.01	Medical Social Services		99926	0	7			12.01
13.00	Home Health Aide		16020	0	165			13.00
13.01	Home Health Aide		99926	0	59			13.01
14.00	Total (sum of lines 8-13)			0	3,623			14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	39,614	0	39,614	12,770	3.102114	15.00
16.00	Cost of Drugs	9.00	16,240	0	16,240	0	0.000000	16.00

Cost Center Description		Program Visits		Cost of Services		Part B	
		Part A	Part B	Part A	Part B	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	0	1,652		0	487,439		1.00
2.00	Physical Therapy	0	1,415		0	311,908		2.00
3.00	Occupational Therapy	0	254		0	127,394		3.00
4.00	Speech Pathology	0	54		0	10,643		4.00
5.00	Medical Social Services	0	24		0	40,693		5.00
6.00	Home Health Aide	0	224		0	9,715		6.00
7.00	Total (sum of lines 1-6)	0	3,623		0	987,792		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet H-3

HHA CCN: 26-7121

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 3:26 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1		
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
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	12,770	0	0	39,614	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	487,439						1.00
2.00	Physical Therapy	311,908						2.00
3.00	Occupational Therapy	127,394						3.00
4.00	Speech Pathology	10,643						4.00
5.00	Medical Social Services	40,693						5.00
6.00	Home Health Aide	9,715						6.00
7.00	Total (sum of lines 1-6)	987,792						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 01/01/2020

Part II

To 12/31/2020

Date/Time Prepared:

			Title XVIII		Home Health Agency I	PPS	
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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	0.117743	0	0	col. 2, line 2.00		1.00
1.01	Physical Therapy 1	66.01	0.280381	0	0	col. 2, line 2.01		1.01
1.02	Physical Therapy 2	66.02	0.000000	0	0	col. 2, line 2.02		1.02
2.00	Occupational Therapy	67.00	0.107194	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.149611	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.169959	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.273899	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

		Provider CCN: 26-0110	Period: From 01/01/2020	Worksheet H-4	
		HHA CCN: 26-7121	To 12/31/2020	Part I-II	
		Title XVIII	Home Health Agency I	Date/Time Prepared: 7/29/2021 3:26 pm	
				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	702,031	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	46,529	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	19,677	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	2,890	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	5,102	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	776,229	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	776,229	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	776,229	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	776,229	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	776,229	31.00
31.01	Sequestration adjustment (see instructions)		0	5,070	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	771,159	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 01/01/2020
To 12/31/2020

Worksheet H-5

Date/Time Prepared:
7/29/2021 3:26 pm

				Home Health Agency I	PPS
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		0		771,159
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		771,159
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		771,159
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0

Hospice CCN: 26-1537

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 3:26 pm

				Hospice I		7/20/2022 5:10 PM	
		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*		2,968	2,968	0	2,968	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	90,623	90,623	0	90,623	3.00
4.00	ADMINISTRATIVE & GENERAL*	193,257	55,405	248,662	28,548	277,210	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	565	565	0	565	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	107	107	0	107	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	22,693	22,693	0	22,693	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	6,051	6,051	25.00
26.00	PHYSICIAN SERVICES**	53,489	962	54,451	0	54,451	26.00
27.00	NURSE PRACTITIONER**	50,123	0	50,123	0	50,123	27.00
28.00	REGISTERED NURSE**	461,923	0	461,923	0	461,923	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**	106,667	0	106,667	0	106,667	33.00
34.00	SPIRITUAL COUNSELING**	97,155	0	97,155	0	97,155	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**	25,841	0	25,841	0	25,841	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	176,506	176,506	-104,667	71,839	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	14,918	14,918	0	14,918	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	1,224	1,224	104,667	105,891	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	8,177	0	8,177	0	8,177	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*	0	173,550	173,550	-6,289	167,261	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	996,632	539,521	1,536,153	28,310	1,564,463	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 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 3:26 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	2,968		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	90,623		3.00
4.00	ADMINISTRATIVE & GENERAL*	-77	277,133		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	565		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	107		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	22,693		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	6,051		25.00
26.00	PHYSICIAN SERVICES**	0	54,451		26.00
27.00	NURSE PRACTITIONER**	0	50,123		27.00
28.00	REGISTERED NURSE**	0	461,923		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	106,667		33.00
34.00	SPIRITUAL COUNSELING**	0	97,155		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	25,841		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	71,839		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	14,918		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	105,891		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	8,177		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	167,261		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	-77	1,564,386		100.00

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

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

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

Provider CCN: 26-0110

Period:

Worksheet 0-2

Hospice CCN: 26-1537

From 01/01/2020

Date/Time Prepared:

To 12/31/2020

7/29/2021 3:26 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	53,424	961	54,385	0	54,385	26.00
27.00	NURSE PRACTITIONER	50,062	0	50,062	0	50,062	27.00
28.00	REGISTERED NURSE	461,365	0	461,365	0	461,365	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	106,538	0	106,538	0	106,538	33.00
34.00	SPIRITUAL COUNSELING	97,038	0	97,038	0	97,038	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	25,810	0	25,810	0	25,810	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	176,293	176,293	-104,540	71,753	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	14,900	14,900	0	14,900	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	1,223	1,223	104,540	105,763	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 *	794,237	193,377	987,614	0	987,614	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	54,385	26.00
27.00	NURSE PRACTITIONER	0	50,062	27.00
28.00	REGISTERED NURSE	0	461,365	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	106,538	33.00
34.00	SPIRITUAL COUNSELING	0	97,038	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	25,810	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	71,753	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	14,900	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	105,763	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	987,614	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 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 3:26 pm

						Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL			
		1.00	2.00	3.00	4.00	5.00			
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25.00	INPATIENT CARE-CONTRACTED		0	0	6,051	6,051		25.00	
26.00	PHYSICIAN SERVICES	65	1	66	0	66		26.00	
27.00	NURSE PRACTITIONER	61	0	61	0	61		27.00	
28.00	REGISTERED NURSE	558	0	558	0	558		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	129	0	129	0	129		33.00	
34.00	SPIRITUAL COUNSELING	117	0	117	0	117		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	31	0	31	0	31		37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	213	213	-127	86		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	18	18	0	18		42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	1	1	127	128		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 *	961	233	1,194	6,051	7,245		100.00	

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	6,051	25.00
26.00	PHYSICIAN SERVICES	0	66	26.00
27.00	NURSE PRACTITIONER	0	61	27.00
28.00	REGISTERED NURSE	0	558	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	129	33.00
34.00	SPIRITUAL COUNSELING	0	117	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	31	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	86	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	18	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	128	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	7,245	100.00

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

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

Provider CCN: 26-0110

Period:

Worksheet 0-5

Hospice CCN: 26-1537

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 3:26 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	2,968	64,056	67,024	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,111	9,111	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	90,623	65,946	156,569	3.00
4.00	ADMINISTRATIVE & GENERAL	277,133	337,315	614,448	4.00
5.00	PLANT OPERATION & MAINTENANCE	565	31,649	32,214	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	17,636	17,636	7.00
8.00	DIETARY	107	0	107	8.00
9.00	NURSING ADMINISTRATION	0	220,756	220,756	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	4,643	4,643	11.00
12.00	STAFF TRANSPORTATION	22,693	0	22,693	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	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	987,614	0	987,614	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	7,245	0	7,245	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	8,177	0	8,177	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	167,261	0	167,261	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	1,564,386	751,112	2,315,498	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:

7/29/2021 3:26 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	67,024	67,024					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,111		9,111				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	156,569	0	0	156,569			3.00
4.00	ADMINISTRATIVE & GENERAL	614,448	67,024	9,111	34,085		724,668	4.00
5.00	PLANT OPERATION & MAINTENANCE	32,214	0	0	0		32,214	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0		0	6.00
7.00	HOUSEKEEPING	17,636	0	0	0		17,636	7.00
8.00	DIETARY	107	0	0	0		107	8.00
9.00	NURSING ADMINISTRATION	220,756	0	0	0		220,756	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0		0	10.00
11.00	MEDICAL RECORDS	4,643	0	0	0		4,643	11.00
12.00	STAFF TRANSPORTATION	22,693	0	0	0		22,693	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0		0	13.00
14.00	PHARMACY	0	0	0	0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0		0	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	987,614			121,090		1,108,704	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	7,245	0	0	147		7,392	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0		0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0		0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0		0	61.00
62.00	FUNDRAISING	8,177	0	0	1,247		9,424	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	167,261					167,261	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	2,315,498	67,024	9,111	156,569		2,315,498	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 3:26 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	724,668						4.00
5.00	PLANT OPERATION & MAINTENANCE	16,399	48,613					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	8,978	0			26,614		7.00
8.00	DIETARY	54	0			0	161	8.00
9.00	NURSING ADMINISTRATION	112,376	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			0		10.00
11.00	MEDICAL RECORDS	2,364	0			0		11.00
12.00	STAFF TRANSPORTATION	11,552	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	564,385						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,763	48,613		0	26,614	161	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	4,797	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	724,668	48,613		0	26,614	161	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 3:26 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	333,132					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				10.00
11.00	MEDICAL RECORDS	0		7,007			11.00
12.00	STAFF TRANSPORTATION	0			34,245		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	332,730	0	6,999	34,204	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	402	0	8	41	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	333,132	0	7,007	34,245	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:
7/29/2021 3:26 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	0					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				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	0		2,047,022	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	86,994	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		14,221	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					167,261	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	0	0	2,315,498	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 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	3,286					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		4,327				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,026,942			3.00
4.00	ADMINISTRATIVE & GENERAL	3,286	4,327	223,567	-724,668	1,423,569	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	32,214	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	17,636	7.00
8.00	DIETARY	0	0	0	0	107	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	220,756	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	4,643	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	22,693	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			794,237	0	1,108,704	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	961	0	7,392	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	8,177	0	9,424	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				-167,261		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)	67,024	9,111	156,569		724,668	100.00
101.00	UNIT COST MULTIPLIER	20.396835	2.105616	0.152461		0.509050	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 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	3,286					5.00
6.00	LAUNDRY & LINEN SERVICE	0	15				6.00
7.00	HOUSEKEEPING	0		3,286			7.00
8.00	DIETARY	0		0	15		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					33,935	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,286	15	3,286	15	41	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	48,613	0	26,614	161	333,132	100.00
101.00	UNIT COST MULTIPLIER	14.793974	0.000000	8.099209	10.733333	9.804921	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 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 3:26 pm

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		12,411				11.00
12.00	STAFF TRANSPORTATION			12,411			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	12,396	12,396	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	15	15	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			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	7,007	34,245	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.564580	2.759246	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 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 3:26 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		12,411			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	12,396			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	15	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	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		0			99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	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 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 3:26 pm

					Hospice I			
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				
				HCHC	HRHC	HIRC		
			0	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS								
1.00	PHYSICAL THERAPY	66.00	0.117743	0	0	0	1.00	
1.01	SOUTHEAST OUTPATIENT REHAB	66.01	0.280381	0	0	0	1.01	
1.02	PHYSIATRY	66.02	0.000000	0	0	0	1.02	
2.00	OCCUPATIONAL THERAPY	67.00	0.107194	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.149611	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.273899	0	0	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00	
6.00	LABORATORY	60.00	0.145609	0	0	0	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.169959	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.199290	0	0	0	9.00	
9.01	CHEMOTHERAPY	55.01	0.313380	0	0	0	9.01	
10.00	CARDIAC REHAB	76.00	0.000000	0	0	0	10.00	
10.97	CARDIAC REHABILITATION	76.97	0.561931	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 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 3:26 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			2,047,022	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			12,396	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			165.14	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	11,521	303		9.00
10.00	Program cost (line 8 times line 9)	1,902,578	50,037		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)			86,994	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			15	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			5,799.60	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	15	0		14.00
15.00	Program cost (line 13 times line 14)	86,994	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			0	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0		19.00
20.00	Program cost (line 18 times line 19)	0	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,134,016	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			12,411	22.00
23.00	Average cost per diem (line 21 divided by line 22)			171.95	23.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 26-0110

Period:
From 01/01/2020
To 12/31/2020Worksheet L
Parts I-III
Date/Time Prepared:
7/29/2021 3:26 pm

		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,630,260	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		360,340	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)		100.45	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)		13.42	8.00
9.00	Sum of lines 7 and 8		19.88	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.11	10.00
11.00	Disproportionate share adjustment (see instructions)		108,104	11.00
12.00	Total prospective capital payments (see instructions)		3,098,704	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 01/01/2020

Date/Time Prepared:

To 12/31/2020

7/29/2021 3:26 pm

		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	2,049,781	42,113	2,091,894	0	2,091,894
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	301,639	0	301,639	0	301,639
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	340,814	0	340,814	0	340,814
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	175,760	0	175,760	0	175,760
10.00	Subtotal (sum of lines 1 through 9)	2,867,994	42,113	2,910,107	0	2,910,107
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	235,123	235,123	0	235,123
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	111,905	111,905	0	111,905
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	347,028	347,028	0	347,028
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,867,994	389,141	3,257,135	0	3,257,135
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	612	612	0	612
30.00	Administrative Costs	423,443	277,832	701,275	0	701,275
31.00	Total Facility Overhead (sum of lines 29 and 30)	423,443	278,444	701,887	0	701,887
32.00	Total facility costs (sum of lines 22, 28 and 31)	3,291,437	667,585	3,959,022	0	3,959,022

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 26-0110

Period:

Worksheet M-1

Component CCN: 26-8657

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 3:26 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC II	Cost
		6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS					
1.00	Physician	-75,385	2,016,509		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	301,639		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	340,814		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	175,760		9.00
10.00	Subtotal (sum of lines 1 through 9)	-75,385	2,834,722		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	235,123		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	111,905		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	347,028		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-75,385	3,181,750		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	612		29.00
30.00	Administrative Costs	0	701,275		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	701,887		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-75,385	3,883,637		32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 26-0110

Period:

Worksheet M-1

Component CCN: 26-8674

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 3:26 pm

				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	1,349,019	21,431	1,370,450	0	1,370,450	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	190,330	0	190,330	0	190,330	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	325,282	0	325,282	0	325,282	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	24,358	0	24,358	0	24,358	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,888,989	21,431	1,910,420	0	1,910,420	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	870,217	870,217	0	870,217	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	47,465	47,465	0	47,465	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	917,682	917,682	0	917,682	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,888,989	939,113	2,828,102	0	2,828,102	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	5,736	5,736	0	5,736	29.00
30.00	Administrative Costs	181,382	185,680	367,062	0	367,062	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	181,382	191,416	372,798	0	372,798	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,070,371	1,130,529	3,200,900	0	3,200,900	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 26-0110

Period:

Worksheet M-1

Component CCN: 26-8674

From 01/01/2020

To 12/31/2020

Date/Time Prepared:

7/29/2021 3:26 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC III	Cost
		6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS					
1.00	Physician	-24,533	1,345,917		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	190,330		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	325,282		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	24,358		9.00
10.00	Subtotal (sum of lines 1 through 9)	-24,533	1,885,887		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	870,217		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	47,465		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	917,682		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-24,533	2,803,569		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	5,736		29.00
30.00	Administrative Costs	0	367,062		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	372,798		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-24,533	3,176,367		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 26-0110

Period:

Worksheet M-2

Component CCN: 26-8657

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 3:26 pm

				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	3.99	28,218	4,200	16,758		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	2.33	2,995	2,100	4,893		3.00
4.00	Subtotal (sum of lines 1 through 3)	6.32	31,213		21,651	31,213	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)	6.32	31,213			31,213	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)					3,181,750	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)					3,181,750	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)					701,887	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					2,264,816	15.00
16.00	Total overhead (sum of lines 14 and 15)					2,966,703	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					2,966,703	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					2,966,703	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					6,148,453	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 26-0110

Period:

Worksheet M-2

Component CCN: 26-8674

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 3:26 pm

				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	3.80	16,180	4,200	15,960		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	1.61	6,961	2,100	3,381		3.00
4.00	Subtotal (sum of lines 1 through 3)	5.41	23,141		19,341	23,141	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)	5.41	23,141			23,141	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)					2,803,569	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)					2,803,569	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)					372,798	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,250,237	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,623,035	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,623,035	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,623,035	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					4,426,604	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2020 To 12/31/2020	Worksheet M-3 Date/Time Prepared: 7/29/2021 3:26 pm	
		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)			6,148,453	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			128,602	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			6,019,851	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			31,213	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)			31,213	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			192.86	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)		84.70	86.31	8.00
9.00	Rate for Program covered visits (see instructions)		84.70	86.31	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		0	6,780	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	585,182	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	585,182	16.00
16.01	Total program charges (see instructions)(from contractor's records)			868,292	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			42,492	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			28,637	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.)			363,710	16.04
16.05	Total program cost (see instructions)		0	392,347	16.05
17.00	Primary payer amounts			674	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			101,907	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			144,312	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			391,673	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			88,091	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			479,764	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)			479,764	26.00
26.01	Sequestration adjustment (see instructions)			3,166	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			384,968	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)			91,630	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 01/01/2020 To 12/31/2020	Worksheet M-3 Date/Time Prepared: 7/29/2021 3:26 pm	
			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)			4,426,604	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			886,065	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			3,540,539	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			23,141	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)			23,141	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			153.00	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)		84.70	86.31	8.00
9.00	Rate for Program covered visits (see instructions)		84.70	86.31	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)				16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				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.)				16.04
16.05	Total program cost (see instructions)		0	0	16.05
17.00	Primary payer amounts				17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				19.00
20.00	Net Medicare cost excluding vaccines (see instructions)				20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)				21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				22.00
23.00	Allowable bad debts (see instructions)				23.00
23.01	Adjusted reimbursable bad debts (see instructions)				23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)				25.50
25.99	Demonstration payment adjustment amount before sequestration				25.99
26.00	Net reimbursable amount (see instructions)				26.00
26.01	Sequestration adjustment (see instructions)				26.01
26.02	Demonstration payment adjustment amount after sequestration				26.02
27.00	Interim payments				27.00
28.00	Tentative settlement (for contractor use only)				28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)				29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2				30.00

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

Provider CCN: 26-0110
Component CCN: 26-8657Period:
From 01/01/2020
To 12/31/2020Worksheet M-4
Date/Time Prepared:
7/29/2021 3:26 pm

		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)			2,834,722	2,834,722	1.00	
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time			0.001299	0.003693	2.00	
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)			3,682	10,469	3.00	
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)			41,214	11,186	4.00	
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)			44,896	21,655	5.00	
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)			3,181,750	3,181,750	6.00	
7.00	Total overhead (from Wkst. M-2, line 19)			2,966,703	2,966,703	7.00	
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)			0.014110	0.006806	8.00	
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)			41,860	20,191	9.00	
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)			86,756	41,846	10.00	
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)			281	799	11.00	
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)			308.74	52.37	12.00	
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries			219	391	13.00	
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)			67,614	20,477	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)				128,602	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)				88,091	16.00	

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 26-0110 Component CCN: 26-8674	Period: From 01/01/2020 To 12/31/2020	Worksheet M-4 Date/Time Prepared: 7/29/2021 3:26 pm	
		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)		1,885,887	1,885,887	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.018147	0.019968	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		34,223	37,657	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		442,797	46,508	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		477,020	84,165	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		2,803,569	2,803,569	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		1,623,035	1,623,035	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.170147	0.030021	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		276,155	48,725	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		753,175	132,890	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		3,019	3,322	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		249.48	40.00	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)			886,065	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 01/01/2020 To 12/31/2020	Worksheet M-5 Date/Time Prepared: 7/29/2021 3:26 pm	
			RHC II	Cost	
			Part B		
			mm/dd/yyyy	Amount	
			1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC			384,968	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)			384,968	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			91,630	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			476,598	7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00