

SoutheastHEALTH

Title XVIII Medicare Cost Report

Provider CCN: 26-0110

Year Ended December 31, 2021

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 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/27/2022 11:00 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/27/2022	Time: 11:00 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SOUTHEASTHEALTH (26-0110) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

Encryption Information

ECR: Date: 5/27/2022 Time: 11:00 am
BSrSnZWBHGBtJ7lavcw5jPukaFF2z0
6tMrV0X1IyQ4WTH7lH21S6yzMyJllJ
u7:62nCFCS00qe03

	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	-1,244,793	300,834	0	5,204,829
2.00	Subprovider - IPF	0	0	0	0	0
3.00	Subprovider - IRF	0	79	0	0	0
5.00	Swing Bed - SNF	0	0	0	0	0
6.00	Swing Bed - NF	0	0	0	0	0
9.00	HOME HEALTH AGENCY I	0	0	1	0	0
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0
10.01	RURAL HEALTH CLINIC II	0	0	82,874	0	0
10.02	RURAL HEALTH CLINIC III	0	0	0	0	0
200.00	Total	0	-1,244,714	383,709	0	5,204,829

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 26-0110		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 11:00 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1701 LACEY STREET			PO Box:				1.00			
2.00	City: CAPE GIRARDEAU			State: MO		Zip Code: 63701		County: CAPE GIRARDEAU			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		SOUTHEASTHEALTH	260110	16020	1	06/30/1966	N	P	O	
4.00	Subprovider - IPF										
5.00	Subprovider - IRF		COMPREHENSIVE REHAB UNIT	26T110	16020	5	01/01/2002	N	P	O	
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA		SOUTHEAST MO HOSP REG HOME HEALTH	267121	16020		06/30/1985	N	P	N	
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice		SOUTHEAST HOSPICE	261537	16020		07/21/1993				
15.00	Hospital-Based Health Clinic - RHC										
15.01	Hospital-Based Health Clinic - RHC II		PLAZA PRIMARY CARE WEST	268657	16020		02/01/2011	N	O	N	
15.02	Hospital-Based Health Clinic - RHC III		SOUTHEAST PEDIATRICS	268674	16020		07/16/2012	N	O	N	
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021		12/31/2021		20.00
21.00	Type of Control (see instructions)						2				21.00
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/27/2022 11:00 am

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,971	470	59	134	1,878	0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	268	0	0	0	11		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 11:00 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.01	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.02	1		60.03	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.03	1		60.04	
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.05	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00 62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00 62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N					63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/27/2022 11:00 am

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 11:00 am	
			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 11:00 am	
				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:			3,705,103	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 11:00 am	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0719		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: SOUTHEAST HOSPITAL	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 1701 LACEY STREET	PO Box:				142.00	
143.00	City: CAPE GIRARDEAU	State: MO		Zip Code: 63701		143.00	
		1.00		2.00			
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		2.00			
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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER	N		N		N	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
		1.00		2.00			
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	
		Zip Code		CBSA		FTE/Campus	
		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		2.00			
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 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 11:00 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/27/2022 11:00 am

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? 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 programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/06/2022	Y
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

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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

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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 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	206	75,190	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	75,190	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
10.01 ADULT SPECIAL CARE	33.01	14	5,110	0.00	0	10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
11.01 CARDIOTHORACIC ICU	34.01	12	4,380	0.00	0	11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		232	84,680	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	4,745		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 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,396	2,332	31,107			1.00
2.00	HMO and other (see instructions)	7,081	3,455				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	287	33				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)	13,396	2,332	31,107			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	1,296	374	3,619			10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	CARDIOTHORACIC ICU	1,020	281	2,412			11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		62	2,178			13.00
14.00	Total (see instructions)	15,712	3,049	39,316	0.00	1,773.39	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	2,177	246	3,819	0.00	13.38	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	3,019	273	7,103	0.00	14.82	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	17.12	24.00
24.10	HOSPICE (non-distinct part)			14			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	7,828	1,104	34,060	0.00	45.42	26.01
26.02	RURAL HEALTH CLINIC III	0	173	25,911	0.00	23.38	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	1,887.51	27.00
28.00	Observation Bed Days		268	6,443			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			447			30.00
31.00	Employee discount days - IRF			38			31.00
32.00	Labor & delivery days (see instructions)	0	8	44			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 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,880	493	7,076	1.00
2.00 HMO and other (see instructions)			1,087	687		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				3		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	2,880	493	7,076	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	196	23	339	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 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/27/2022 11:00 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	148,433,517	0	148,433,517	3,926,037.20	37.81
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		3,531,760	0	3,531,760	30,490.00	115.83
4.00	Physician-Part A - Administrative		457,160	0	457,160	1,585.84	288.28
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		20,190,805	0	20,190,805	161,519.57	125.01
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		2,447,105	0	2,447,105	120,388.78	20.33
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		9,933,376	0	9,933,376	238,377.45	41.67
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		42,035,831	130,312	42,166,143	826,911.45	50.99
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		10,559,023	0	10,559,023	107,740.15	98.00
12.00	Contract labor: Top level management and other management and administrative services		6,258	0	6,258	51.25	122.11
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		8,487,595	0	8,487,595	221,802.35	38.27
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)		15,400,447	0	15,400,447		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,443,715	0	4,443,715		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		282,410	0	282,410		
22.00	Physician Part A - Administrative		40,609	0	40,609		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,588,964	0	1,588,964		
24.00	Wage-related costs (RHC/FQHC)		564,551	0	564,551		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,448,972	0	1,448,972		
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 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/27/2022 11:00 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	895,192	0	895,192	36,661.16	24.42	26.00
27.00	Administrative & General	5.00	19,117,469	0	19,117,469	620,965.77	30.79	27.00
28.00	Administrative & General under contract (see inst.)		1,314,029	0	1,314,029	10,085.56	130.29	28.00
29.00	Maintenance & Repairs	6.00	2,009,665	0	2,009,665	74,868.02	26.84	29.00
30.00	Operation of Plant	7.00	14,244	0	14,244	1,145.11	12.44	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,031,356	0	2,031,356	140,820.44	14.43	32.00
33.00	Housekeeping under contract (see instructions)		10,223	0	10,223	567.92	18.00	33.00
34.00	Dietary	10.00	1,127,699	0	1,127,699	75,432.99	14.95	34.00
35.00	Dietary under contract (see instructions)		8,726	0	8,726	483.74	18.04	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,616,340	-58,078	3,558,262	115,541.23	30.80	38.00
39.00	Central Services and Supply	14.00	866,859	0	866,859	48,241.07	17.97	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	1,648,723	0	1,648,723	23,539.83	70.04	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 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/27/2022 11:00 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	113,663,449	0	113,663,449	3,386,398.62	33.56	1.00
2.00	Excluded area salaries (see instructions)	42,035,831	130,312	42,166,143	826,911.45	50.99	2.00
3.00	Subtotal salaries (line 1 minus line 2)	71,627,618	-130,312	71,497,306	2,559,487.17	27.93	3.00
4.00	Subtotal other wages & related costs (see inst.)	19,052,876	0	19,052,876	329,593.75	57.81	4.00
5.00	Subtotal wage-related costs (see inst.)	16,890,028	0	16,890,028	0.00	23.62	5.00
6.00	Total (sum of lines 3 thru 5)	107,570,522	-130,312	107,440,210	2,889,080.92	37.19	6.00
7.00	Total overhead cost (see instructions)	32,660,525	-58,078	32,602,447	1,148,352.84	28.39	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
5/27/2022 11:00 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	1,301,113	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	391,114	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	10,089,498	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	263,709	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	171,098	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)	604,600	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	904,955	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	8,366,738	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	50,690	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	177,181	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,320,696	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 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	10,559,023	22,320,696	1.00
2.00	Hospital	10,559,023	20,965,670	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	137,535	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	167,496	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	162,477	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	549,183	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	338,335	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 01/01/2021 To 12/31/2021	Worksheet S-4 Date/Time Prepared: 5/27/2022 11:00 am	
					Home Health Agency I	PPS	
				1.00			
0.00	County						0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	166	0	129	295	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	293.00	31.00	211.00	535.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		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			2.02	0.00	2.02	5.00
6.00	Direct Nursing Service			6.44	0.00	6.44	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			3.39	0.00	3.39	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			0.07	0.00	0.07	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.53	0.00	0.53	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.01	0.00	0.01	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	DIETICIAN			0.05	0.00	0.05	18.00
						CBSA Data	
						1.00	
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	1,213	75	71	11	1,370	21.00
22.00	Skilled Nursing Visit Charges	181,040	11,194	10,298	1,642	204,174	22.00
23.00	Physical Therapy Visits	1,245	55	41	15	1,356	23.00
24.00	Physical Therapy Visit Charges	315,608	13,943	10,394	3,803	343,748	24.00
25.00	Occupational Therapy Visits	179	31	4	6	220	25.00
26.00	Occupational Therapy Visit Charges	45,377	7,859	1,014	1,521	55,771	26.00
27.00	Speech Pathology Visits	23	9	2	3	37	27.00
28.00	Speech Pathology Visit Charges	5,831	2,282	507	761	9,381	28.00
29.00	Medical Social Service Visits	14	1	0	0	15	29.00
30.00	Medical Social Service Visit Charges	2,244	160	0	0	2,404	30.00
31.00	Home Health Aide Visits	21	0	0	0	21	31.00
32.00	Home Health Aide Visit Charges	1,134	0	0	0	1,134	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,695	171	118	35	3,019	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)	551,234	35,438	22,213	7,727	616,612	35.00
36.00	Total Number of Episodes (standard/non outlier)	339		56	3	398	36.00
37.00	Total Number of Outlier Episodes		9		1	10	37.00
38.00	Total Non-Routine Medical Supply Charges	8,034	465	647	3	9,149	38.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 26-0110				Period: From 01/01/2021 To 12/31/2021		Worksheet S-8	
Component CCN: 26-8657				Date/Time Prepared: 5/27/2022 11:00 am			
				RHC II		Cost	
				1.00			
Clinic Address and Identification							
1.00	Street			817 S MOUNT AUB		1.00	
			City	State	ZIP Code		
			1.00	2.00	3.00		
2.00	City, State, ZIP Code, County			CAPE GIRARDEAU		MO 63701 2.00	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0		3.00	
				Grant Award		Date	
				1.00		2.00	
Source of Federal Funds							
4.00	Community Health Center (Section 330(d), PHS Act)					4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00	
7.00	Appalachian Regional Commission					7.00	
8.00	Look-Alikes					8.00	
9.00	OTHER (SPECIFY)					9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N		0 10.00	
			Sunday		Monday		Tuesday
			from	to	from	to	from
			1.00	2.00	3.00	4.00	5.00
Facility hours of operations (1)							
11.00	CLINIC			08:00		16:30 08:00 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	XVIII	XIX	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			16:30 08:00 16:30 08:00 16:30		11.00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 26-0110

Period:

Worksheet S-8

Component CCN: 26-8657

From 01/01/2021

To 12/31/2021

Date/Time Prepared:

5/27/2022 11:00 am

RHC II

Cost

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

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 26-0110				Period: From 01/01/2021 To 12/31/2021		Worksheet S-8	
Component CCN: 26-8674				Date/Time Prepared: 5/27/2022 11:00 am			
				RHC III		Cost	
				1.00			
Clinic Address and Identification							
1.00	Street			25 DOCTORS PARK			1.00
			City	State	ZIP Code		
			1.00	2.00	3.00		
2.00	City, State, ZIP Code, County			CAPE GIRARDEAU MO 63703-4927			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			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	XVIII	XIX	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 01/01/2021
To 12/31/2021

Date/Time Prepared:

5/27/2022 11:00 am

		RHC III		Cost	
		Friday		Saturday	
		from	to	from	to
		11.00	12.00	13.00	14.00
Facility hours of operations (1)					
11.00	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 01/01/2021
To 12/31/2021PARTS I THROUGH IV
Date/Time Prepared:
5/27/2022 11:00 am

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	12,369	361	581	13,311	11.00
12.00	Hospice Inpatient Respite Care	17	0	0	17	12.00
13.00	Hospice General Inpatient Care	14	0	0	14	13.00
14.00	Total Hospice Days	12,400	361	581	13,342	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	17	0	0	17	15.00
16.00	Hospice General Inpatient Care	14	0	0	14	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-10

Date/Time Prepared:
5/27/2022 11:00 am

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.224989	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		25,086,024	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		121,680,037	6.00
7.00	Medicaid cost (line 1 times line 6)		27,376,670	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		2,290,646	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)		2,290,646	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)	5,173,042	2,234,171	7,407,213
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,163,878	2,234,171	3,398,049
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,163,878	2,234,171	3,398,049
		1.00	2.00	3.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		21,369,136	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,611,458	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,479,167	27.01
28.00	Non-Medicare bad debt expense (see instructions)		18,889,969	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		5,117,744	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,515,793	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		10,806,439	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:

5/27/2022 11:00 am

	Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		7,642,819	7,642,819	-6,381,564	1,261,255	1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2		0	0	155,821	155,821	1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3		0	0	715,412	715,412	1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4		0	0	267,205	267,205	1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5		0	0	0	0	1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6		0	0	131,564	131,564	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7		0	0	514,604	514,604	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8		0	0	465,318	465,318	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9		383,931	383,931	8,301,381	8,685,312	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,712,122	10,712,122	129	10,712,251	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	895,192	13,687,713	14,582,905	-1,897,694	12,685,211	4.00
5.01	01160	COMMUNICATIONS	197,433	277,484	474,917	0	474,917	5.01
5.02	00550	DATA PROCESSING	2,700,430	9,066,342	11,766,772	0	11,766,772	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	849,367	-487,386	361,981	0	361,981	5.03
5.04	00570	ADMITTING	2,848,121	1,202,255	4,050,376	0	4,050,376	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,251,988	5,038,424	7,290,412	0	7,290,412	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	10,270,130	28,284,434	38,554,564	38,536	38,593,100	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,009,665	1,406,140	3,415,805	0	3,415,805	6.00
7.00	00700	OPERATION OF PLANT	14,244	4,435,020	4,449,264	0	4,449,264	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,058,595	1,058,595	8.00
9.00	00900	HOUSEKEEPING	2,031,356	1,883,640	3,914,996	-1,058,595	2,856,401	9.00
10.00	01000	DIETARY	1,127,699	2,232,044	3,359,743	0	3,359,743	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,616,340	864,876	4,481,216	-58,078	4,423,138	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	866,859	1,184,031	2,050,890	-96,394	1,954,496	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,648,723	669,074	2,317,797	0	2,317,797	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 PROGRAM	1,846,526	491,640	2,338,166	0	2,338,166	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	118,334	35,379	153,713	0	153,713	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	50,766	21,139	71,905	0	71,905	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	174,074	62,855	236,929	0	236,929	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	96,433	17,354	113,787	72,234	186,021	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,620,372	7,335,284	24,955,656	-1,454,860	23,500,796	30.00
33.01	03301	ADULT SPECIAL CARE	2,301,412	2,548,460	4,849,872	-767,592	4,082,280	33.01
34.01	03401	CARDIOTHORACIC ICU	1,289,368	1,438,078	2,727,446	-99,847	2,627,599	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	914,615	2,007,226	2,921,841	-929,323	1,992,518	41.00
43.00	04300	NURSERY	508,236	66,372	574,608	264,462	839,070	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,906,652	27,546,368	32,453,020	-21,173,316	11,279,704	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,494,763	1,494,763	52.00
53.00	05300	ANESTHESIOLOGY	7,208,502	3,685,304	10,893,806	195,821	11,089,627	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,734,577	2,113,605	4,848,182	-960,995	3,887,187	54.00
54.01	05401	ULTRASOUND	411,466	406,856	818,322	-54,488	763,834	54.01
54.03	05403	CARDIOVASCULAR LAB	2,182,856	8,326,950	10,509,806	-5,815,242	4,694,564	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,532,747	1,039,468	3,572,215	-122,075	3,450,140	55.00
55.01	05501	CHEMOTHERAPY	1,165,964	425,191	1,591,155	173,506	1,764,661	55.01
56.01	05601	NUCLEAR MEDICINE	302,986	875,873	1,178,859	-422	1,178,437	56.01
57.00	05700	CT SCAN	717,309	1,334,516	2,051,825	-140,677	1,911,148	57.00
58.00	05800	MRI	333,630	426,266	759,896	-8,290	751,606	58.00
60.00	06000	LABORATORY	3,884,453	8,818,035	12,702,488	185,852	12,888,340	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,430	930,783	932,213	-382	931,831	63.00
65.00	06500	RESPIRATORY THERAPY	2,074,337	1,893,095	3,967,432	-465,678	3,501,754	65.00
66.00	06600	PHYSICAL THERAPY	722,287	104,155	826,442	912,790	1,739,232	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,011,175	312,618	2,323,793	-205	2,323,588	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	215,114	18,008	233,122	-7	233,115	67.00
68.00	06800	SPEECH PATHOLOGY	165,700	15,042	180,742	0	180,742	68.00
69.01	06901	CV DIAGNOSTIC	699,811	410,637	1,110,448	74,208	1,184,656	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	420,070	394,360	814,430	-60,245	754,185	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,563,125	14,563,125	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,033,161	17,033,161	72.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	3,044,759	39,057,621	42,102,380	-99,656	42,002,724	73.00
74.00	07400	RENAL DIALYSIS	234,678	45,304	279,982	0	279,982	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	307,514	34,786	342,300	-35	342,265	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	3,652,089	681,926	4,334,015	0	4,334,015	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,249,940	1,108,792	3,358,732	0	3,358,732	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	699,227	188,091	887,318	-11,311	876,007	90.01
90.02	09002	DIABETES CENTER	173,165	19,442	192,607	-2	192,605	90.02
91.00	09100	EMERGENCY	9,781,420	4,364,240	14,145,660	-636,597	13,509,063	91.00
91.01	09101	G.I. LABORATORY	516,893	481,326	998,219	-213,125	785,094	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,113,851	214,007	1,327,858	29,039	1,356,897	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		4,169,870	4,169,870	-4,169,870	0	113.00
116.00	11600	HOSPICE	1,080,481	602,911	1,683,392	29,039	1,712,431	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	111,792,766	212,552,196	324,344,962	0	324,344,962	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,026	92,174	118,200	0	118,200	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	10,916	10,916	0	10,916	193.03
193.04	19304	COMMUNITY WELLNESS	0	2,357	2,357	0	2,357	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	33,246,372	7,158,317	40,404,689	0	40,404,689	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	721,281	5,441,300	6,162,581	0	6,162,581	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	1,399,360	3,305,200	4,704,560	0	4,704,560	193.11
193.13	19313	HEALTHPOINT	1,219,648	399,938	1,619,586	0	1,619,586	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	28,064	6,290	34,354	0	34,354	194.00
194.01	07951	FOUNDATION OFFICE	0	-2,441	-2,441	0	-2,441	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	148,433,517	228,966,247	377,399,764	0	377,399,764	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-8,058	1,253,197	1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	0	155,821	1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	0	715,412	1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	0	267,205	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	131,564	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	514,604	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	465,318	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	-21,332	8,663,980	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,668	10,715,919	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,804,873	7,880,338	4.00
5.01	01160	COMMUNICATIONS	-30,406	444,511	5.01
5.02	00550	DATA PROCESSING	-825,561	10,941,211	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-7	361,974	5.03
5.04	00570	ADMITTING	0	4,050,376	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-1,030,706	6,259,706	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-8,484,136	30,108,964	5.06
6.00	00600	MAINTENANCE & REPAIRS	-1,211	3,414,594	6.00
7.00	00700	OPERATION OF PLANT	192,656	4,641,920	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,058,595	8.00
9.00	00900	HOUSEKEEPING	-86,054	2,770,347	9.00
10.00	01000	DIETARY	-754,670	2,605,073	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	-77,110	4,346,028	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,993	1,952,503	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-818,396	1,499,401	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	-1,387,307	950,859	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	-138,110	15,603	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	-71,905	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	-236,929	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	186,021	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,296,935	17,203,861	30.00
33.01	03301	ADULT SPECIAL CARE	-1,199	4,081,081	33.01
34.01	03401	CARDIOTHORACIC ICU	0	2,627,599	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-107,750	1,884,768	41.00
43.00	04300	NURSERY	0	839,070	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-200,000	11,079,704	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,494,763	52.00
53.00	05300	ANESTHESIOLOGY	-10,183,016	906,611	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,887,187	54.00
54.01	05401	ULTRASOUND	0	763,834	54.01
54.03	05403	CARDIOVASCULAR LAB	-464,784	4,229,780	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,256,191	2,193,949	55.00
55.01	05501	CHEMOTHERAPY	-498,719	1,265,942	55.01
56.01	05601	NUCLEAR MEDICINE	0	1,178,437	56.01
57.00	05700	CT SCAN	0	1,911,148	57.00
58.00	05800	MRI	0	751,606	58.00
60.00	06000	LABORATORY	-917,575	11,970,765	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	931,831	63.00
65.00	06500	RESPIRATORY THERAPY	-46,601	3,455,153	65.00
66.00	06600	PHYSICAL THERAPY	-1,081	1,738,151	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	2,323,588	66.01
66.02	06602	PHYSIATRY	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	233,115	67.00
68.00	06800	SPEECH PATHOLOGY	0	180,742	68.00
69.01	06901	CV DIAGNOSTIC	0	1,184,656	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	-56,001	698,184	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,563,125	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-47,600	16,985,561	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-9,600	41,993,124	73.00
74.00	07400	RENAL DIALYSIS	0	279,982	74.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
76.00	03950	CARDIAC REHAB	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-65,840	276,425	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	-52,870	4,281,145	88.01
88.02	08802	RURAL HEALTH CLINIC III	-20,771	3,337,961	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	-483,796	392,211	90.01
90.02	09002	DIABETES CENTER	0	192,605	90.02
91.00	09100	EMERGENCY	-7,113,784	6,395,279	91.00
91.01	09101	G.I. LABORATORY	-17,902	767,192	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,356,897	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,712,431	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-46,424,455	277,920,507	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	118,200	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	10,916	193.03
193.04	19304	COMMUNITY WELLNESS	0	2,357	193.04
193.05	19305	HOME INFUSION	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	40,404,689	193.06
193.07	19307	GENERATIONS	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	6,162,581	193.08
193.09	19309	OUTREACH LAB	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	193.10
193.11	19311	MARKETING	-4,040,851	663,709	193.11
193.13	19313	HEALTHPOINT	0	1,619,586	193.13
193.14	19314	DOCTORS PARK	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	34,354	194.00
194.01	07951	FOUNDATION OFFICE	0	-2,441	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-50,465,306	326,934,458	200.00

RECLASSIFICATIONS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/27/2022 11:00 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - TO RECLASS BUILDING DEPRECIATION					
1.00	NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	155,821		1.00
2.00	NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	715,412		2.00
3.00	NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	267,205		3.00
4.00	NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	131,564		4.00
5.00	NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	514,604		5.00
6.00	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	465,318		6.00
7.00	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	4,131,640		7.00
	0		0	6,381,564		
	B - TO RECLASS INTEREST EXPENSE					
1.00	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	4,169,741		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	129		2.00
	0		0	4,169,870		
	D - TO RECLASS SUPPLY EXPENSE					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,401,732		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
	0		0	14,401,732		
	E - TO RECLASS IMPLANTABLES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	17,033,161		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
	0		0	17,033,161		
	F - TO RECLASS HHA ADMIN COST					
1.00	HOME HEALTH AGENCY	101.00	29,039	0		1.00
2.00	HOSPICE	116.00	29,039	0		2.00
	0		58,078	0		
	G - TO RECLASS ADMIN TO APPROP DEPT					
1.00	CV DIAGNOSTIC	69.01	61,597	15,336		1.00
	0		61,597	15,336		
	H - TO RECLASS ADMIN TO APPROP DEPT					
1.00	CHEMOTHERAPY	55.01	189,815	24,774		1.00
	0		189,815	24,774		

RECLASSIFICATIONS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/27/2022 11:00 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	J - TO RECLASS LABOR/ DELIVERY EXPENSE					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,327,836	166,927		1.00
2.00	NURSERY	43.00	250,574	31,501		2.00
	0		1,578,410	198,428		
	K - RECLASS PHYSICIAN BENEFITS					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	38,536		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	487,338		2.00
3.00	ADULT SPECIAL CARE	33.01	0	98		3.00
4.00	SUBPROVIDER - IRF	41.00	0	1,912		4.00
5.00	ANESTHESIOLOGY	53.00	0	635,865		5.00
6.00	CARDIOVASCULAR LAB	54.03	0	37,820		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	101,463		7.00
8.00	CHEMOTHERAPY	55.01	0	40,046		8.00
9.00	NEUROPHYSIOLOGY	70.01	0	2,499		9.00
10.00	HYPERBARIC WOUND CLINIC	90.01	0	38,842		10.00
11.00	G.I. LABORATORY	91.01	0	2,213		11.00
12.00	EMERGENCY	91.00	0	511,062		12.00
	0		0	1,897,694		
	L - TO RECLASS INVENTORY ADJMT					
1.00	ANESTHESIOLOGY	53.00	0	38,883		1.00
2.00	CHEMOTHERAPY	55.01	0	97		2.00
3.00	LABORATORY	60.00	0	187,601		3.00
4.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	6,562		4.00
5.00	RESPIRATORY THERAPY	65.00	0	299		5.00
6.00	DRUGS CHARGED TO PATIENTS	73.00	0	921		6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	161,393		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
	0		0	395,756		
	M - TO RECLASS LAUNDRY EXPENSE					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,058,595		1.00
	0		0	1,058,595		
	O - RECLASS IT SALARIES TO COMMUNICATIO					
1.00		0.00	0	0		1.00
	0		0	0		
	P - PHARMACY TEACHING SALAIRES					
1.00	PHARMACY RESIDENCY	23.00	72,234	0		1.00
	0		72,234	0		
	Q - BANKED MONITOR EXPENSE					
1.00	CARDIOTHORACIC ICU	34.01	133,445	16,013		1.00
	0		133,445	16,013		
	R - ER TO ACUTE					
1.00	ADULTS & PEDIATRICS	30.00	0	744,538		1.00
	0		0	744,538		
	S - DIRECT THERAPY COSTS					
1.00	PHYSICAL THERAPY	66.00	0	914,565		1.00
	0		0	914,565		
500.00	Grand Total: Increases		2,093,579	47,252,026		500.00

RECLASSIFICATIONS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/27/2022 11:00 am

	Decreases						5/27/2022 11:00 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - TO RECLASS BUILDING DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,381,564	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	6,381,564			
	B - TO RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	4,169,870	11		1.00
2.00		0.00	0	0	11		2.00
	0		0	4,169,870			
	D - TO RECLASS SUPPLY EXPENSE						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	96,135	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	904,583	0		2.00
3.00	ADULT SPECIAL CARE	33.01	0	616,978	0		3.00
4.00	CARDIOTHORACIC ICU	34.01	0	249,302	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	16,569	0		5.00
6.00	NURSERY	43.00	0	17,613	0		6.00
7.00	OPERATING ROOM	50.00	0	7,152,106	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	478,927	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	955,940	0		9.00
10.00	ULTRASOUND	54.01	0	54,488	0		10.00
11.00	CARDIOVASCULAR LAB	54.03	0	2,516,249	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,949	0		12.00
13.00	CHEMOTHERAPY	55.01	0	81,226	0		13.00
14.00	NUCLEAR MEDICINE	56.01	0	422	0		14.00
15.00	CT SCAN	57.00	0	140,677	0		15.00
16.00	MRI	58.00	0	8,277	0		16.00
17.00	LABORATORY	60.00	0	1,749	0		17.00
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	6,944	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	332,786	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	1,775	0		20.00
21.00	SOUTHEAST OUTPATIENT REHAB	66.01	0	205	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	7	0		22.00
23.00	CV DIAGNOSTIC	69.01	0	2,725	0		23.00
24.00	NEUROPHYSIOLOGY	70.01	0	62,744	0		24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	0	28,343	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	35	0		26.00
27.00	HYPERBARIC WOUND CLINIC	90.01	0	50,153	0		27.00
28.00	DIABETES CENTER	90.02	0	2	0		28.00
29.00	EMERGENCY	91.00	0	400,485	0		29.00
30.00	G.I. LABORATORY	91.01	0	215,338	0		30.00
	0		0	14,401,732			
	E - TO RECLASS IMPLANTABLES						
1.00	ADULT SPECIAL CARE	33.01	0	1,159	0		1.00
2.00	OPERATING ROOM	50.00	0	13,749,675	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,912	0		3.00
4.00	CARDIOVASCULAR LAB	54.03	0	3,144,224	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	133,191	0		5.00
	0		0	17,033,161			
	F - TO RECLASS HHA ADMIN COST						
1.00	NURSING ADMINISTRATION	13.00	58,078	0	0		1.00
2.00		0.00	0	0	0		2.00
	0		58,078	0			
	G - TO RECLASS ADMIN TO APPROP DEPT						
1.00	CARDIOVASCULAR LAB	54.03	61,597	15,336	0		1.00
	0		61,597	15,336			
	H - TO RECLASS ADMIN TO APPROP DEPT						
1.00	RADIOLOGY-THERAPEUTIC	55.00	189,815	24,774	0		1.00
	0		189,815	24,774			
	J - TO RECLASS LABOR/ DELIVERY EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	1,578,410	198,428	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,578,410	198,428			
	K - RECLASS PHYSICIAN BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,897,694	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

RECLASSIFICATIONS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/27/2022 11:00 am

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
	0		0	1,897,694		
L - TO RECLASS INVENTORY ADJMT						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	259	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	5,315	0	2.00
3.00	ADULT SPECIAL CARE	33.01	0	95	0	3.00
4.00	CARDIOTHORACIC ICU	34.01	0	3	0	4.00
5.00	SUBPROVIDER - IRF	41.00	0	101	0	5.00
6.00	OPERATING ROOM	50.00	0	271,535	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	143	0	7.00
8.00	CARDIOVASCULAR LAB	54.03	0	115,656	0	8.00
9.00	MRI	58.00	0	13	0	9.00
10.00	EMERGENCY	91.00	0	2,636	0	10.00
	0		0	395,756		
M - TO RECLASS LAUNDRY EXPENSE						
1.00	HOUSEKEEPING	9.00	0	1,058,595	0	1.00
	0		0	1,058,595		
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	72,234	0	0	1.00
	0		72,234	0		
Q - BANKED MONITOR EXPENSE						
1.00	ADULT SPECIAL CARE	33.01	133,445	16,013	0	1.00
	0		133,445	16,013		
R - ER TO ACUTE						
1.00	EMERGENCY	91.00	0	744,538	0	1.00
	0		0	744,538		
S - DIRECT THERAPY COSTS						
1.00	SUBPROVIDER - IRF	41.00	0	914,565	0	1.00
	0		0	914,565		
500.00	Grand Total: Decreases		2,093,579	47,252,026		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/27/2022 11:00 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	21,090,550	214,116	0	214,116	0	1.00
2.00	Land Improvements	13,723,985	8,655	0	8,655	0	2.00
3.00	Buildings and Fixtures	224,108,015	4,320,507	0	4,320,507	843,479	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	131,196,235	26,162,259	0	26,162,259	19,463,780	6.00
7.00	HIT designated Assets	4,713,528	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	394,832,313	30,705,537	0	30,705,537	20,307,259	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	394,832,313	30,705,537	0	30,705,537	20,307,259	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	21,304,666	0				
2.00	Land Improvements	13,732,640	0				
3.00	Buildings and Fixtures	227,585,043	0				
4.00	Building Improvements	0	0				
5.00	Fixed Equipment	0	0				
6.00	Movable Equipment	137,894,714	0				
7.00	HIT designated Assets	4,713,528	0				
8.00	Subtotal (sum of lines 1-7)	405,230,591	0				
9.00	Reconciling Items	0	0				
10.00	Total (line 8 minus line 9)	405,230,591	0				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	7,642,819	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	383,931	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	10,712,122	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,354,941	383,931	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	7,642,819				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	383,931				1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,712,122				2.00
3.00	Total (sum of lines 1-2)	0	18,738,872				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	262,622,349	0	262,622,349	0.648081	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	142,608,242	0	142,608,242	0.351919	0	2.00
3.00	Total (sum of lines 1-2)	405,230,591	0	405,230,591	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	1,253,197	0	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	155,821	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	715,412	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	267,205	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	131,564	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	514,604	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	465,318	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	4,132,097	383,931	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,717,601	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,352,819	383,931	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	1,253,197	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	0	155,821	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	0	715,412	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	0	267,205	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	131,564	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	514,604	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0	465,318	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	4,147,952	0	0	0	8,663,980	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	-1,682	0	0	0	10,715,919	2.00
3.00	Total (sum of lines 1-2)	4,146,270	0	0	0	22,883,020	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #2 (chapter 2)			0NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	1.01
1.02	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #3 (chapter 2)			0NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	1.02
1.03	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #4 (chapter 2)			0NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	1.03
1.04	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #5 (chapter 2)			0NEW CAP-REL CSTS-BLDGS & FIX #5	1.04	0	1.04
1.05	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #6 (chapter 2)			0NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	1.05
1.06	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #7 (chapter 2)			0NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	1.06
1.07	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #8 (chapter 2)			0NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	1.07
1.08	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #9 (chapter 2)	B	-21,789	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	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	-12,448	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	-26,778,012			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	-10,542,193			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-710,302	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	-9,600	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-1,387,307	NURSING PROGRAM	20.00	0	19.00
20.00	Vending machines	B	-9,153	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 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0 CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #2			0 NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	26.01
26.02	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #3			0 NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	26.02
26.03	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #4			0 NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	26.03
26.04	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #5			0 NEW CAP-REL CSTS-BLDGS & FIX #5	1.04	0	26.04
26.05	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #6			0 NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	26.05
26.06	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #7			0 NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	26.06
26.07	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #8			0 NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	26.07
26.08	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #9			0 NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	26.08
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-1,810	CAP REL COSTS-MVBLE EQUIP	2.00	11	27.00
28.00	Non-physician Anesthetist			0 NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	A	-10,961	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	MO DISCOUNT ON PAYROLL	B	-28,469	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	CREDIT CARD REBATE	B	-142,800	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.01
33.02	OTHER UNALLOWABLE PHYSICIAN - SIGN 0	A	-139,225	EMERGENCY	91.00	0	33.02
33.03	OTHER UNALLOWABLE PHYSICIAN - SIGN 0	A	-808	RADIOLOGY-THERAPEUTIC	55.00	0	33.03
33.04	LOBBYING NON ALLOWABLE	A	-28,816	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.04
33.05	MISC INCOME - PURCHASING	B	-7	PURCHASING RECEIVING AND STORES	5.03	0	33.05
33.06	MISC INCOME	B		0 CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.06
33.07	MISC INCOME - OTHER A&G	B	-1,529,210	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.07
33.08	MISC INCOME - HOUSEKEEPING	B	-86,054	HOUSEKEEPING	9.00	0	33.08
33.09	MISC INCOME - DIETARY	B	-491	DIETARY	10.00	0	33.09
33.10	MISC INCOME - NURSING ADMIN	B	-20	NURSING ADMINISTRATION	13.00	0	33.10
33.11	MISC INCOME - CENTRAL SUPPLY	B	-1,993	CENTRAL SERVICES & SUPPLY	14.00	0	33.11
33.12	MISC INCOME - MEDICAL RECORDS	B	-64,440	MEDICAL RECORDS & LIBRARY	16.00	0	33.12
33.13	MISC INCOME - ADULTS & PEDS	B	-5,101	ADULTS & PEDIATRICS	30.00	0	33.13
33.14	MISC INCOME - MAINTENANCE	B	-1,211	MAINTENANCE & REPAIRS	6.00	0	33.14
33.15	MISC INCOME - PLANT	B	-16,564	OPERATION OF PLANT	7.00	0	33.15
33.16	MISC - IRF	B		0 SUBPROVIDER - IRF	41.00	0	33.16
33.17	MISC INCOME - IMPLANT	B	-47,600	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	33.17
33.18	MISC INCOME - THERAPEUTIC RADIOLOGY	B	-12,142	RADIOLOGY-THERAPEUTIC	55.00	0	33.18
33.19	MISC INCOME - LABORATORY	B	-2,431	LABORATORY	60.00	0	33.19

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/27/2022 11:00 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
1.00	2.00	3.00	4.00	5.00		
33.20 MISC INCOME - RESPIRATORY THERAPY	B	-46,601	RESPIRATORY THERAPY	65.00	0	33.20
33.21 MISC INCOME - PHYSICAL THERAPY	B	-1,081	PHYSICAL THERAPY	66.00	0	33.21
33.22 MISC INCOME - CARDIAC REHAB	B	-65,840	CARDIAC REHABILITATION	76.97	0	33.22
33.23 MISC INCOME - HOSPICE	B	0	HOSPICE	116.00	0	33.23
33.24 NONPATIENT LAB	B	-853,570	LABORATORY	60.00	0	33.24
33.25 SCHOOL OF RAD TECH TUITION	A	-236,929	SCHOOL OF RADIOLOGICAL TECHNOLOGY	20.03	0	33.25
33.26 SCHOOL OF SURG TECH TUITION	A	-71,905	SCHOOL OF SURGICAL TECHNOLOGY	20.02	0	33.26
33.27 SCHOOL OF MED TECH TUITION	B	-138,110	SCHOOL OF MEDICAL TECHNOLOGY	20.01	0	33.27
33.28 PRISONER MEALS	B	-34,724	DIETARY	10.00	0	33.28
33.29 OTHER UNALLOWABLE PHYSICIAN - SIGN O	A	-2,089	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.29
33.30 HOSPITALIST EXPENSE - SALARY	A	-199,597	ADULTS & PEDIATRICS	30.00	0	33.30
33.31 HOSPITALIST EXPENSE - OTHER	A	-58,765	ADULTS & PEDIATRICS	30.00	0	33.31
33.32 ANESTHESIA - PROF - SALARY	A	-143,365	ANESTHESIOLOGY	53.00	0	33.32
33.33 ANESTHESIA - PROF - OTHER	A	-59,412	ANESTHESIOLOGY	53.00	0	33.33
33.34 SELF-INSURED COST	A	-4,387,578	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.34
33.35 MHA EXPENSE	A	-247,278	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.35
33.36 MHA PAID TO POOL	A	-359,565	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.36
33.37 REAL ESTATE TAXES	A	-90,537	OPERATION OF PLANT	7.00	0	33.37
33.38 RHC PHYSICIANS - HOSPITAL TIME	A	-52,870	RURAL HEALTH CLINIC II	88.01	0	33.38
33.39 RHC PHYSICIANS - HOSPITAL TIME	A	-20,771	RURAL HEALTH CLINIC III	88.02	0	33.39
33.40 PHYSICIAN BILLING SALARIES	A	-376,342	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.40
33.41 PHYSICIAN BILLING OTHER EXPENSES	A	-654,364	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.41
33.42 MISC INCOME - CAPITAL	B	-8,058	CAP REL COSTS-BLDG & FIXT	1.00	9	33.42
33.43 STATE OF MISSOURI REFUND	B	-1,842	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.43
33.44 PHYSICIAN BILLING SALARIES	A	-530,153	MEDICAL RECORDS & LIBRARY	16.00	0	33.44
33.45 PHYSICIAN BILLING OTHER EXPENSES	A	-223,803	MEDICAL RECORDS & LIBRARY	16.00	0	33.45
33.46 ELKAY REFUND	B	-9,199	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.46
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-50,465,306				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 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/27/2022 11:00 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COSTS	4,610,757	4,605,278 1.00
2.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	3,709,325	3,954,088 2.00
3.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	1,936,459	2,080,522 3.00
4.00		5.01	COMMUNICATIONS	HOME OFFICE COSTS	241,380	259,338 4.00
4.01		5.02	DATA PROCESSING	HOME OFFICE COSTS	11,096,968	11,922,529 4.01
4.02		5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE COSTS	9,670,626	10,390,074 4.02
4.03		7.00	OPERATION OF PLANT	HOME OFFICE COSTS	319,397	343,159 4.03
4.04		13.00	NURSING ADMINISTRATION	HOME OFFICE COSTS	1,036,226	1,113,316 4.04
4.06		193.11	MARKETING	HOME OFFICE COSTS	0	4,040,851 4.06
4.07		5.06	OTHER ADMINISTRATIVE & GENER	INTERNAL RENT ALLOCATION	0	4,778,152 4.07
4.08		7.00	OPERATION OF PLANT	INTERNAL RENT ALLOCATION	0	-323,519 4.08
4.09		1.08	NEW CAP-REL CSTS-BLDGS & FIX	HOME OFFICE COSTS	384,388	383,931 4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			33,005,526	43,547,719	5.00

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

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

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

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

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

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

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

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

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/27/2022 11:00 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5,479	9		1.00
2.00	-244,763	0		2.00
3.00	-144,063	0		3.00
4.00	-17,958	0		4.00
4.01	-825,561	0		4.01
4.02	-719,448	0		4.02
4.03	-23,762	0		4.03
4.04	-77,090	0		4.04
4.06	-4,040,851	0		4.06
4.07	-4,778,152	0		4.07
4.08	323,519	0		4.08
4.09	457	9		4.09
5.00	-10,542,193			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 01/01/2021
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:
5/27/2022 11:00 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	ADMITTING	0	0	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	665,737	665,737	0	0	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	3.00
4.00	34.01	CARDIOTHORACIC ICU	0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	6,065,567	5,963,433	102,134	179,000	460	5.00
6.00	33.01	ADULT SPECIAL CARE	1,199	1,199	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	107,750	107,750	0	179,000	0	7.00
8.00	43.00	NURSERY	0	0	0	211,500	0	8.00
9.00	50.00	OPERATING ROOM	200,000	200,000	0	246,500	0	9.00
10.00	53.00	ANESTHESIOLOGY	10,030,294	9,935,734	94,560	239,400	416	10.00
11.00	54.03	CARDIOVASCULAR LAB	465,323	463,321	2,002	260,300	4	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	1,243,241	1,243,241	0	271,900	0	12.00
13.00	55.01	CHEMOTHERAPY	499,975	497,935	2,040	211,500	12	13.00
14.00	60.00	LABORATORY	61,574	61,574	0	0	0	14.00
15.00	70.01	NEUROPHYSIOLOGY	56,001	56,001	0	211,500	0	15.00
16.00	90.01	HYPERBARIC WOUND CLINIC	486,960	482,127	4,833	211,500	29	16.00
17.00	91.00	EMERGENCY	7,046,702	6,772,180	274,522	179,000	596	17.00
18.00	91.01	G.I. LABORATORY	26,537	1,968	24,569	260,300	69	18.00
200.00			26,956,860	26,452,200	504,660		1,586	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	5.04	ADMITTING	0	0	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	3.00
4.00	34.01	CARDIOTHORACIC ICU	0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	39,587	1,979	0	0	206,029	5.00
6.00	33.01	ADULT SPECIAL CARE	0	0	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	7.00
8.00	43.00	NURSERY	0	0	0	0	0	8.00
9.00	50.00	OPERATING ROOM	0	0	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	47,880	2,394	0	0	230,728	10.00
11.00	54.03	CARDIOVASCULAR LAB	501	25	0	0	8,806	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	27,242	12.00
13.00	55.01	CHEMOTHERAPY	1,220	61	0	0	8,824	13.00
14.00	60.00	LABORATORY	0	0	0	0	0	14.00
15.00	70.01	NEUROPHYSIOLOGY	0	0	0	0	0	15.00
16.00	90.01	HYPERBARIC WOUND CLINIC	2,949	147	0	0	21,621	16.00
17.00	91.00	EMERGENCY	51,290	2,565	0	0	535,270	17.00
18.00	91.01	G.I. LABORATORY	8,635	432	0	0	0	18.00
200.00			152,062	7,603	0	0	1,038,520	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	5.04	ADMITTING	0	0	0	0		1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	665,737		2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0		3.00
4.00	34.01	CARDIOTHORACIC ICU	0	0	0	0		4.00
5.00	30.00	ADULTS & PEDIATRICS	3,469	43,056	59,078	6,022,511		5.00
6.00	33.01	ADULT SPECIAL CARE	0	0	0	1,199		6.00
7.00	41.00	SUBPROVIDER - IRF	0	0	0	107,750		7.00
8.00	43.00	NURSERY	0	0	0	0		8.00
9.00	50.00	OPERATING ROOM	0	0	0	200,000		9.00
10.00	53.00	ANESTHESIOLOGY	2,175	50,055	44,505	9,980,239		10.00
11.00	54.03	CARDIOVASCULAR LAB	38	539	1,463	464,784		11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	1,243,241		12.00
13.00	55.01	CHEMOTHERAPY	36	1,256	784	498,719		13.00
14.00	60.00	LABORATORY	0	0	0	61,574		14.00
15.00	70.01	NEUROPHYSIOLOGY	0	0	0	56,001		15.00
16.00	90.01	HYPERBARIC WOUND CLINIC	215	3,164	1,669	483,796		16.00
17.00	91.00	EMERGENCY	20,853	72,143	202,379	6,974,559		17.00
18.00	91.01	G.I. LABORATORY	0	8,635	15,934	17,902		18.00
200.00			26,786	178,848	325,812	26,778,012		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,253,197	1,253,197			1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	155,821	0	155,821		1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	715,412	0	0	715,412	1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	267,205	0	0	0	1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	267,205	1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	131,564	0	0	0	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	514,604	0	0	0	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	465,318	0	0	0	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	8,663,980	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	10,715,919				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,880,338	0	0	0	4.00
5.01	01160	COMMUNICATIONS	444,511	14,139	0	0	5.01
5.02	00550	DATA PROCESSING	10,941,211	0	2,101	2,122	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	361,974	0	3,416	62,000	5.03
5.04	00570	ADMITTING	4,050,376	0	11,014	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,259,706	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	30,108,964	157,736	10,388	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,414,594	0	0	16,238	6.00
7.00	00700	OPERATION OF PLANT	4,641,920	98,971	6,633	50,652	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,058,595	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,770,347	0	5,805	12,886	9.00
10.00	01000	DIETARY	2,605,073	0	10,892	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	4,346,028	163,111	8,256	7,427	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,952,503	0	569	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,499,401	0	0	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 PROGRAM	950,859	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	15,603	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	186,021	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,203,861	115,172	36,358	560,950	30.00
33.01	03301	ADULT SPECIAL CARE	4,081,081	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	2,627,599	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,884,768	0	22,834	0	41.00
43.00	04300	NURSERY	839,070	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,079,704	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,494,763	0	9,975	0	52.00
53.00	05300	ANESTHESIOLOGY	906,611	0	2,915	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,887,187	0	0	0	54.00
54.01	05401	ULTRASOUND	763,834	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	4,229,780	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,193,949	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	1,265,942	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	1,178,437	0	0	0	56.01
57.00	05700	CT SCAN	1,911,148	0	0	0	57.00
58.00	05800	MRI	751,606	0	0	0	58.00
60.00	06000	LABORATORY	11,970,765	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.	931,831	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,455,153	83,507	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,738,151	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,323,588	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	233,115	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	180,742	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	1,184,656	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	698,184	236,456	0	0	70.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
			0	1.00	1.01	1.02	1.03	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,563,125	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,985,561	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,993,124	303,396	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	279,982	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	276,425	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	4,281,145	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	3,337,961	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	392,211	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	192,605	0	0	0	0	90.02
91.00	09100	EMERGENCY	6,395,279	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	767,192	0	23,566	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,356,897	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,712,431	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	277,920,507	1,172,488	154,722	712,275	260,139	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	118,200	0	0	3,137	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	10,916	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	2,357	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	40,404,689	80,709	1,099	0	7,066	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	6,162,581	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	663,709	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	1,619,586	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	34,354	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	-2,441	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)	326,934,458	1,253,197	155,821	715,412	267,205	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0					1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	0	131,564				1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	514,604			1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	465,318		1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0	8,663,980	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	135,906	4.00
5.01	01160	COMMUNICATIONS	0	0	2,518	0	2,014	5.01
5.02	00550	DATA PROCESSING	0	9,121	8,199	0	242,234	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	200,611	5.03
5.04	00570	ADMITTING	0	16,611	0	0	50,605	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	111,097	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	3,943	4,702	2,451	124,478	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	38,768	0	6.00
7.00	00700	OPERATION OF PLANT	0	25,548	85,215	0	97,572	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	1,205	1,584	57,552	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	57,022	1,926	0	67,521	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	74,263	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 PROGRAM	0	0	0	0	289,571	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	20,781	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	19,671	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	45,076	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	161,957	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	57,838	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	79,979	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	91,251	93,263	76,976	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	30,766	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	9,497	280,342	54.00
54.01	05401	ULTRASOUND	0	0	0	6,635	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	24,661	24,923	111,261	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	94,823	541,034	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	439,577	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	8,856	141,209	56.01
57.00	05700	CT SCAN	0	0	0	4,884	65,158	57.00
58.00	05800	MRI	0	0	0	0	100,347	58.00
60.00	06000	LABORATORY	0	0	48,853	4,521	71,838	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	1,775	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,374	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,404	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	390,411	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,937	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	968	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	4,734	2,305	63,452	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	2,684	0	12,600	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	708	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	19,319	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	589,871	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	232,943	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	118,455	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	98,887	90.02
91.00	09100	EMERGENCY	0	0	0	53,981	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	67,542	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	67,542	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	131,564	509,827	465,318	5,008,397	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	42,178	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	80,162	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	4,777	0	1,865,355	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	63,554	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	121,579	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	1,432,849	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	10,421	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	39,485	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	131,564	514,604	465,318	8,663,980	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

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	10,715,919					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,155	8,017,399				4.00
5.01	01160	COMMUNICATIONS	32,994	13,607	509,783			5.01
5.02	00550	DATA PROCESSING	3,433,022	0	14,581	14,652,591	14,652,591	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	8,307	58,540	4,113	698,961	32,796	5.03
5.04	00570	ADMITTING	5,514	196,298	10,656	4,355,970	204,386	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,793	155,212	12,338	6,552,168	307,434	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	114,158	300,530	26,545	30,874,669	1,448,670	5.06
6.00	00600	MAINTENANCE & REPAIRS	69,937	138,510	10,095	3,719,700	174,532	6.00
7.00	00700	OPERATION OF PLANT	85,853	982	0	5,105,103	239,537	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,058,595	49,670	8.00
9.00	00900	HOUSEKEEPING	9,791	140,005	4,300	3,006,519	141,069	9.00
10.00	01000	DIETARY	11,750	77,723	5,421	2,765,417	129,756	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	63,863	187,280	8,412	4,910,846	230,422	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	88,451	59,746	2,804	2,178,336	102,210	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	672	77,094	8,038	1,606,498	75,378	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 PROGRAM	89,178	127,266	6,917	1,463,791	68,683	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	133	8,156	0	44,673	2,096	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	3,499	0	23,170	1,087	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	11,998	0	57,074	2,678	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	11,625	0	197,646	9,274	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	407,138	731,084	74,962	19,363,543	908,557	30.00
33.01	03301	ADULT SPECIAL CARE	120,557	149,346	7,478	4,416,300	207,217	33.01
34.01	03401	CARDIOTHORACIC ICU	190,707	98,063	5,608	3,001,956	140,855	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	14,885	61,603	7,665	1,991,755	93,455	41.00
43.00	04300	NURSERY	22,263	52,299	561	922,632	43,291	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,886,948	338,176	25,611	13,591,929	637,747	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,159	91,517	4,487	1,638,638	76,887	52.00
53.00	05300	ANESTHESIOLOGY	198,526	8,180	8,412	1,155,410	54,213	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	501,911	188,473	18,507	4,885,917	229,252	54.00
54.01	05401	ULTRASOUND	101,847	28,359	935	901,610	42,304	54.01
54.03	05403	CARDIOVASCULAR LAB	251,692	117,699	6,730	4,766,746	223,660	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	103,936	90,330	9,534	3,033,606	142,340	55.00
55.01	05501	CHEMOTHERAPY	29,578	62,778	4,673	1,802,548	84,577	55.01
56.01	05601	NUCLEAR MEDICINE	123,883	20,882	1,682	1,474,949	69,206	56.01
57.00	05700	CT SCAN	85,259	49,438	1,122	2,117,009	99,332	57.00
58.00	05800	MRI	177,821	22,994	2,617	1,055,385	49,520	58.00
60.00	06000	LABORATORY	387,667	267,724	13,833	12,765,201	598,956	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	99	935	934,640	43,854	63.00
65.00	06500	RESPIRATORY THERAPY	217,981	142,967	5,047	3,912,029	183,556	65.00
66.00	06600	PHYSICAL THERAPY	717	49,781	4,487	1,802,540	84,577	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	14,349	138,614	16,451	2,883,413	135,293	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,714	14,826	374	253,966	11,916	67.00
68.00	06800	SPEECH PATHOLOGY	395	11,420	0	193,525	9,080	68.00
69.01	06901	CV DIAGNOSTIC	251,735	52,478	8,786	1,568,146	73,579	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	64,643	27,065	5,234	1,046,866	49,120	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,563,125	683,316	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,985,561	796,980	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	Subtotal	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	4.00	5.01	5A.01	5.02	
73.00	07300	DRUGS CHARGED TO PATIENTS	484,323	204,872	5,982	42,992,405	2,017,247	73.00
74.00	07400	RENAL DIALYSIS	10,060	16,174	0	306,216	14,368	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	16,170	21,194	1,496	334,604	15,700	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	91,454	251,709	9,721	5,223,900	245,111	88.01
88.02	08802	RURAL HEALTH CLINIC III	10,271	155,070	8,412	3,744,657	175,703	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	20,145	19,139	3,926	553,876	25,988	90.01
90.02	09002	DIABETES CENTER	1,472	11,935	1,682	306,581	14,385	90.02
91.00	09100	EMERGENCY	70,188	289,881	14,768	6,824,097	320,193	91.00
91.01	09101	G.I. LABORATORY	258,807	33,968	5,982	1,089,515	51,121	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	10,805	78,770	5,234	1,519,248	71,285	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,126	76,470	5,047	1,870,616	87,771	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,185,703	5,543,448	412,201	271,066,387	12,031,190	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,355	1,794	0	168,664	7,914	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	3,377	0	2,056	96,511	4,528	193.03
193.04	19304	COMMUNITY WELLNESS	6,471	0	0	8,828	414	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	399,418	2,291,359	68,420	45,122,892	2,117,227	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	11,778	49,712	2,056	6,289,681	295,118	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	11,157	45,091	4,300	845,836	39,687	193.11
193.13	19313	HEALTHPOINT	85,163	84,061	18,694	3,240,353	152,041	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	6,771	1,934	374	53,854	2,527	194.00
194.01	07951	FOUNDATION OFFICE	2,726	0	1,682	41,452	1,945	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)	10,715,919	8,017,399	509,783	326,934,458	14,652,591	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	731,757					5.03
5.04	00570	ADMITTING	106	4,560,462				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	182	0	6,859,784			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	500	0	0	32,323,839	32,323,839	5.06
6.00	00600	MAINTENANCE & REPAIRS	60	0	0	3,894,292	427,270	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	5,344,640	586,398	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,108,265	121,596	8.00
9.00	00900	HOUSEKEEPING	33	0	0	3,147,621	345,348	9.00
10.00	01000	DIETARY	1	0	0	2,895,174	317,650	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	835	0	0	5,142,103	564,176	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	32	0	0	2,280,578	250,218	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	279	0	0	1,682,155	184,561	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 PROGRAM	80	0	0	1,532,554	168,147	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	16	0	0	46,785	5,133	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	24,257	2,661	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	10	0	0	59,762	6,557	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	206,920	22,703	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	884	162,869	242,600	20,678,453	2,268,778	30.00
33.01	03301	ADULT SPECIAL CARE	97	25,654	38,212	4,687,480	514,296	33.01
34.01	03401	CARDIOTHORACIC ICU	78	17,474	26,029	3,186,392	349,601	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	95	10,662	15,882	2,111,849	231,706	41.00
43.00	04300	NURSERY	5	7,945	11,834	985,707	108,149	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	128	504,990	752,201	15,486,995	1,699,187	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36	26,869	40,022	1,782,452	195,565	52.00
53.00	05300	ANESTHESIOLOGY	7	128,613	191,573	1,529,816	167,847	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	256	123,162	183,454	5,422,041	594,890	54.00
54.01	05401	ULTRASOUND	0	45,110	67,194	1,056,218	115,885	54.01
54.03	05403	CARDIOVASCULAR LAB	36	145,666	216,974	5,353,082	587,324	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	145	78,945	117,591	3,372,627	370,035	55.00
55.01	05501	CHEMOTHERAPY	40	31,185	46,451	1,964,801	215,572	55.01
56.01	05601	NUCLEAR MEDICINE	21	55,906	83,275	1,683,357	184,693	56.01
57.00	05700	CT SCAN	9	271,407	404,270	2,892,027	317,305	57.00
58.00	05800	MRI	13	99,272	147,870	1,352,060	148,344	58.00
60.00	06000	LABORATORY	135	425,827	634,284	14,424,403	1,582,602	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19	29,912	44,555	1,052,980	115,530	63.00
65.00	06500	RESPIRATORY THERAPY	41	158,970	236,791	4,491,387	492,782	65.00
66.00	06600	PHYSICAL THERAPY	7	60,894	90,704	2,038,722	223,682	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	55	57,721	85,978	3,162,460	346,976	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	11,539	17,188	294,609	32,324	67.00
68.00	06800	SPEECH PATHOLOGY	1	5,048	7,519	215,173	23,608	68.00
69.01	06901	CV DIAGNOSTIC	55	135,823	202,313	1,979,916	217,230	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	43	30,890	46,012	1,172,931	128,690	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	328,461	490,452	730,547	16,795,901	1,842,796	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	397,728	339,124	505,138	19,024,531	2,087,314	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	171	858,181	1,278,452	47,146,456	5,172,768	73.00
74.00	07400	RENAL DIALYSIS	0	9,481	14,122	344,187	37,763	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	11	4,571	6,809	361,695	39,684	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	185	0	30,654	5,499,850	603,427	88.01
88.02	08802	RURAL HEALTH CLINIC III	63	0	35,995	3,956,418	434,086	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	48	19,806	29,502	629,220	69,036	90.01
90.02	09002	DIABETES CENTER	14	458	682	322,120	35,342	90.02
91.00	09100	EMERGENCY	185	132,977	198,074	7,475,526	820,192	91.00
91.01	09101	G.I. LABORATORY	32	53,059	79,033	1,272,760	139,643	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	56	0	0	1,590,589	174,515	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	45	0	0	1,958,432	214,873	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	731,339	4,560,462	6,859,784	268,444,568	25,906,458	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5	0	0	176,583	19,374	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	101,039	11,086	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	9,242	1,014	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	47,240,119	5,183,090	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	54	0	0	6,584,853	722,470	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	211	0	0	885,734	97,180	193.11
193.13	19313	HEALTHPOINT	61	0	0	3,392,455	372,210	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	56,381	6,186	194.00
194.01	07951	FOUNDATION OFFICE	87	0	0	43,484	4,771	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)	731,757	4,560,462	6,859,784	326,934,458	32,323,839	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	4,321,562					6.00
7.00	00700	OPERATION OF PLANT	12,813	5,943,851				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,229,861			8.00
9.00	00900	HOUSEKEEPING	22,823	61,626	0	3,577,418		9.00
10.00	01000	DIETARY	63,664	118,063	0	71,803	3,466,354	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,182,690	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	53,654	123,634	0	75,191	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	44,044	34,714	0	21,112	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,417	32,484	0	19,756	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 PROGRAM	131,733	128,259	0	78,004	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	9,204	0	5,598	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	8,713	0	5,299	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	0	19,965	0	12,142	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	1,279,690	846,662	295,937	514,916	1,781,271	30.00
33.01	03301	ADULT SPECIAL CARE	170,172	97,879	45,862	59,527	124,147	33.01
34.01	03401	CARDIOTHORACIC ICU	160,562	164,603	44,897	100,107	82,910	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	128,930	73,024	32,467	44,412	190,364	41.00
43.00	04300	NURSERY	23,624	12,873	5,951	7,829	9,371	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	283,086	380,462	302,848	231,387	1,210	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	131,333	55,899	47,333	33,997	0	52.00
53.00	05300	ANESTHESIOLOGY	6,006	72,642	0	44,179	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	164,166	143,718	117,837	87,406	295	54.00
54.01	05401	ULTRASOUND	19,620	13,656	0	8,305	0	54.01
54.03	05403	CARDIOVASCULAR LAB	76,077	142,307	30,019	86,547	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	120,922	434,796	39,846	264,432	0	55.00
55.01	05501	CHEMOTHERAPY	45,246	194,701	0	118,412	0	55.01
56.01	05601	NUCLEAR MEDICINE	12,413	80,772	6,363	49,123	1,226	56.01
57.00	05700	CT SCAN	10,010	38,911	0	23,665	0	57.00
58.00	05800	MRI	18,419	44,446	29,877	27,031	0	58.00
60.00	06000	LABORATORY	141,743	123,798	0	75,291	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.	2,803	3,004	0	1,827	0	63.00
65.00	06500	RESPIRATORY THERAPY	12,413	25,501	0	15,509	0	65.00
66.00	06600	PHYSICAL THERAPY	13,213	15,914	876	9,679	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	8,809	172,924	0	105,168	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	400	3,277	0	1,993	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,205	1,639	0	997	0	68.00
69.01	06901	CV DIAGNOSTIC	22,823	40,859	9,108	24,850	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	42,443	39,357	0	23,936	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	100,101	38,966	0	23,698	0	73.00
74.00	07400	RENAL DIALYSIS	18,819	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
76.97	07697	CARDIAC REHABILITATION	9,209	13,383	0	8,139	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	66,867	261,271	0	158,898	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	18,018	103,177	122	62,750	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	30,431	0	5,509	0	0	90.01
90.02	09002	DIABETES CENTER	2,402	43,800	0	26,638	0	90.02
91.00	09100	EMERGENCY	227,830	111,098	160,195	67,567	92,870	91.00
91.01	09101	G.I. LABORATORY	43,244	75,364	47,808	45,835	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	18,419	29,916	0	18,194	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,807	29,916	0	18,194	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,787,423	4,467,177	1,222,855	2,679,343	3,466,354	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,404	20,539	0	12,491	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	36,437	35,506	0	21,594	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	429,233	681,873	7,006	414,698	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	13,614	28,150	0	17,120	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	11,211	53,851	0	32,751	0	193.11
193.13	19313	HEALTHPOINT	11,612	634,650	0	385,978	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	4,616	0	2,807	0	194.00
194.01	07951	FOUNDATION OFFICE	27,628	17,489	0	10,636	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)	4,321,562	5,943,851	1,229,861	3,577,418	3,466,354	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,182,690					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	73,461	0	6,032,219			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	30,005	0	243,405	2,904,076		14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	32,022	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 PROGRAM	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	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	543	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	335,785	0	2,307,059	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	40,617	0	317,485	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	32,782	0	243,405	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	15,933	0	137,577	0	0	41.00
43.00	04300	NURSERY	11,496	0	116,411	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	104,816	0	804,296	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,500	0	243,405	0	0	52.00
53.00	05300	ANESTHESIOLOGY	13,963	0	275,154	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,680	0	0	0	0	54.00
54.01	05401	ULTRASOUND	8,874	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	50,407	0	296,320	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	279	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	807	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	2,839	0	0	0	0	56.01
57.00	05700	CT SCAN	13,094	0	0	0	0	57.00
58.00	05800	MRI	3,258	0	0	0	0	58.00
60.00	06000	LABORATORY	68,605	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	40,260	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	15,747	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	171	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,536	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,443	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	7,075	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	5,570	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,313,504	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,590,572	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,714	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,986	0	0	0	0	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,025	0	52,914	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	186	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	47	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	31	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	31,749	0	0	90.02
91.00	09100	EMERGENCY	43,673	0	867,793	0	0	91.00
91.01	09101	G.I. LABORATORY	10,814	0	84,663	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	217	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,123,735	0	6,021,636	2,904,076	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,637	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	51,214	0	10,583	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	124	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	4,825	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	62	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	93	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)	1,182,690	0	6,032,219	2,904,076	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	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	1,967,395					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 PROGRAM	0	0		2,040,171		20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0			66,720	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	69,343	0	0	1,697,938	0	30.00
33.01	03301	ADULT SPECIAL CARE	10,922	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	7,440	0	0	63,412	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,540	0	0	0	0	41.00
43.00	04300	NURSERY	3,383	0	0	39,354	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	215,004	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,440	0	0	52,418	0	52.00
53.00	05300	ANESTHESIOLOGY	54,758	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,437	0	0	0	0	54.00
54.01	05401	ULTRASOUND	19,206	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	62,019	0	0	59,907	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	33,612	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	13,277	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	23,803	0	0	0	0	56.01
57.00	05700	CT SCAN	115,554	0	0	0	0	57.00
58.00	05800	MRI	42,266	0	0	0	0	58.00
60.00	06000	LABORATORY	181,300	0	0	0	66,720	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,735	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	67,683	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	25,926	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	24,575	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,913	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,149	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	57,828	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	13,152	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	208,815	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	144,385	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	365,037	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,037	0	0	0	0	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	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	1,946	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	8,762	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	10,289	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	8,433	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	195	0	0	0	0	90.02
91.00	09100	EMERGENCY	56,616	0	0	122,681	0	91.00
91.01	09101	G.I. LABORATORY	22,590	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	2,655	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,370	0		0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,967,395	0	0	2,035,710	66,720	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	4,461	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)	1,967,395	0	0	2,040,171	66,720	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLOGY	INTERNS & RESIDENTS		PHARMACY RESIDENCY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			20.02	20.03	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM						20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY						20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	40,930					20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY		98,426				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					230,166	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	40,930	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	98,426	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLOGY	INTERNS & RESIDENTS		PHARMACY RESIDENCY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			20.02	20.03	21.00	22.00	23.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	230,166	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)	40,930	98,426	0	0	230,166	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)	40,930	98,426	0	0	230,166	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2				1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3				1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4				1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5				1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6				1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7				1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8				1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9				1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING PROGRAM				20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY				20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY				20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO				20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PHARMACY RESIDENCY				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,075,832	0	32,075,832	30.00
33.01	03301	ADULT SPECIAL CARE	6,068,387	0	6,068,387	33.01
34.01	03401	CARDIOTHORACIC ICU	4,436,111	0	4,436,111	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,970,802	0	2,970,802	41.00
43.00	04300	NURSERY	1,324,148	0	1,324,148	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,550,221	0	19,550,221	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,593,342	0	2,593,342	52.00
53.00	05300	ANESTHESIOLOGY	2,164,365	0	2,164,365	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,734,896	0	6,734,896	54.00
54.01	05401	ULTRASOUND	1,241,764	0	1,241,764	54.01
54.03	05403	CARDIOVASCULAR LAB	6,744,009	0	6,744,009	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,636,549	0	4,636,549	55.00
55.01	05501	CHEMOTHERAPY	2,552,816	0	2,552,816	55.01
56.01	05601	NUCLEAR MEDICINE	2,044,589	0	2,044,589	56.01
57.00	05700	CT SCAN	3,410,566	0	3,410,566	57.00
58.00	05800	MRI	1,665,701	0	1,665,701	58.00
60.00	06000	LABORATORY	16,664,462	0	16,664,462	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,188,879	0	1,188,879	63.00
65.00	06500	RESPIRATORY THERAPY	5,145,535	0	5,145,535	65.00
66.00	06600	PHYSICAL THERAPY	2,343,759	0	2,343,759	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,821,083	0	3,821,083	66.01
66.02	06602	PHYSIATRY	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	339,052	0	339,052	67.00
68.00	06800	SPEECH PATHOLOGY	250,214	0	250,214	68.00
69.01	06901	CV DIAGNOSTIC	2,359,689	0	2,359,689	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,426,079	0	1,426,079	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,161,016	0	20,161,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,846,802	0	22,846,802	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	53,134,906	0	53,134,906	73.00
74.00	07400	RENAL DIALYSIS	406,792	0	406,792	74.00
76.00	03950	CARDIAC REHAB	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	489,995	0	489,995	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	6,599,261	0	6,599,261	88.01
88.02	08802	RURAL HEALTH CLINIC III	4,584,907	0	4,584,907	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	742,660	0	742,660	90.01
90.02	09002	DIABETES CENTER	462,246	0	462,246	90.02
91.00	09100	EMERGENCY	10,046,041	0	10,046,041	91.00
91.01	09101	G.I. LABORATORY	1,742,721	0	1,742,721	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	1,834,288	0	1,834,288	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	2,232,809	0	2,232,809	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	259,037,294	0	259,037,294	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	236,028	0	236,028	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	205,662	0	205,662	193.03
193.04	19304	COMMUNITY WELLNESS	10,256	0	10,256	193.04
193.05	19305	HOME INFUSION	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	54,022,277	0	54,022,277	193.06
193.07	19307	GENERATIONS	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	7,366,331	0	7,366,331	193.08
193.09	19309	OUTREACH LAB	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	193.10
193.11	19311	MARKETING	1,085,552	0	1,085,552	193.11
193.13	19313	HEALTHPOINT	4,796,905	0	4,796,905	193.13
193.14	19314	DOCTORS PARK	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	70,052	0	70,052	194.00
194.01	07951	FOUNDATION OFFICE	104,101	0	104,101	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)	326,934,458	0	326,934,458	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			CAPITAL RELATED COSTS					
			Directly Assigned New Capital Related Costs	BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3		NEW CAP-REL CSTS-BLDGS & FIX #4
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	01160	COMMUNICATIONS	0	14,139	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	2,101	2,122	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	7,178	0	3,416	62,000	0	5.03
5.04	00570	ADMITTING	0	0	11,014	0	14,896	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	6,022	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	114,976	157,736	10,388	0	20,774	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	16,238	31,558	6.00
7.00	00700	OPERATION OF PLANT	0	98,971	6,633	50,652	11,757	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	5,805	12,886	3,044	9.00
10.00	01000	DIETARY	0	0	10,892	0	54,558	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	5,912	163,111	8,256	7,427	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	278,696	0	569	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	21,293	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 PROGRAM	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	111,539	115,172	36,358	560,950	72,061	30.00
33.01	03301	ADULT SPECIAL CARE	21,659	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	13,142	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,828	0	22,834	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	8,439	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	202,225	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,975	0	15,737	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,915	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,000	0	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	73,914	83,507	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	259	236,456	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
				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	303,396	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	23,566	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)	856,328	1,172,488	154,722	712,275	260,139	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,137	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	18,794	80,709	1,099	0	7,066	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)	875,122	1,253,197	155,821	715,412	267,205	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	135,906	4.00
5.01	01160	COMMUNICATIONS	0	0	2,518	0	2,014	5.01
5.02	00550	DATA PROCESSING	0	9,121	8,199	0	242,234	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	200,611	5.03
5.04	00570	ADMITTING	0	16,611	0	0	50,605	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	111,097	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	3,943	4,702	2,451	124,478	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	38,768	0	6.00
7.00	00700	OPERATION OF PLANT	0	25,548	85,215	0	97,572	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	1,205	1,584	57,552	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	57,022	1,926	0	67,521	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	74,263	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 PROGRAM	0	0	0	0	289,571	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	20,781	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	19,671	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	45,076	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	161,957	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	57,838	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	79,979	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	91,251	93,263	76,976	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	30,766	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	9,497	280,342	54.00
54.01	05401	ULTRASOUND	0	0	0	6,635	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	24,661	24,923	111,261	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	94,823	541,034	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	439,577	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	8,856	141,209	56.01
57.00	05700	CT SCAN	0	0	0	4,884	65,158	57.00
58.00	05800	MRI	0	0	0	0	100,347	58.00
60.00	06000	LABORATORY	0	0	48,853	4,521	71,838	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	1,775	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,374	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,404	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	390,411	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,937	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	968	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	4,734	2,305	63,452	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	2,684	0	12,600	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	708	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	19,319	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	589,871	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	232,943	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	118,455	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	98,887	90.02
91.00	09100	EMERGENCY	0	0	0	53,981	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	67,542	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	67,542	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	131,564	509,827	465,318	5,008,397	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	42,178	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	80,162	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	4,777	0	1,865,355	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	63,554	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	121,579	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	1,432,849	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	10,421	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	39,485	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	131,564	514,604	465,318	8,663,980	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
			2.00	2A	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,155	137,061	137,061			4.00
5.01	01160	COMMUNICATIONS	32,994	51,665	233	51,898		5.01
5.02	00550	DATA PROCESSING	3,433,022	3,696,799	0	1,484	3,698,283	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	8,307	281,512	1,001	419	8,278	5.03
5.04	00570	ADMITTING	5,514	98,640	3,355	1,085	51,588	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,793	124,912	2,653	1,256	77,597	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	114,158	553,606	5,137	2,702	365,649	5.06
6.00	00600	MAINTENANCE & REPAIRS	69,937	156,501	2,367	1,028	44,052	6.00
7.00	00700	OPERATION OF PLANT	85,853	462,201	17	0	60,460	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	12,537	8.00
9.00	00900	HOUSEKEEPING	9,791	91,867	2,393	438	35,606	9.00
10.00	01000	DIETARY	11,750	77,200	1,328	552	32,751	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	63,863	375,038	3,201	856	58,159	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	88,451	441,979	1,021	285	25,798	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	672	21,965	1,318	818	19,026	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 PROGRAM	89,178	378,749	2,175	704	17,336	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	133	20,914	139	0	529	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	19,671	60	0	274	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	45,076	205	0	676	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	199	0	2,341	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	407,138	1,465,175	12,496	7,636	229,322	30.00
33.01	03301	ADULT SPECIAL CARE	120,557	200,054	2,553	761	52,302	33.01
34.01	03401	CARDIOTHORACIC ICU	190,707	283,828	1,676	571	35,552	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	14,885	46,547	1,053	780	23,588	41.00
43.00	04300	NURSERY	22,263	30,702	894	57	10,927	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,886,948	2,350,663	5,780	2,607	160,969	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,159	47,871	1,564	457	19,406	52.00
53.00	05300	ANESTHESIOLOGY	198,526	232,207	140	856	13,684	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	501,911	809,750	3,221	1,884	57,864	54.00
54.01	05401	ULTRASOUND	101,847	108,482	485	95	10,678	54.01
54.03	05403	CARDIOVASCULAR LAB	251,692	412,537	2,012	685	56,453	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	103,936	739,793	1,544	971	35,927	55.00
55.01	05501	CHEMOTHERAPY	29,578	469,155	1,073	476	21,348	55.01
56.01	05601	NUCLEAR MEDICINE	123,883	273,948	357	171	17,468	56.01
57.00	05700	CT SCAN	85,259	155,301	845	114	25,072	57.00
58.00	05800	MRI	177,821	278,168	393	266	12,499	58.00
60.00	06000	LABORATORY	387,667	512,879	4,576	1,408	151,178	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	1,775	2	95	11,069	63.00
65.00	06500	RESPIRATORY THERAPY	217,981	382,776	2,444	514	46,330	65.00
66.00	06600	PHYSICAL THERAPY	717	10,121	851	457	21,347	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	14,349	404,760	2,369	1,675	34,148	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,714	5,651	253	38	3,008	67.00
68.00	06800	SPEECH PATHOLOGY	395	1,363	195	0	2,292	68.00
69.01	06901	CV DIAGNOSTIC	251,735	322,226	897	894	18,572	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	64,643	316,642	463	533	12,398	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	172,471	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	201,160	72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	2A	4.00	5.01	5.02	
73.00	07300	DRUGS CHARGED TO PATIENTS	484,323	788,427	3,502	609	509,159	73.00
74.00	07400	RENAL DIALYSIS	10,060	10,060	276	0	3,627	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	16,170	35,489	362	152	3,963	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	91,454	681,325	4,302	990	61,867	88.01
88.02	08802	RURAL HEALTH CLINIC III	10,271	243,214	2,650	856	44,348	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	20,145	138,600	327	400	6,560	90.01
90.02	09002	DIABETES CENTER	1,472	100,359	204	171	3,631	90.02
91.00	09100	EMERGENCY	70,188	124,169	4,955	1,503	80,818	91.00
91.01	09101	G.I. LABORATORY	258,807	282,373	581	609	12,903	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	10,805	78,347	1,346	533	17,992	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	9,126	76,668	1,307	514	22,154	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,185,703	19,456,761	94,750	41,965	3,036,711	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,355	48,670	31	0	1,997	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	3,377	83,539	0	209	1,143	193.03
193.04	19304	COMMUNITY WELLNESS	6,471	6,471	0	0	105	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	399,418	2,377,218	39,189	6,965	534,316	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	11,778	75,332	850	209	74,489	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	11,157	132,736	771	438	10,017	193.11
193.13	19313	HEALTHPOINT	85,163	1,518,012	1,437	1,903	38,376	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	6,771	17,192	33	38	638	194.00
194.01	07951	FOUNDATION OFFICE	2,726	42,211	0	171	491	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)	10,715,919	23,758,142	137,061	51,898	3,698,283	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			5.03	5.04	5.05	5.06	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	291,210					5.03
5.04	00570	ADMITTING	42	154,710				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	72	0	206,490			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	199	0	0	927,293		5.06
6.00	00600	MAINTENANCE & REPAIRS	24	0	0	12,259	216,231	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	16,825	641	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	3,489	0	8.00
9.00	00900	HOUSEKEEPING	13	0	0	9,909	1,142	9.00
10.00	01000	DIETARY	0	0	0	9,114	3,185	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	332	0	0	16,187	2,685	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13	0	0	7,179	2,204	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	111	0	0	5,295	821	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 PROGRAM	32	0	0	4,824	6,591	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	6	0	0	147	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	76	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	4	0	0	188	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	651	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	352	5,518	7,304	65,096	64,027	30.00
33.01	03301	ADULT SPECIAL CARE	39	869	1,150	14,756	8,515	33.01
34.01	03401	CARDIOTHORACIC ICU	31	592	784	10,031	8,034	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	38	361	478	6,648	6,451	41.00
43.00	04300	NURSERY	2	269	356	3,103	1,182	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51	17,110	22,645	48,753	14,164	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14	910	1,205	5,611	6,571	52.00
53.00	05300	ANESTHESIOLOGY	3	4,358	5,767	4,816	301	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	102	4,173	5,523	17,069	8,214	54.00
54.01	05401	ULTRASOUND	0	1,528	2,023	3,325	982	54.01
54.03	05403	CARDIOVASCULAR LAB	14	4,935	6,532	16,852	3,807	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	58	2,675	3,540	10,617	6,050	55.00
55.01	05501	CHEMOTHERAPY	16	1,057	1,398	6,185	2,264	55.01
56.01	05601	NUCLEAR MEDICINE	8	1,894	2,507	5,299	621	56.01
57.00	05700	CT SCAN	4	9,196	12,171	9,104	501	57.00
58.00	05800	MRI	5	3,363	4,452	4,256	922	58.00
60.00	06000	LABORATORY	54	14,428	19,095	45,408	7,092	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8	1,013	1,341	3,315	140	63.00
65.00	06500	RESPIRATORY THERAPY	16	5,386	7,129	14,139	621	65.00
66.00	06600	PHYSICAL THERAPY	3	2,063	2,731	6,418	661	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	22	1,956	2,588	9,955	441	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	391	517	927	20	67.00
68.00	06800	SPEECH PATHOLOGY	1	171	226	677	260	68.00
69.01	06901	CV DIAGNOSTIC	22	4,602	6,091	6,233	1,142	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	17	1,047	1,385	3,692	2,124	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	130,706	16,617	21,993	52,873	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	158,288	11,490	15,207	59,889	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68	29,272	38,464	148,417	5,009	73.00
74.00	07400	RENAL DIALYSIS	0	321	425	1,084	942	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			5.03	5.04	5.05	5.06	6.00	
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5	155	205	1,139	461	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	74	0	923	17,314	3,346	88.01
88.02	08802	RURAL HEALTH CLINIC III	25	0	1,084	12,455	902	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	19	671	888	1,981	1,523	90.01
90.02	09002	DIABETES CENTER	5	16	21	1,014	120	90.02
91.00	09100	EMERGENCY	74	4,505	5,963	23,533	11,400	91.00
91.01	09101	G.I. LABORATORY	13	1,798	2,379	4,007	2,164	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	22	0	0	5,007	922	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	18	0	0	6,165	341	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	291,045	154,710	206,490	743,306	189,506	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2	0	0	556	220	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	318	1,823	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	29	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	148,574	21,477	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	21	0	0	20,729	681	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	84	0	0	2,788	561	193.11
193.13	19313	HEALTHPOINT	24	0	0	10,679	581	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	177	0	194.00
194.01	07951	FOUNDATION OFFICE	34	0	0	137	1,382	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)	291,210	154,710	206,490	927,293	216,231	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	540,144					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	16,026				8.00
9.00	00900	HOUSEKEEPING	5,600	0	146,968			9.00
10.00	01000	DIETARY	10,729	0	2,950	137,809		10.00
11.00	01100	CAFETERIA	0	0	0	47,019	47,019	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	11,235	0	3,089	0	2,921	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,155	0	867	0	1,193	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,952	0	812	0	1,273	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 PROGRAM	11,655	0	3,205	0	59	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	836	0	230	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	792	0	218	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	1,814	0	499	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	22	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,942	3,856	21,152	70,816	13,350	30.00
33.01	03301	ADULT SPECIAL CARE	8,895	598	2,446	4,936	1,615	33.01
34.01	03401	CARDIOTHORACIC ICU	14,958	585	4,113	3,296	1,303	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,636	423	1,825	7,568	633	41.00
43.00	04300	NURSERY	1,170	78	322	373	457	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,574	3,947	9,506	48	4,167	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,080	617	1,397	0	1,570	52.00
53.00	05300	ANESTHESIOLOGY	6,601	0	1,815	0	555	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,060	1,535	3,591	12	2,134	54.00
54.01	05401	ULTRASOUND	1,241	0	341	0	353	54.01
54.03	05403	CARDIOVASCULAR LAB	12,932	391	3,556	0	2,004	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	39,512	519	10,863	0	11	55.00
55.01	05501	CHEMOTHERAPY	17,693	0	4,865	0	32	55.01
56.01	05601	NUCLEAR MEDICINE	7,340	83	2,018	49	113	56.01
57.00	05700	CT SCAN	3,536	0	972	0	521	57.00
58.00	05800	MRI	4,039	389	1,110	0	130	58.00
60.00	06000	LABORATORY	11,250	0	3,093	0	2,727	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	273	0	75	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,317	0	637	0	1,601	65.00
66.00	06600	PHYSICAL THERAPY	1,446	11	398	0	626	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	15,714	0	4,321	0	7	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	298	0	82	0	61	67.00
68.00	06800	SPEECH PATHOLOGY	149	0	41	0	57	68.00
69.01	06901	CV DIAGNOSTIC	3,713	119	1,021	0	281	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	3,577	0	983	0	221	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	3,541	0	974	0	2,294	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	79	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
76.97	07697	CARDIAC REHABILITATION	1,216	0	334	0	120	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	23,743	0	6,528	0	7	88.01
88.02	08802	RURAL HEALTH CLINIC III	9,376	2	2,578	0	2	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	72	0	0	1	90.01
90.02	09002	DIABETES CENTER	3,980	0	1,094	0	0	90.02
91.00	09100	EMERGENCY	10,096	2,087	2,776	3,692	1,736	91.00
91.01	09101	G.I. LABORATORY	6,849	623	1,883	0	430	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,719	0	747	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,719	0	747	0	9	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	405,953	15,935	110,074	137,809	44,675	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,866	0	513	0	105	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	3,227	0	887	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	61,965	91	17,037	0	2,036	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	2,558	0	703	0	5	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	4,894	0	1,345	0	192	193.11
193.13	19313	HEALTHPOINT	57,673	0	15,857	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	419	0	115	0	2	194.00
194.01	07951	FOUNDATION OFFICE	1,589	0	437	0	4	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)	540,144	16,026	146,968	137,809	47,019	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	473,703				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,114	502,808			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	54,391	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 PROGRAM	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	181,171	0	0	1,907	30.00
33.01	03301	ADULT SPECIAL CARE	0	24,932	0	0	300	33.01
34.01	03401	CARDIOTHORACIC ICU	0	19,114	0	0	205	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	10,804	0	0	125	41.00
43.00	04300	NURSERY	0	9,142	0	0	93	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	63,160	0	0	5,913	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,114	0	0	315	52.00
53.00	05300	ANESTHESIOLOGY	0	21,608	0	0	1,506	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,442	54.00
54.01	05401	ULTRASOUND	0	0	0	0	528	54.01
54.03	05403	CARDIOVASCULAR LAB	0	23,270	0	0	1,706	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	924	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	365	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	655	56.01
57.00	05700	CT SCAN	0	0	0	0	3,178	57.00
58.00	05800	MRI	0	0	0	0	1,162	58.00
60.00	06000	LABORATORY	0	0	0	0	4,986	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	350	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,861	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	713	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	676	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	135	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	59	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	1,590	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	362	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	227,418	0	5,743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	275,390	0	3,971	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	10,324	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	111	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	4,155	0	0	54	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	241	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	283	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	232	90.01
90.02	09002	DIABETES CENTER	0	2,493	0	0	5	90.02
91.00	09100	EMERGENCY	0	68,147	0	0	1,557	91.00
91.01	09101	G.I. LABORATORY	0	6,648	0	0	621	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	73	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	120	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	472,872	502,808	0	54,391	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	831	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	473,703	502,808	0	54,391	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	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 PROGRAM	0		425,330			20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0			22,801		20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0				21,091	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	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	425,330	22,801	21,091	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	425,330	22,801	21,091	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS		PHARMACY RESIDENCY	Subtotal	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
				APPRV	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 PROGRAM						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	48,462					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				3,213		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					2,226,120	30.00
33.01	03301	ADULT SPECIAL CARE					324,721	33.01
34.01	03401	CARDIOTHORACIC ICU					384,673	34.01
40.00	04000	SUBPROVIDER - IPF					0	40.00
41.00	04100	SUBPROVIDER - IRF					113,958	41.00
43.00	04300	NURSERY					59,127	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					2,744,057	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					111,702	52.00
53.00	05300	ANESTHESIOLOGY					294,217	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					929,574	54.00
54.01	05401	ULTRASOUND					130,061	54.01
54.03	05403	CARDIOVASCULAR LAB					547,686	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC					853,004	55.00
55.01	05501	CHEMOTHERAPY					525,927	55.01
56.01	05601	NUCLEAR MEDICINE					312,531	56.01
57.00	05700	CT SCAN					220,515	57.00
58.00	05800	MRI					311,154	58.00
60.00	06000	LABORATORY					778,174	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.					0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					19,456	63.00
65.00	06500	RESPIRATORY THERAPY					465,771	65.00
66.00	06600	PHYSICAL THERAPY					47,846	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB					478,632	66.01
66.02	06602	PHYSIATRY					0	66.02
67.00	06700	OCCUPATIONAL THERAPY					11,381	67.00
68.00	06800	SPEECH PATHOLOGY					5,491	68.00
69.01	06901	CV DIAGNOSTIC					367,403	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB					0	69.02
70.01	07001	NEUROPHYSIOLOGY					343,444	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					627,821	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					725,395	72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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5/27/2022 11:00 am

Cost Center Description			INTERNS & RESIDENTS		PHARMACY RESIDENCY	Subtotal	
			SCHOOL OF RADIOLOGICAL TECHNOLO	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			20.03	21.00	22.00		
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
74.00	07400	RENAL DIALYSIS				1,540,060	74.00
76.00	03950	CARDIAC REHAB				16,925	76.00
76.97	07697	CARDIAC REHABILITATION				0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				47,810	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				800,660	88.01
88.02	08802	RURAL HEALTH CLINIC III				317,775	88.02
90.01	09001	HYPERBARIC WOUND CLINIC				151,274	90.01
90.02	09002	DIABETES CENTER				113,113	90.02
91.00	09100	EMERGENCY				347,011	91.00
91.01	09101	G.I. LABORATORY				323,881	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY				107,708	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE				110,762	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	17,836,820	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				53,960	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				91,146	193.03
193.04	19304	COMMUNITY WELLNESS				6,605	193.04
193.05	19305	HOME INFUSION				0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC				3,209,699	193.06
193.07	19307	GENERATIONS				0	193.07
193.08	19308	RETAIL PHARMACY				175,577	193.08
193.09	19309	OUTREACH LAB				0	193.09
193.10	19310	FOOT CLINIC				0	193.10
193.11	19311	MARKETING				153,826	193.11
193.13	19313	HEALTHPOINT				1,644,542	193.13
193.14	19314	DOCTORS PARK				0	193.14
194.00	07950	JAZZMANS RESTAURANT				18,614	194.00
194.01	07951	FOUNDATION OFFICE				46,456	194.01
200.00		Cross Foot Adjustments	48,462	0	0	3,213	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	48,462	0	0	3,213	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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5/27/2022 11:00 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2		1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3		1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4		1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5		1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6		1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7		1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8		1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING PROGRAM		20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY		20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY		20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO		20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,540,060	73.00
74.00	07400	RENAL DIALYSIS	0	16,925	74.00
76.00	03950	CARDIAC REHAB	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	47,810	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	800,660	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	317,775	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	151,274	90.01
90.02	09002	DIABETES CENTER	0	113,113	90.02
91.00	09100	EMERGENCY	0	347,011	91.00
91.01	09101	G.I. LABORATORY	0	323,881	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	107,708	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	110,762	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	17,836,820	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	53,960	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	91,146	193.03
193.04	19304	COMMUNITY WELLNESS	0	6,605	193.04
193.05	19305	HOME INFUSION	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	3,209,699	193.06
193.07	19307	GENERATIONS	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	175,577	193.08
193.09	19309	OUTREACH LAB	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	193.10
193.11	19311	MARKETING	0	153,826	193.11
193.13	19313	HEALTHPOINT	0	1,644,542	193.13
193.14	19314	DOCTORS PARK	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	18,614	194.00
194.01	07951	FOUNDATION OFFICE	0	46,456	194.01
200.00		Cross Foot Adjustments	0	520,897	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	23,758,142	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #2 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #3 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #4 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #5 (SQUARE FEET)	
1.00			1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	17,018					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	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	0	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0	0	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	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	4.00
5.01	01160	COMMUNICATIONS	192	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	738	138	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,200	4,032	0	0	5.03
5.04	00570	ADMITTING	0	3,869	0	2,496	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,009	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,142	3,649	0	3,481	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,056	5,288	0	6.00
7.00	00700	OPERATION OF PLANT	1,344	2,330	3,294	1,970	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	2,039	838	510	0	9.00
10.00	01000	DIETARY	0	3,826	0	9,142	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,215	2,900	483	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	200	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,568	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 PROGRAM	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	1,564	12,772	36,480	12,075	0	30.00
33.01	03301	ADULT SPECIAL CARE		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	8,021	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	1,414	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,504	0	2,637	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,024	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	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	1,134	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	3,211	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #2 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #3 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #4 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #5 (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,120	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	8,278	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,922	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	1,096	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)	1,253,197	155,821	715,412	267,205	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	73.639499	2.846774	15.376937	5.967861	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #6 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #7 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #8 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #9 (SQUARE FEET)	MVBLE EQUIP (DIRECT COS TS)	
			1.05	1.06	1.07	1.08	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	10,011					1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	95,656				1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	105,190			1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	421,514		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					8,806,861	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	6,612	949	4.00
5.01	01160	COMMUNICATIONS	0	468	0	98	27,116	5.01
5.02	00550	DATA PROCESSING	694	1,524	0	11,785	2,821,422	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	9,760	6,827	5.03
5.04	00570	ADMITTING	1,264	0	0	2,462	4,532	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	5,405	6,405	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	300	874	554	6,056	93,821	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,764	0	57,478	6.00
7.00	00700	OPERATION OF PLANT	1,944	15,840	0	4,747	70,558	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	224	358	2,800	8,047	9.00
10.00	01000	DIETARY	0	0	0	0	9,657	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	52,486	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,613	72,693	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	552	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 PROGRAM	0	0	0	14,088	73,291	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	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	2,193	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	30,105	0	0	334,606	30.00
33.01	03301	ADULT SPECIAL CARE	0	10,751	0	0	99,080	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	18,080	0	156,732	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	12,233	41.00
43.00	04300	NURSERY	0	0	0	0	18,297	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	16,962	21,083	3,745	1,550,786	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	18,211	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,955	0	163,158	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,147	13,639	412,495	54.00
54.01	05401	ULTRASOUND	0	0	1,500	0	83,703	54.01
54.03	05403	CARDIOVASCULAR LAB	0	4,584	5,634	5,413	206,853	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	21,436	26,322	85,420	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	21,386	24,309	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	2,002	6,870	101,813	56.01
57.00	05700	CT SCAN	0	0	1,104	3,170	70,070	57.00
58.00	05800	MRI	0	0	0	4,882	146,142	58.00
60.00	06000	LABORATORY	0	9,081	1,022	3,495	318,604	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	179,147	65.00
66.00	06600	PHYSICAL THERAPY	0	1,748	0	0	589	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	18,994	11,793	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	206,888	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	499	0	613	53,127	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #6 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #7 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #8 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #9 (SQUARE FEET)	MVBLE EQUIP (DIRECT COS TS)	
			1.05	1.06	1.07	1.08	2.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	160	0	398,040	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	8,268	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,470	0	0	0	13,289	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	75,161	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	11,333	8,441	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	5,763	16,556	90.01
90.02	09002	DIABETES CENTER	0	0	0	4,811	1,210	90.02
91.00	09100	EMERGENCY	0	0	12,203	0	57,684	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	212,700	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	8,880	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	3,286	7,500	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,011	94,768	105,190	243,665	8,371,105	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,052	2,757	190.00
191.01	19101	RESPIRE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	3,900	2,775	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	5,318	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	888	0	90,752	328,261	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	3,092	9,680	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	5,915	9,169	193.11
193.13	19313	HEALTHPOINT	0	0	0	69,710	69,991	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	507	5,565	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	1,921	2,240	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)	131,564	514,604	465,318	8,663,980	10,715,919	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.141944	5.379736	4.423595	20.554430	1.216769	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (SUPPLY COS TS)	
			4.00	5.01	5A.02	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	116,326,454					4.00
5.01	01160	COMMUNICATIONS	197,433	2,727				5.01
5.02	00550	DATA PROCESSING	0	78	-14,652,591	312,281,867		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	849,367	22	0	698,961	31,634,592	5.03
5.04	00570	ADMITTING	2,848,121	57	0	4,355,970	4,587	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,251,988	66	0	6,552,168	7,870	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,360,443	142	0	30,874,669	21,597	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,009,665	54	0	3,719,700	2,590	6.00
7.00	00700	OPERATION OF PLANT	14,244	0	0	5,105,103	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,058,595	0	8.00
9.00	00900	HOUSEKEEPING	2,031,356	23	0	3,006,519	1,410	9.00
10.00	01000	DIETARY	1,127,699	29	0	2,765,417	25	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	2,717,277	45	0	4,910,846	36,083	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	866,859	15	0	2,178,336	1,367	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,118,570	43	0	1,606,498	12,068	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 PROGRAM	1,846,526	37	0	1,463,791	3,439	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	118,334	0	0	44,673	686	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	50,766	0	0	23,170	7	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	174,074	0	0	57,074	417	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	168,667	0	0	197,646	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,607,412	401	0	19,363,543	38,235	30.00
33.01	03301	ADULT SPECIAL CARE	2,166,881	40	0	4,416,300	4,199	33.01
34.01	03401	CARDIOTHORACIC ICU	1,422,813	30	0	3,001,956	3,359	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	893,811	41	0	1,991,755	4,107	41.00
43.00	04300	NURSERY	758,810	3	0	922,632	198	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,906,652	137	0	13,591,929	5,515	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,327,836	24	0	1,638,638	1,573	52.00
53.00	05300	ANESTHESIOLOGY	118,689	45	0	1,155,410	323	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,734,577	99	0	4,885,917	11,052	54.00
54.01	05401	ULTRASOUND	411,466	5	0	901,610	0	54.01
54.03	05403	CARDIOVASCULAR LAB	1,707,710	36	0	4,766,746	1,545	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,310,617	51	0	3,033,606	6,277	55.00
55.01	05501	CHEMOTHERAPY	910,856	25	0	1,802,548	1,731	55.01
56.01	05601	NUCLEAR MEDICINE	302,986	9	0	1,474,949	894	56.01
57.00	05700	CT SCAN	717,309	6	0	2,117,009	383	57.00
58.00	05800	MRI	333,630	14	0	1,055,385	565	58.00
60.00	06000	LABORATORY	3,884,453	74	0	12,765,201	5,856	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,430	5	0	934,640	837	63.00
65.00	06500	RESPIRATORY THERAPY	2,074,337	27	0	3,912,029	1,772	65.00
66.00	06600	PHYSICAL THERAPY	722,287	24	0	1,802,540	314	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,011,175	88	0	2,883,413	2,386	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	215,114	2	0	253,966	0	67.00
68.00	06800	SPEECH PATHOLOGY	165,700	0	0	193,525	63	68.00
69.01	06901	CV DIAGNOSTIC	761,408	47	0	1,568,146	2,370	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	392,690	28	0	1,046,866	1,845	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,563,125	14,199,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,985,561	17,194,554	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:

5/27/2022 11:00 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (SUPPLY COS TS)	
			4.00	5.01	5A.02	5.02	5.03	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,972,525	32	0	42,992,405	7,404	73.00
74.00	07400	RENAL DIALYSIS	234,678	0	0	306,216	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	307,514	8	0	334,604	495	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	3,652,089	52	0	5,223,900	7,987	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,249,940	45	0	3,744,657	2,725	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	277,686	21	0	553,876	2,076	90.01
90.02	09002	DIABETES CENTER	173,165	9	0	306,581	585	90.02
91.00	09100	EMERGENCY	4,205,931	79	0	6,824,097	8,010	91.00
91.01	09101	G.I. LABORATORY	492,854	32	0	1,089,515	1,380	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,142,890	28	0	1,519,248	2,422	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,109,520	27	0	1,870,616	1,948	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	80,430,830	2,205	-14,652,591	256,413,796	31,616,560	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,026	0	0	168,664	205	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	96,511	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	8,828	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	33,246,372	366	0	45,122,892	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	721,281	11	0	6,289,681	2,327	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	654,233	23	0	845,836	9,124	193.11
193.13	19313	HEALTHPOINT	1,219,648	100	0	3,240,353	2,636	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	28,064	2	0	53,854	0	194.00
194.01	07951	FOUNDATION OFFICE	0	9	0	41,452	3,740	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)	8,017,399	509,783		14,652,591	731,757	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.068922	186.939127		0.046921	0.023132	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	137,061	51,898		3,698,283	291,210	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001178	19.031170		0.011843	0.009205	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			ADMITTING (GROSS REVENUES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITIO)	
			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	1,136,072,759					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,147,219,978				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	-32,323,839	294,610,619		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	3,894,292	10,793	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	5,344,640	32	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,108,265	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	3,147,621	57	9.00
10.00	01000	DIETARY	0	0	0	2,895,174	159	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	5,142,103	134	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,280,578	110	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,682,155	41	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 PROGRAM	0	0	0	1,532,554	329	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	46,785	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	24,257	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	59,762	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	206,920	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,575,306	40,575,306	0	20,678,453	3,196	30.00
33.01	03301	ADULT SPECIAL CARE	6,391,117	6,391,117	0	4,687,480	425	33.01
34.01	03401	CARDIOTHORACIC ICU	4,353,346	4,353,346	0	3,186,392	401	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,656,238	2,656,238	0	2,111,849	322	41.00
43.00	04300	NURSERY	1,979,318	1,979,318	0	985,707	59	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	125,807,085	125,807,085	0	15,486,995	707	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,693,832	6,693,832	0	1,782,452	328	52.00
53.00	05300	ANESTHESIOLOGY	32,041,042	32,041,042	0	1,529,816	15	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,683,026	30,683,026	0	5,422,041	410	54.00
54.01	05401	ULTRASOUND	11,238,255	11,238,255	0	1,056,218	49	54.01
54.03	05403	CARDIOVASCULAR LAB	36,289,399	36,289,399	0	5,353,082	190	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	19,667,352	19,667,352	0	3,372,627	302	55.00
55.01	05501	CHEMOTHERAPY	7,768,976	7,768,976	0	1,964,801	113	55.01
56.01	05601	NUCLEAR MEDICINE	13,927,835	13,927,835	0	1,683,357	31	56.01
57.00	05700	CT SCAN	67,615,049	67,615,049	0	2,892,027	25	57.00
58.00	05800	MRI	24,731,527	24,731,527	0	1,352,060	46	58.00
60.00	06000	LABORATORY	106,085,333	106,085,333	0	14,424,403	354	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,451,851	7,451,851	0	1,052,980	7	63.00
65.00	06500	RESPIRATORY THERAPY	39,603,846	39,603,846	0	4,491,387	31	65.00
66.00	06600	PHYSICAL THERAPY	15,170,412	15,170,412	0	2,038,722	33	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	14,379,987	14,379,987	0	3,162,460	22	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,874,652	2,874,652	0	294,609	1	67.00
68.00	06800	SPEECH PATHOLOGY	1,257,530	1,257,530	0	215,173	13	68.00
69.01	06901	CV DIAGNOSTIC	33,837,278	33,837,278	0	1,979,916	57	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	7,695,612	7,695,612	0	1,172,931	106	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	122,185,424	122,185,424	0	16,795,901	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	84,485,371	84,485,371	0	19,024,531	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:

5/27/2022 11:00 am

Cost Center Description			ADMITTING (GROSS REVENUES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUES)	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	213,730,905	213,730,905	0	47,146,456	250	73.00
74.00	07400	RENAL DIALYSIS	2,361,976	2,361,976	0	344,187	47	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,138,781	1,138,781	0	361,695	23	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	5,126,954	0	5,499,850	167	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	6,020,265	0	3,956,418	45	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	4,934,298	4,934,298	0	629,220	76	90.01
90.02	09002	DIABETES CENTER	114,146	114,146	0	322,120	6	90.02
91.00	09100	EMERGENCY	33,128,271	33,128,271	0	7,475,526	569	91.00
91.01	09101	G.I. LABORATORY	13,218,383	13,218,383	0	1,272,760	108	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	1,590,589	46	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	1,958,432	17	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,136,072,759	1,147,219,978	-32,323,839	236,120,729	9,459	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	176,583	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	101,039	91	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	9,242	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	47,240,119	1,072	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	6,584,853	34	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	885,734	28	193.11
193.13	19313	HEALTHPOINT	0	0	0	3,392,455	29	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	56,381	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	43,484	69	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)	4,560,462	6,859,784		32,323,839	4,321,562	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004014	0.005979		0.109717	400.404151	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	154,710	206,490		927,293	216,231	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000136	0.000180		0.003148	20.034374	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:

5/27/2022 11:00 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FOOTAGE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2					1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3					1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4					1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5					1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6					1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7					1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8					1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	652,873				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,117,100			8.00
9.00	00900	HOUSEKEEPING	6,769	0	646,104		9.00
10.00	01000	DIETARY	12,968	0	12,968	223,426	10.00
11.00	01100	CAFETERIA	0	0	0	76,231	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	13,580	0	13,580	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,813	0	3,813	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,568	0	3,568	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 PROGRAM	14,088	0	14,088	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	1,011	0	1,011	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	957	0	957	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	2,193	0	2,193	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	35	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	92,997	268,804	92,997	114,813	30.00
33.01	03301	ADULT SPECIAL CARE	10,751	41,657	10,751	8,002	33.01
34.01	03401	CARDIOTHORACIC ICU	18,080	40,781	18,080	5,344	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,021	29,490	8,021	12,270	41.00
43.00	04300	NURSERY	1,414	5,405	1,414	604	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,790	275,079	41,790	78	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,140	42,993	6,140	0	52.00
53.00	05300	ANESTHESIOLOGY	7,979	0	7,979	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,786	107,033	15,786	19	54.00
54.01	05401	ULTRASOUND	1,500	0	1,500	0	54.01
54.03	05403	CARDIOVASCULAR LAB	15,631	27,267	15,631	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	47,758	36,193	47,758	0	55.00
55.01	05501	CHEMOTHERAPY	21,386	0	21,386	0	55.01
56.01	05601	NUCLEAR MEDICINE	8,872	5,780	8,872	79	56.01
57.00	05700	CT SCAN	4,274	0	4,274	0	57.00
58.00	05800	MRI	4,882	27,138	4,882	0	58.00
60.00	06000	LABORATORY	13,598	0	13,598	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	330	0	330	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,801	0	2,801	0	65.00
66.00	06600	PHYSICAL THERAPY	1,748	796	1,748	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	18,994	0	18,994	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	360	0	360	0	67.00
68.00	06800	SPEECH PATHOLOGY	180	0	180	0	68.00
69.01	06901	CV DIAGNOSTIC	4,488	8,273	4,488	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	4,323	0	4,323	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	4,280	0	4,280	0	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:

5/27/2022 11:00 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FOOTAGE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	128	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	195	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	12	88.01
88.02	08802	RURAL HEALTH CLINIC III	11,333	111	11,333	0	3	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	5,004	0	0	2	90.01
90.02	09002	DIABETES CENTER	4,811	0	4,811	0	0	90.02
91.00	09100	EMERGENCY	12,203	145,507	12,203	5,986	2,815	91.00
91.01	09101	G.I. LABORATORY	8,278	43,425	8,278	0	697	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	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,286	0	3,286	0	14	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	490,675	1,110,736	483,906	223,426	72,431	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,256	0	2,256	0	170	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	74,897	6,364	74,897	0	3,301	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	3,092	0	3,092	0	8	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	5,915	0	5,915	0	311	193.11
193.13	19313	HEALTHPOINT	69,710	0	69,710	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	507	0	507	0	4	194.00
194.01	07951	FOUNDATION OFFICE	1,921	0	1,921	0	6	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,943,851	1,229,861	3,577,418	3,466,354	1,182,690	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.104146	1.100941	5.536907	15.514551	15.514554	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	540,144	16,026	146,968	137,809	47,019	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.827334	0.014346	0.227468	0.616799	0.616796	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERV ICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COS TS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	
			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	570				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23	31,393,983			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,151,330,677	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 PROGRAM	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	218	0	0	40,575,306	30.00
33.01	03301	ADULT SPECIAL CARE	0	30	0	0	6,391,117	33.01
34.01	03401	CARDIOTHORACIC ICU	0	23	0	0	4,353,346	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	13	0	0	2,656,238	41.00
43.00	04300	NURSERY	0	11	0	0	1,979,318	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	76	0	0	125,807,085	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	23	0	0	6,693,832	52.00
53.00	05300	ANESTHESIOLOGY	0	26	0	0	32,041,042	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	30,683,026	54.00
54.01	05401	ULTRASOUND	0	0	0	0	11,238,255	54.01
54.03	05403	CARDIOVASCULAR LAB	0	28	0	0	36,289,399	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	19,667,352	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	7,768,976	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	13,927,835	56.01
57.00	05700	CT SCAN	0	0	0	0	67,615,049	57.00
58.00	05800	MRI	0	0	0	0	24,731,527	58.00
60.00	06000	LABORATORY	0	0	0	0	106,085,333	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	7,451,851	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	39,603,846	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	15,170,412	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	14,379,987	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,874,652	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,257,530	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	33,837,278	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	7,695,612	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	14,199,429	0	122,185,424	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	17,194,554	0	84,485,371	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERV ICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COS TS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	
			12.00	13.00	14.00	15.00	16.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	213,730,905	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,361,976	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5	0	0	1,138,781	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	5,126,954	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	6,020,265	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	4,934,298	90.01
90.02	09002	DIABETES CENTER	0	3	0	0	114,146	90.02
91.00	09100	EMERGENCY	0	82	0	0	33,128,271	91.00
91.01	09101	G.I. LABORATORY	0	8	0	0	13,218,383	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	1,553,555	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	2,557,144	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	569	31,393,983	0	1,151,330,677	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	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	6,032,219	2,904,076	0	1,967,395	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	10,582.840351	0.092504	0.000000	0.001709	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	473,703	502,808	0	54,391	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	831.057895	0.016016	0.000000	0.000047	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (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 PROGRAM	0				20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	12,805		1,204	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0				20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0			3,490	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	10,657	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	398	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	247	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	3,490	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	329	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	376	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	1,204	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (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	770	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	12,777	1,204	3,490	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	28	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	2,040,171	66,720	40,930	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	159.326123	55.415282	11.727794	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	425,330	22,801	21,091	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	33.215931	18.937708	6.043266	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			INTERNS & RESIDENTS		PHARMACY RESIDENCY (ASSIGNED TIME)	
			SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			20.03	21.00	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 PROGRAM				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	2,130			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				1,763
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,130	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	70.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			INTERNS & RESIDENTS			PHARMACY RESIDENCY (ASSIGNED TIME)		
			SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
				20.03	21.00			
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,763		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)	2,130	0	0	1,763		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)	98,426	0	0	230,166		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	46.209390	0.000000	0.000000	130.553602		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	48,462	0	0	3,213		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	22.752113	0.000000	0.000000	1.822462		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 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:00 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,075,832		32,075,832	59,078	32,134,910	30.00
33.01	03301	ADULT SPECIAL CARE	6,068,387		6,068,387	0	6,068,387	33.01
34.01	03401	CARDIOTHORACIC ICU	4,436,111		4,436,111	0	4,436,111	34.01
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,970,802		2,970,802	0	2,970,802	41.00
43.00	04300	NURSERY	1,324,148		1,324,148	0	1,324,148	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,550,221		19,550,221	0	19,550,221	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,593,342		2,593,342	0	2,593,342	52.00
53.00	05300	ANESTHESIOLOGY	2,164,365		2,164,365	44,505	2,208,870	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,734,896		6,734,896	0	6,734,896	54.00
54.01	05401	ULTRASOUND	1,241,764		1,241,764	0	1,241,764	54.01
54.03	05403	CARDIOVASCULAR LAB	6,744,009		6,744,009	1,463	6,745,472	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,636,549		4,636,549	0	4,636,549	55.00
55.01	05501	CHEMOTHERAPY	2,552,816		2,552,816	784	2,553,600	55.01
56.01	05601	NUCLEAR MEDICINE	2,044,589		2,044,589	0	2,044,589	56.01
57.00	05700	CT SCAN	3,410,566		3,410,566	0	3,410,566	57.00
58.00	05800	MRI	1,665,701		1,665,701	0	1,665,701	58.00
60.00	06000	LABORATORY	16,664,462		16,664,462	0	16,664,462	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,188,879		1,188,879	0	1,188,879	63.00
65.00	06500	RESPIRATORY THERAPY	5,145,535	0	5,145,535	0	5,145,535	65.00
66.00	06600	PHYSICAL THERAPY	2,343,759	0	2,343,759	0	2,343,759	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,821,083	0	3,821,083	0	3,821,083	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	339,052	0	339,052	0	339,052	67.00
68.00	06800	SPEECH PATHOLOGY	250,214	0	250,214	0	250,214	68.00
69.01	06901	CV DIAGNOSTIC	2,359,689		2,359,689	0	2,359,689	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,426,079		1,426,079	0	1,426,079	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,161,016		20,161,016	0	20,161,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,846,802		22,846,802	0	22,846,802	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,134,906		53,134,906	0	53,134,906	73.00
74.00	07400	RENAL DIALYSIS	406,792		406,792	0	406,792	74.00
76.00	03950	CARDIAC REHAB	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	489,995		489,995	0	489,995	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	6,599,261		6,599,261	0	6,599,261	88.01
88.02	08802	RURAL HEALTH CLINIC III	4,584,907		4,584,907	0	4,584,907	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	742,660		742,660	1,669	744,329	90.01
90.02	09002	DIABETES CENTER	462,246		462,246	0	462,246	90.02
91.00	09100	EMERGENCY	10,046,041		10,046,041	202,379	10,248,420	91.00
91.01	09101	G.I. LABORATORY	1,742,721		1,742,721	15,934	1,758,655	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,513,855		5,513,855	0	5,513,855	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,834,288		1,834,288	0	1,834,288	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600	HOSPICE	2,232,809		2,232,809	0	2,232,809	116.00
200.00		Subtotal (see instructions)	264,551,149	0	264,551,149	325,812	264,876,961	200.00
201.00		Less Observation Beds	5,513,855		5,513,855	0	5,513,855	201.00
202.00		Total (see instructions)	259,037,294	0	259,037,294	325,812	259,363,106	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:00 am

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,320,454		27,320,454		30.00
33.01	03301	ADULT SPECIAL CARE	6,391,117		6,391,117		33.01
34.01	03401	CARDIOTHORACIC ICU	4,353,346		4,353,346		34.01
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	2,656,238		2,656,238		41.00
43.00	04300	NURSERY	1,979,318		1,979,318		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	49,025,018	76,782,067	125,807,085	0.155398	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,781,691	912,140	6,693,831	0.387423	0.000000
53.00	05300	ANESTHESIOLOGY	13,158,753	18,882,289	32,041,042	0.067550	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,784,201	22,898,824	30,683,025	0.219499	0.000000
54.01	05401	ULTRASOUND	2,736,683	8,501,572	11,238,255	0.110494	0.000000
54.03	05403	CARDIOVASCULAR LAB	11,096,280	25,193,119	36,289,399	0.185840	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	3,299,803	16,367,549	19,667,352	0.235749	0.000000
55.01	05501	CHEMOTHERAPY	38,342	7,730,634	7,768,976	0.328591	0.000000
56.01	05601	NUCLEAR MEDICINE	874,175	13,053,660	13,927,835	0.146799	0.000000
57.00	05700	CT SCAN	14,756,518	52,858,532	67,615,050	0.050441	0.000000
58.00	05800	MRI	3,688,479	21,043,048	24,731,527	0.067351	0.000000
60.00	06000	LABORATORY	46,172,478	59,912,854	106,085,332	0.157085	0.000000
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,620,492	831,359	7,451,851	0.159541	0.000000
65.00	06500	RESPIRATORY THERAPY	33,307,976	6,295,870	39,603,846	0.129925	0.000000
66.00	06600	PHYSICAL THERAPY	14,048,535	1,121,877	15,170,412	0.154495	0.000000
66.01	06601	SOUTHEAST OUTPATIENT REHAB	5,000	14,374,987	14,379,987	0.265722	0.000000
66.02	06602	PHYSIATRY	0	0	0	0.000000	0.000000
67.00	06700	OCCUPATIONAL THERAPY	2,392,103	482,549	2,874,652	0.117945	0.000000
68.00	06800	SPEECH PATHOLOGY	1,077,906	179,625	1,257,531	0.198972	0.000000
69.01	06901	CV DIAGNOSTIC	8,658,716	25,178,562	33,837,278	0.069736	0.000000
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0.000000	0.000000
70.01	07001	NEUROPHYSIOLOGY	805,869	6,889,743	7,695,612	0.185311	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57,970,851	64,214,573	122,185,424	0.165003	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,754,248	41,731,123	84,485,371	0.270423	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	70,174,322	143,556,583	213,730,905	0.248607	0.000000
74.00	07400	RENAL DIALYSIS	2,225,243	136,733	2,361,976	0.172225	0.000000
76.00	03950	CARDIAC REHAB	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	3,639	1,135,142	1,138,781	0.430280	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	5,126,954	5,126,954		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	6,020,265	6,020,265		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	31,189	4,903,109	4,934,298	0.150510	0.000000
90.02	09002	DIABETES CENTER	0	114,146	114,146	4.049603	0.000000
91.00	09100	EMERGENCY	5,916,457	27,211,814	33,128,271	0.303247	0.000000
91.01	09101	G.I. LABORATORY	1,456,191	11,762,192	13,218,383	0.131841	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,383,276	8,871,576	13,254,852	0.415988	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,553,555	1,553,555		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,557,144	2,557,144		116.00
200.00		Subtotal (see instructions)	452,944,907	698,385,769	1,151,330,676		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	452,944,907	698,385,769	1,151,330,676		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
33.01	03301	ADULT SPECIAL CARE			33.01
34.01	03401	CARDIOTHORACIC ICU			34.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.155398		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.387423		52.00
53.00	05300	ANESTHESIOLOGY	0.068939		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219499		54.00
54.01	05401	ULTRASOUND	0.110494		54.01
54.03	05403	CARDIOVASCULAR LAB	0.185880		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.235749		55.00
55.01	05501	CHEMOTHERAPY	0.328692		55.01
56.01	05601	NUCLEAR MEDICINE	0.146799		56.01
57.00	05700	CT SCAN	0.050441		57.00
58.00	05800	MRI	0.067351		58.00
60.00	06000	LABORATORY	0.157085		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.159541		63.00
65.00	06500	RESPIRATORY THERAPY	0.129925		65.00
66.00	06600	PHYSICAL THERAPY	0.154495		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.265722		66.01
66.02	06602	PHYSIATRY	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.117945		67.00
68.00	06800	SPEECH PATHOLOGY	0.198972		68.00
69.01	06901	CV DIAGNOSTIC	0.069736		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000		69.02
70.01	07001	NEUROPHYSIOLOGY	0.185311		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.165003		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270423		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248607		73.00
74.00	07400	RENAL DIALYSIS	0.172225		74.00
76.00	03950	CARDIAC REHAB	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.430280		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	0.150848		90.01
90.02	09002	DIABETES CENTER	4.049603		90.02
91.00	09100	EMERGENCY	0.309356		91.00
91.01	09101	G.I. LABORATORY	0.133046		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.415988		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 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:00 am

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	32,075,832		32,075,832	59,078	32,134,910	30.00	
33.01	03301	ADULT SPECIAL CARE	6,068,387		6,068,387	0	6,068,387	33.01	
34.01	03401	CARDIOTHORACIC ICU	4,436,111		4,436,111	0	4,436,111	34.01	
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	2,970,802		2,970,802	0	2,970,802	41.00	
43.00	04300	NURSERY	1,324,148		1,324,148	0	1,324,148	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	19,550,221		19,550,221	0	19,550,221	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,593,342		2,593,342	0	2,593,342	52.00	
53.00	05300	ANESTHESIOLOGY	2,164,365		2,164,365	44,505	2,208,870	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,734,896		6,734,896	0	6,734,896	54.00	
54.01	05401	ULTRASOUND	1,241,764		1,241,764	0	1,241,764	54.01	
54.03	05403	CARDIOVASCULAR LAB	6,744,009		6,744,009	1,463	6,745,472	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	4,636,549		4,636,549	0	4,636,549	55.00	
55.01	05501	CHEMOTHERAPY	2,552,816		2,552,816	784	2,553,600	55.01	
56.01	05601	NUCLEAR MEDICINE	2,044,589		2,044,589	0	2,044,589	56.01	
57.00	05700	CT SCAN	3,410,566		3,410,566	0	3,410,566	57.00	
58.00	05800	MRI	1,665,701		1,665,701	0	1,665,701	58.00	
60.00	06000	LABORATORY	16,664,462		16,664,462	0	16,664,462	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,188,879		1,188,879	0	1,188,879	63.00	
65.00	06500	RESPIRATORY THERAPY	5,145,535	0	5,145,535	0	5,145,535	65.00	
66.00	06600	PHYSICAL THERAPY	2,343,759	0	2,343,759	0	2,343,759	66.00	
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,821,083	0	3,821,083	0	3,821,083	66.01	
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	339,052	0	339,052	0	339,052	67.00	
68.00	06800	SPEECH PATHOLOGY	250,214	0	250,214	0	250,214	68.00	
69.01	06901	CV DIAGNOSTIC	2,359,689		2,359,689	0	2,359,689	69.01	
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	69.02	
70.01	07001	NEUROPHYSIOLOGY	1,426,079		1,426,079	0	1,426,079	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,161,016		20,161,016	0	20,161,016	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,846,802		22,846,802	0	22,846,802	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	53,134,906		53,134,906	0	53,134,906	73.00	
74.00	07400	RENAL DIALYSIS	406,792		406,792	0	406,792	74.00	
76.00	03950	CARDIAC REHAB	0		0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	489,995		489,995	0	489,995	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	6,599,261		6,599,261	0	6,599,261	88.01	
88.02	08802	RURAL HEALTH CLINIC III	4,584,907		4,584,907	0	4,584,907	88.02	
90.01	09001	HYPERBARIC WOUND CLINIC	742,660		742,660	1,669	744,329	90.01	
90.02	09002	DIABETES CENTER	462,246		462,246	0	462,246	90.02	
91.00	09100	EMERGENCY	10,046,041		10,046,041	202,379	10,248,420	91.00	
91.01	09101	G.I. LABORATORY	1,742,721		1,742,721	15,934	1,758,655	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,513,855		5,513,855	0	5,513,855	92.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	1,834,288		1,834,288	0	1,834,288	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00	
116.00	11600	HOSPICE	2,232,809		2,232,809	0	2,232,809	116.00	
200.00		Subtotal (see instructions)	264,551,149	0	264,551,149	325,812	264,876,961	200.00	
201.00		Less Observation Beds	5,513,855		5,513,855	0	5,513,855	201.00	
202.00		Total (see instructions)	259,037,294	0	259,037,294	325,812	259,363,106	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:00 am

			Title XIX			Hospital	Cost		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,320,454		27,320,454			30.00	
33.01	03301	ADULT SPECIAL CARE	6,391,117		6,391,117			33.01	
34.01	03401	CARDIOTHORACIC ICU	4,353,346		4,353,346			34.01	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
41.00	04100	SUBPROVIDER - IRF	2,656,238		2,656,238			41.00	
43.00	04300	NURSERY	1,979,318		1,979,318			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,025,018	76,782,067	125,807,085	0.155398	0.000000	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,781,691	912,140	6,693,831	0.387423	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	13,158,753	18,882,289	32,041,042	0.067550	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,784,201	22,898,824	30,683,025	0.219499	0.000000	54.00	
54.01	05401	ULTRASOUND	2,736,683	8,501,572	11,238,255	0.110494	0.000000	54.01	
54.03	05403	CARDIOVASCULAR LAB	11,096,280	25,193,119	36,289,399	0.185840	0.000000	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	3,299,803	16,367,549	19,667,352	0.235749	0.000000	55.00	
55.01	05501	CHEMOTHERAPY	38,342	7,730,634	7,768,976	0.328591	0.000000	55.01	
56.01	05601	NUCLEAR MEDICINE	874,175	13,053,660	13,927,835	0.146799	0.000000	56.01	
57.00	05700	CT SCAN	14,756,518	52,858,532	67,615,050	0.050441	0.000000	57.00	
58.00	05800	MRI	3,688,479	21,043,048	24,731,527	0.067351	0.000000	58.00	
60.00	06000	LABORATORY	46,172,478	59,912,854	106,085,332	0.157085	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.	6,620,492	831,359	7,451,851	0.159541	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	33,307,976	6,295,870	39,603,846	0.129925	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	14,048,535	1,121,877	15,170,412	0.154495	0.000000	66.00	
66.01	06601	SOUTHEAST OUTPATIENT REHAB	5,000	14,374,987	14,379,987	0.265722	0.000000	66.01	
66.02	06602	PHYSIATRY	0	0	0	0.000000	0.000000	66.02	
67.00	06700	OCCUPATIONAL THERAPY	2,392,103	482,549	2,874,652	0.117945	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	1,077,906	179,625	1,257,531	0.198972	0.000000	68.00	
69.01	06901	CV DIAGNOSTIC	8,658,716	25,178,562	33,837,278	0.069736	0.000000	69.01	
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0.000000	0.000000	69.02	
70.01	07001	NEUROPHYSIOLOGY	805,869	6,889,743	7,695,612	0.185311	0.000000	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57,970,851	64,214,573	122,185,424	0.165003	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,754,248	41,731,123	84,485,371	0.270423	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	70,174,322	143,556,583	213,730,905	0.248607	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	2,225,243	136,733	2,361,976	0.172225	0.000000	74.00	
76.00	03950	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	3,639	1,135,142	1,138,781	0.430280	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	5,126,954	5,126,954	1.287170	0.000000	88.01	
88.02	08802	RURAL HEALTH CLINIC III	0	6,020,265	6,020,265	0.761579	0.000000	88.02	
90.01	09001	HYPERBARIC WOUND CLINIC	31,189	4,903,109	4,934,298	0.150510	0.000000	90.01	
90.02	09002	DIABETES CENTER	0	114,146	114,146	4.049603	0.000000	90.02	
91.00	09100	EMERGENCY	5,916,457	27,211,814	33,128,271	0.303247	0.000000	91.00	
91.01	09101	G.I. LABORATORY	1,456,191	11,762,192	13,218,383	0.131841	0.000000	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,383,276	8,871,576	13,254,852	0.415988	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	1,553,555	1,553,555			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	2,557,144	2,557,144			116.00	
200.00		Subtotal (see instructions)	452,944,907	698,385,769	1,151,330,676			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	452,944,907	698,385,769	1,151,330,676			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:00 am

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

Client Name: ***Southeast Health***
Engagement: ***CR2021***
Period Ending: ***12/31/21***
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
					Inpatient Amount	Outpatient Amount	Inpatient Amount	Outpatient Amount			
		G.6	G.6	crossfoot	C.02	C.02	C.03	C.03	A+D+F	B+E+G	H+I
30	ADULTS & PEDIATRICS	48,117,468	15,062,047	63,179,515	(20,444,693)	(9,186,383)	(352,321)	(5,875,664)	27,320,454	-	27,320,454
33.01	ADULT SPECIAL CARE	8,421,496	224,049	8,645,545	(1,981,465)	(222,924)	(48,913)	(1,125)	6,391,117	0	6,391,117
34.01	CARDIOTHORACIC ICU	4,408,128	14,745	4,422,873	(42,992)	(13,822)	(11,790)	(923)	4,353,346	-	4,353,346
40	SUBPROVIDER - IPF	-	-	-	-	-	(0)	-	(0)	-	(0)
41	SUBPROVIDER - IRF	3,087,758	-	3,087,758	(404,579)	404,579	(26,941)	(404,579)	2,656,238	-	2,656,238
43	NURSERY	1,261,930	4,010	1,265,940	770,188	(4,010)	(52,800)	-	1,979,318	-	1,979,318
	placeholder	-	-	-	-	-	-	-	-	-	-
50	OPERATING ROOM	116,104,710	136,819,614	252,924,324	(66,523,273)	(57,992,500)	(556,419)	(2,045,047)	49,025,018	76,782,067	125,807,085
52	DELIVERY ROOM & LABOR ROOM	-	-	-	6,161,684	933,517	(379,993)	(21,376)	5,781,691	912,140	6,693,832
53	ANESTHESIOLOGY	19,857,295	59,477,469	79,334,764	(6,530,750)	(12,713,461)	(167,792)	(27,881,719)	13,158,753	18,882,289	32,041,042
54	RADIOLOGY-DIAGNOSTIC	9,294,056	26,326,404	35,620,460	(1,438,655)	(2,586,752)	(71,200)	(840,827)	7,784,201	22,898,824	30,683,026
54.01	ULTRASOUND	2,885,415	9,029,910	11,915,325	(125,852)	(180,045)	(22,880)	(348,294)	2,736,683	8,501,572	11,238,255
54.03	CARDIOVASCULAR LAB	22,730,492	52,053,774	74,784,266	(11,601,363)	(26,546,954)	(32,849)	(313,701)	11,096,280	25,193,119	36,289,399
55	RADIOLOGY-THERAPEUTIC	3,279,264	19,551,873	22,831,137	20,539	109,643	-	(3,293,967)	3,299,803	16,367,549	19,667,352
55.01	CHEMOTHERAPY	66,305	13,787,356	13,853,661	(27,963)	(5,381,229)	-	(675,493)	38,342	7,730,634	7,768,976
56.01	NUCLEAR MEDICINE	885,453	13,255,647	14,141,100	-	(1,345)	(11,278)	(200,642)	874,175	13,053,660	13,927,835
57	CT SCAN	15,681,222	56,504,380	72,185,602	(823,947)	(2,613,009)	(100,757)	(1,032,839)	14,756,518	52,858,532	67,615,049
58	MRI	3,755,426	22,300,747	26,056,173	(17,445)	(196,279)	(49,502)	(1,061,420)	3,688,479	21,043,048	24,731,527
60	LABORATORY	46,638,437	60,732,398	107,370,835	7,476	53,747	(473,435)	(873,290)	46,172,478	59,912,854	106,085,333
62.3	BLOOD CLOTTING FOR HEMOPHILIACS	-	-	-	-	-	-	-	-	-	-
63	BLOOD STORING, PROCESSING & TRANS.	6,697,573	847,246	7,544,819	(6,180)	(7,331)	(70,900)	(8,557)	6,620,492	831,359	7,451,851
65	RESPIRATORY THERAPY	47,207,533	11,207,343	58,414,876	(13,685,569)	(4,781,480)	(213,988)	(129,993)	33,307,976	6,295,870	39,603,846
66	PHYSICAL THERAPY	14,147,987	1,142,819	15,290,806	(1,791)	161	(97,661)	(21,103)	14,048,535	1,121,877	15,170,412
66.01	SOUTHEAST OUTPATIENT REHAB	-	15,304,749	15,304,749	5,000	(3,192)	-	(926,570)	5,000	14,374,987	14,379,987
66.02	PHYSIATRY	-	-	-	-	-	-	-	-	-	-
67	OCCUPATIONAL THERAPY	2,408,112	488,394	2,896,506	(699)	-	(15,310)	(5,845)	2,392,103	482,549	2,874,652
68	SPEECH PATHOLOGY	1,080,466	182,322	1,262,788	-	-	(2,560)	(2,697)	1,077,906	179,625	1,257,530
69.01	CV DIAGNOSTIC	8,975,725	25,792,571	34,768,296	6,639	266	(323,648)	(614,275)	8,658,716	25,178,562	33,837,278
69.02	ELECTROPHYSIOLOGY LAB	-	-	-	-	-	-	-	-	-	-
70.01	NEUROPHYSIOLOGY	833,340	7,453,330	8,286,670	(18,352)	(223,310)	(9,119)	(340,277)	805,869	6,889,743	7,695,612
71	MEDICAL SUPPLIES CHARGED TO PATIENT	-	-	-	58,591,529	66,011,616	(620,678)	(1,797,043)	57,970,851	64,214,573	122,185,424
72	IMPL. DEV. CHARGED TO PATIENTS	-	-	-	43,251,151	42,433,584	(496,903)	(702,461)	42,754,248	41,731,123	84,485,371
73	DRUGS CHARGED TO PATIENTS	65,216,381	127,379,664	192,596,045	5,765,718	19,423,682	(807,776)	(3,246,763)	70,174,322	143,556,583	213,730,905
74	DIALYSIS	-	-	-	2,225,243	136,733	-	-	2,225,243	136,733	2,361,976
76	NOT USED	-	-	-	-	-	-	-	-	-	-
76.97	CARDIAC REHABILITATION	3,639	1,156,310	1,159,949	-	-	-	(21,168)	3,639	1,135,142	1,138,781
76.98	HYPERBARIC OXYGEN THERAPY	-	-	-	-	-	-	-	-	-	-
76.99	LITHOTRIPSY	-	-	-	-	-	-	-	-	-	-
	placeholder	-	-	-	-	-	-	-	-	-	-
88	RURAL HEALTH CLINIC	-	-	-	-	-	-	-	-	-	-
88.01	RURAL HEALTH CLINIC II	-	5,167,014	5,167,014	-	-	-	(40,060)	-	5,126,954	5,126,954
88.02	RURAL HEALTH CLINIC III	-	6,070,854	6,070,854	-	-	-	(50,589)	-	6,020,265	6,020,265
90.01	HYPERBARIC WOUND CLINIC	31,189	5,685,283	5,716,472	-	5,229	-	(787,403)	31,189	4,903,109	4,934,298
90.02	DIABETES CENTER	-	120,030	120,030	-	636	-	(6,520)	-	114,146	114,146
91	EMERGENCY	10,591,647	51,815,931	62,407,578	(4,552,573)	(10,641,209)	(122,617)	(13,962,908)	5,916,457	27,211,814	33,128,271
91.01	G.I. LABORATORY	1,503,848	12,659,714	14,163,562	(39,456)	(127,195)	(8,200)	(770,327)	1,456,191	11,762,192	13,218,383
92	OBSERVATION BEDS (NON-DISTINCT PART	-	-	-	4,444,726	8,967,708	(61,450)	(96,132)	4,383,276	8,871,576	13,254,852
	placeholder	-	-	-	-	-	-	-	-	-	-
101	HOME HEALTH AGENCY	-	1,553,555	1,553,555	-	-	-	-	-	1,553,555	1,553,555
	placeholder	-	-	-	-	-	-	-	-	-	-
113	INTEREST EXPENSE	-	-	-	-	-	-	-	-	-	-

Client Name: **Southeast Health**
Engagement: **CR2021**
Period Ending: **12/31/21**
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
116	HOSPICE	-	2,557,144	2,557,144	-	-	-	-	-	2,557,144	2,557,144
118	Total W/S C Charges	465,172,295	761,728,696	1,226,900,991	(7,017,706)	5,058,671	(5,209,682)	(68,401,598)	452,944,907	698,385,769	1,151,330,676
	Excluded from Worksheet C (include for W/S G Schedules)		-	-	-	-	-	-	-	-	-
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-	-	-	-	-	-	-	-	-	-
191.01	RESPIRE CARE	-	-	-	-	-	-	-	-	-	-
192	Physician PPO	-	(1,959,035)	(1,959,035)	-	1,959,035	-	-	-	-	-
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	-	62,172,702	62,172,702	-	-	-	-	-	62,172,702	62,172,702
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	465,172,295	821,942,363	1,287,114,658	(7,017,706)	7,017,706	(5,209,682)	(68,401,598)	452,944,907	760,558,471	1,213,503,378

Total B-1 col 9

Total per Financial Statements:

Difference - Explain

1,287,546,478 G.2
(431,820)
0

110,168,546

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

G.2a (431,942)

A&P 27,320,454
less private
R&B 0 S3.04
D-1 line 28 27,320,454

Difference - Explain

rounding 122

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/27/2022 11:00 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,226,120	0	2,226,120	37,550	59.28	30.00
33.01	ADULT SPECIAL CARE	324,721		324,721	3,619	89.73	33.01
34.01	CARDIOTHORACIC ICU	384,673		384,673	2,412	159.48	34.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	113,958	0	113,958	3,819	29.84	41.00
43.00	NURSERY	59,127		59,127	2,178	27.15	43.00
200.00	Total (lines 30 through 199)	3,108,599		3,108,599	49,578		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	13,396	794,115				30.00
33.01	ADULT SPECIAL CARE	1,296	116,290				33.01
34.01	CARDIOTHORACIC ICU	1,020	162,670				34.01
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	2,177	64,962				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	17,889	1,138,037				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/27/2022 11:00 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,744,057	125,807,085	0.021812	22,241,045	485,122	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	111,702	6,693,831	0.016687	15,406	257	52.00
53.00	05300	ANESTHESIOLOGY	294,217	32,041,042	0.009183	5,594,040	51,370	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	929,574	30,683,025	0.030296	3,963,348	120,074	54.00
54.01	05401	ULTRASOUND	130,061	11,238,255	0.011573	1,209,280	13,995	54.01
54.03	05403	CARDIOVASCULAR LAB	547,686	36,289,399	0.015092	5,309,539	80,132	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	853,004	19,667,352	0.043372	154,530	6,702	55.00
55.01	05501	CHEMOTHERAPY	525,927	7,768,976	0.067696	25,089	1,698	55.01
56.01	05601	NUCLEAR MEDICINE	312,531	13,927,835	0.022439	442,150	9,921	56.01
57.00	05700	CT SCAN	220,515	67,615,050	0.003261	7,622,441	24,857	57.00
58.00	05800	MRI	311,154	24,731,527	0.012581	1,675,525	21,080	58.00
60.00	06000	LABORATORY	778,174	106,085,332	0.007335	20,792,568	152,513	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.	19,456	7,451,851	0.002611	3,227,300	8,426	63.00
65.00	06500	RESPIRATORY THERAPY	465,771	39,603,846	0.011761	13,761,776	161,852	65.00
66.00	06600	PHYSICAL THERAPY	47,846	15,170,412	0.003154	4,539,889	14,319	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	478,632	14,379,987	0.033285	2,662	89	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	11,381	2,874,652	0.003959	515,257	2,040	67.00
68.00	06800	SPEECH PATHOLOGY	5,491	1,257,531	0.004366	236,751	1,034	68.00
69.01	06901	CV DIAGNOSTIC	367,403	33,837,278	0.010858	4,127,698	44,819	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	343,444	7,695,612	0.044629	390,264	17,417	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	627,821	122,185,424	0.005138	26,160,644	134,413	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	725,395	84,485,371	0.008586	23,571,143	202,382	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,540,060	213,730,905	0.007206	28,851,978	207,907	73.00
74.00	07400	RENAL DIALYSIS	16,925	2,361,976	0.007166	1,175,998	8,427	74.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	47,810	1,138,781	0.041983	2,358	99	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	800,660	5,126,954	0.156167	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	317,775	6,020,265	0.052784	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	151,274	4,934,298	0.030658	17,170	526	90.01
90.02	09002	DIABETES CENTER	113,113	114,146	0.990950	0	0	90.02
91.00	09100	EMERGENCY	347,011	33,128,271	0.010475	3,105,299	32,528	91.00
91.01	09101	G.I. LABORATORY	323,881	13,218,383	0.024502	671,686	16,458	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	381,967	13,254,852	0.028817	2,369,105	68,270	92.00
200.00	Total (lines 50 through 199)		14,891,718	1,104,519,504		181,771,939	1,888,727	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0110		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/27/2022 11:00 am		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	1,697,938	0	0	0	0	30.00		
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	0	0	33.01		
34.01	03401	CARDIOTHORACIC ICU	0	63,412	0	0	0	0	34.01		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	39,354	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	1,800,704	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	1,697,938	37,550	45.22	13,396	30.00			
33.01	03301	ADULT SPECIAL CARE	0	0	3,619	0.00	1,296	33.01			
34.01	03401	CARDIOTHORACIC ICU	0	63,412	2,412	26.29	1,020	34.01			
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	3,819	0.00	2,177	41.00			
43.00	04300	NURSERY	0	39,354	2,178	18.07	0	43.00			
200.00		Total (lines 30 through 199)	0	1,800,704	49,578		17,889	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	605,767						30.00		
33.01	03301	ADULT SPECIAL CARE	0						33.01		
34.01	03401	CARDIOTHORACIC ICU	26,816						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)	632,583						200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description			Title XVIII		Hospital		PPS
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	40,930	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52,418	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	98,426	0	0
54.01	05401	ULTRASOUND	0	0	0	0	0
54.03	05403	CARDIOVASCULAR LAB	0	0	59,907	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	CHEMOTHERAPY	0	0	0	0	0
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	0	0	66,720	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0
66.02	06602	PHYSIATRY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	230,166
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03950	CARDIAC REHAB	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0
90.02	09002	DIABETES CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	122,681	0	0
91.01	09101	G.I. LABORATORY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	291,341	0	0
200.00		Total (lines 50 through 199)	0	0	732,423	0	230,166

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0110		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 11:00 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		40,930	40,930	125,807,085	0.000325	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52,418	52,418	6,693,831	0.007831	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	32,041,042	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		98,426	98,426	30,683,025	0.003208	54.00
54.01	05401	ULTRASOUND	0		0	0	11,238,255	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	0		59,907	59,907	36,289,399	0.001651	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	19,667,352	0.000000	55.00
55.01	05501	CHEMOTHERAPY	0		0	0	7,768,976	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	0		0	0	13,927,835	0.000000	56.01
57.00	05700	CT SCAN	0		0	0	67,615,050	0.000000	57.00
58.00	05800	MRI	0		0	0	24,731,527	0.000000	58.00
60.00	06000	LABORATORY	0		66,720	66,720	106,085,332	0.000629	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	7,451,851	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	39,603,846	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	15,170,412	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0		0	0	14,379,987	0.000000	66.01
66.02	06602	PHYSIATRY	0		0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	2,874,652	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	1,257,531	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	0		0	0	33,837,278	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	0		0	0	7,695,612	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	122,185,424	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	84,485,371	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		230,166	230,166	213,730,905	0.001077	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	2,361,976	0.000000	74.00
76.00	03950	CARDIAC REHAB	0		0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	1,138,781	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0		0	0	5,126,954	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC III	0		0	0	6,020,265	0.000000	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0		0	0	4,934,298	0.000000	90.01
90.02	09002	DIABETES CENTER	0		0	0	114,146	0.000000	90.02
91.00	09100	EMERGENCY	0		122,681	122,681	33,128,271	0.003703	91.00
91.01	09101	G.I. LABORATORY	0		0	0	13,218,383	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		291,341	291,341	13,254,852	0.021980	92.00
200.00		Total (lines 50 through 199)	0		962,589	962,589	1,104,519,504		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/27/2022 11:00 am

			Title XVIII		Hospital	PPS			
	Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000325	22,241,045	7,228	20,184,348	6,560	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.007831	15,406	121	2,698	21	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	5,594,040	0	4,918,699	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.003208	3,963,348	12,714	5,483,514	17,591	54.00	
54.01	05401	ULTRASOUND	0.000000	1,209,280	0	1,914,316	0	54.01	
54.03	05403	CARDIOVASCULAR LAB	0.001651	5,309,539	8,766	10,669,494	17,615	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	154,530	0	8,287,911	0	55.00	
55.01	05501	CHEMOTHERAPY	0.000000	25,089	0	3,482,212	0	55.01	
56.01	05601	NUCLEAR MEDICINE	0.000000	442,150	0	6,000,442	0	56.01	
57.00	05700	CT SCAN	0.000000	7,622,441	0	20,090,557	0	57.00	
58.00	05800	MRI	0.000000	1,675,525	0	7,440,215	0	58.00	
60.00	06000	LABORATORY	0.000629	20,792,568	13,079	11,460,936	7,209	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	3,227,300	0	199,276	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	13,761,776	0	1,890,878	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	4,539,889	0	116	0	66.00	
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.000000	2,662	0	3,258	0	66.01	
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	515,257	0	695	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	236,751	0	0	0	68.00	
69.01	06901	CV DIAGNOSTIC	0.000000	4,127,698	0	10,807,923	0	69.01	
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02	
70.01	07001	NEUROPHYSIOLOGY	0.000000	390,264	0	1,528,661	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	26,160,644	0	20,442,455	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	23,571,143	0	15,062,487	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001077	28,851,978	31,074	63,429,963	68,314	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	1,175,998	0	1,716	0	74.00	
76.00	03950	CARDIAC REHAB	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	2,358	0	541,414	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	17,170	0	2,581,615	0	90.01	
90.02	09002	DIABETES CENTER	0.000000	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.003703	3,105,299	11,499	5,164,168	19,123	91.00	
91.01	09101	G.I. LABORATORY	0.000000	671,686	0	3,344,999	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.021980	2,369,105	52,073	2,551,225	56,076	92.00	
200.00	Total (lines 50 through 199)			181,771,939	136,554	227,486,191	192,509	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/27/2022 11:00 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.155398	20,184,348	4	0	3,136,607	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.387423	2,698	0	0	1,045	52.00
53.00	05300	ANESTHESIOLOGY	0.067550	4,918,699	0	0	332,258	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219499	5,483,514	0	0	1,203,626	54.00
54.01	05401	ULTRASOUND	0.110494	1,914,316	0	0	211,520	54.01
54.03	05403	CARDIOVASCULAR LAB	0.185840	10,669,494	0	0	1,982,819	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.235749	8,287,911	0	0	1,953,867	55.00
55.01	05501	CHEMOTHERAPY	0.328591	3,482,212	0	0	1,144,224	55.01
56.01	05601	NUCLEAR MEDICINE	0.146799	6,000,442	0	0	880,859	56.01
57.00	05700	CT SCAN	0.050441	20,090,557	0	0	1,013,388	57.00
58.00	05800	MRI	0.067351	7,440,215	0	0	501,106	58.00
60.00	06000	LABORATORY	0.157085	11,460,936	0	0	1,800,341	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.	0.159541	199,276	0	0	31,793	63.00
65.00	06500	RESPIRATORY THERAPY	0.129925	1,890,878	0	0	245,672	65.00
66.00	06600	PHYSICAL THERAPY	0.154495	116	0	0	18	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.265722	3,258	0	0	866	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.117945	695	0	0	82	67.00
68.00	06800	SPEECH PATHOLOGY	0.198972	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0.069736	10,807,923	0	0	753,701	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.185311	1,528,661	0	0	283,278	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.165003	20,442,455	0	0	3,373,066	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270423	15,062,487	0	0	4,073,243	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248607	63,429,963	496	57,609	15,769,133	73.00
74.00	07400	RENAL DIALYSIS	0.172225	1,716	0	0	296	74.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.430280	541,414	0	0	232,960	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	0.150510	2,581,615	0	56	388,559	90.01
90.02	09002	DIABETES CENTER	4.049603	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.303247	5,164,168	0	0	1,566,018	91.00
91.01	09101	G.I. LABORATORY	0.131841	3,344,999	0	0	441,008	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.415988	2,551,225	0	0	1,061,279	92.00
200.00		Subtotal (see instructions)		227,486,191	500	57,665	42,382,632	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		227,486,191	500	57,665	42,382,632	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0110		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/27/2022 11:00 am
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1	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	0	0		55.01
56.01	05601	NUCLEAR MEDICINE	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	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	123	14,322		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	8		90.01
90.02	09002	DIABETES CENTER	0	0		90.02
91.00	09100	EMERGENCY	0	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)	124	14,330		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	124	14,330		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0110	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/27/2022 11:00 am		
				Component CCN: 26-T110				
				Title XVIII		Subprovider - IRF	PPS	
	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,744,057	125,807,085	0.021812	544,925	11,886	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	111,702	6,693,831	0.016687	0	0	52.00
53.00	05300	ANESTHESIOLOGY	294,217	32,041,042	0.009183	130,506	1,198	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	929,574	30,683,025	0.030296	56,657	1,716	54.00
54.01	05401	ULTRASOUND	130,061	11,238,255	0.011573	12,850	149	54.01
54.03	05403	CARDIOVASCULAR LAB	547,686	36,289,399	0.015092	10,808	163	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	853,004	19,667,352	0.043372	144	6	55.00
55.01	05501	CHEMOTHERAPY	525,927	7,768,976	0.067696	508	34	55.01
56.01	05601	NUCLEAR MEDICINE	312,531	13,927,835	0.022439	0	0	56.01
57.00	05700	CT SCAN	220,515	67,615,050	0.003261	97,302	317	57.00
58.00	05800	MRI	311,154	24,731,527	0.012581	13,464	169	58.00
60.00	06000	LABORATORY	778,174	106,085,332	0.007335	393,689	2,888	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.	19,456	7,451,851	0.002611	59,707	156	63.00
65.00	06500	RESPIRATORY THERAPY	465,771	39,603,846	0.011761	295,887	3,480	65.00
66.00	06600	PHYSICAL THERAPY	47,846	15,170,412	0.003154	3,633,901	11,461	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	478,632	14,379,987	0.033285	1,921	64	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	11,381	2,874,652	0.003959	605,720	2,398	67.00
68.00	06800	SPEECH PATHOLOGY	5,491	1,257,531	0.004366	291,089	1,271	68.00
69.01	06901	CV DIAGNOSTIC	367,403	33,837,278	0.010858	33,298	362	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	343,444	7,695,612	0.044629	9,446	422	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	627,821	122,185,424	0.005138	668,554	3,435	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	725,395	84,485,371	0.008586	989,782	8,498	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,540,060	213,730,905	0.007206	678,557	4,890	73.00
74.00	07400	RENAL DIALYSIS	16,925	2,361,976	0.007166	42,493	305	74.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	47,810	1,138,781	0.041983	28	1	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	800,660	5,126,954	0.156167	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	317,775	6,020,265	0.052784	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	151,274	4,934,298	0.030658	2,115	65	90.01
90.02	09002	DIABETES CENTER	113,113	114,146	0.990950	0	0	90.02
91.00	09100	EMERGENCY	347,011	33,128,271	0.010475	21,518	225	91.00
91.01	09101	G.I. LABORATORY	323,881	13,218,383	0.024502	18,486	453	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,254,852	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	14,509,751	1,104,519,504		8,613,355	56,012	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0110 Component CCN: 26-T110		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 11:00 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	40,930	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52,418	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	98,426	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	59,907	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	66,720	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	0	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	0	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	230,166	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	122,681	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	441,082	0	0	230,166	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0110 Component CCN: 26-T110		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 11:00 am	
					Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
								4.00	5.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	40,930	40,930	125,807,085	0.000325		50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52,418	52,418	6,693,831	0.007831		52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	32,041,042	0.000000		53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	98,426	98,426	30,683,025	0.003208		54.00	
54.01	05401	ULTRASOUND	0	0	0	11,238,255	0.000000		54.01	
54.03	05403	CARDIOVASCULAR LAB	0	59,907	59,907	36,289,399	0.001651		54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	19,667,352	0.000000		55.00	
55.01	05501	CHEMOTHERAPY	0	0	0	7,768,976	0.000000		55.01	
56.01	05601	NUCLEAR MEDICINE	0	0	0	13,927,835	0.000000		56.01	
57.00	05700	CT SCAN	0	0	0	67,615,050	0.000000		57.00	
58.00	05800	MRI	0	0	0	24,731,527	0.000000		58.00	
60.00	06000	LABORATORY	0	66,720	66,720	106,085,332	0.000629		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	7,451,851	0.000000		63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	39,603,846	0.000000		65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	15,170,412	0.000000		66.00	
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	14,379,987	0.000000		66.01	
66.02	06602	PHYSIATRY	0	0	0	0	0.000000		66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,874,652	0.000000		67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,257,531	0.000000		68.00	
69.01	06901	CV DIAGNOSTIC	0	0	0	33,837,278	0.000000		69.01	
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0.000000		69.02	
70.01	07001	NEUROPHYSIOLOGY	0	0	0	7,695,612	0.000000		70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	122,185,424	0.000000		71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	84,485,371	0.000000		72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	230,166	230,166	213,730,905	0.001077		73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	2,361,976	0.000000		74.00	
76.00	03950	CARDIAC REHAB	0	0	0	0	0.000000		76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,138,781	0.000000		76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000		76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000		76.99	
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000		88.00	
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	5,126,954	0.000000		88.01	
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	6,020,265	0.000000		88.02	
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	4,934,298	0.000000		90.01	
90.02	09002	DIABETES CENTER	0	0	0	114,146	0.000000		90.02	
91.00	09100	EMERGENCY	0	122,681	122,681	33,128,271	0.003703		91.00	
91.01	09101	G.I. LABORATORY	0	0	0	13,218,383	0.000000		91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,254,852	0.000000		92.00	
200.00		Total (lines 50 through 199)	0	671,248	671,248	1,104,519,504			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0110 Component CCN: 26-T110		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 11:00 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000325	544,925		177	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.007831	0		0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	130,506		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.003208	56,657		182	0	54.00
54.01	05401	ULTRASOUND		0.000000	12,850		0	0	54.01
54.03	05403	CARDIOVASCULAR LAB		0.001651	10,808		18	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	144		0	0	55.00
55.01	05501	CHEMOTHERAPY		0.000000	508		0	0	55.01
56.01	05601	NUCLEAR MEDICINE		0.000000	0		0	0	56.01
57.00	05700	CT SCAN		0.000000	97,302		0	0	57.00
58.00	05800	MRI		0.000000	13,464		0	0	58.00
60.00	06000	LABORATORY		0.000629	393,689		248	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	59,707		0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	295,887		0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	3,633,901		0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB		0.000000	1,921		0	0	66.01
66.02	06602	PHYSIATRY		0.000000	0		0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0.000000	605,720		0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	291,089		0	0	68.00
69.01	06901	CV DIAGNOSTIC		0.000000	33,298		0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB		0.000000	0		0	0	69.02
70.01	07001	NEUROPHYSIOLOGY		0.000000	9,446		0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	668,554		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	989,782		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001077	678,557		731	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	42,493		0	0	74.00
76.00	03950	CARDIAC REHAB		0.000000	0		0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	28		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	2,115		0	0	90.01
90.02	09002	DIABETES CENTER		0.000000	0		0	0	90.02
91.00	09100	EMERGENCY		0.003703	21,518		80	0	91.00
91.01	09101	G.I. LABORATORY		0.000000	18,486		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)			8,613,355		1,436	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/27/2022 11:00 am

			Title XIX		Hospital		Cost	
	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	0.155398	0	3,410,558	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.387423	0	24,981	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.067550	0	786,595	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219499	0	897,311	0	0	54.00
54.01	05401	ULTRASOUND	0.110494	0	397,833	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0.185840	0	1,639,078	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.235749	0	806,780	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.328591	0	411,007	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.146799	0	532,076	0	0	56.01
57.00	05700	CT SCAN	0.050441	0	3,315,662	0	0	57.00
58.00	05800	MRI	0.067351	0	847,435	0	0	58.00
60.00	06000	LABORATORY	0.157085	0	4,365,974	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.	0.159541	0	57,738	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.129925	0	527,988	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.154495	0	33,152	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.265722	0	18,024	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.117945	0	15,289	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.198972	0	9,597	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0.069736	0	1,114,508	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.185311	0	394,868	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.165003	0	3,041,721	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270423	0	1,894,387	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248607	0	8,981,642	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.172225	0	10,041	0	0	74.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.430280	0	37,031	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	0.150510	0	160,692	0	0	90.01
90.02	09002	DIABETES CENTER	4.049603	0	5,307	0	0	90.02
91.00	09100	EMERGENCY	0.303247	0	2,668,407	0	0	91.00
91.01	09101	G.I. LABORATORY	0.131841	0	544,168	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.415988	0	585,767	0	0	92.00
200.00		Subtotal (see instructions)		0	37,535,617	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	37,535,617	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0110		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/27/2022 11:00 am	
				Title XIX		Hospital		Cost	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	529,994	0				50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,678	0				52.00	
53.00	05300	ANESTHESIOLOGY	53,134	0				53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	196,959	0				54.00	
54.01	05401	ULTRASOUND	43,958	0				54.01	
54.03	05403	CARDIOVASCULAR LAB	304,606	0				54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	190,198	0				55.00	
55.01	05501	CHEMOTHERAPY	135,053	0				55.01	
56.01	05601	NUCLEAR MEDICINE	78,108	0				56.01	
57.00	05700	CT SCAN	167,245	0				57.00	
58.00	05800	MRI	57,076	0				58.00	
60.00	06000	LABORATORY	685,829	0				60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0				62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,212	0				63.00	
65.00	06500	RESPIRATORY THERAPY	68,599	0				65.00	
66.00	06600	PHYSICAL THERAPY	5,122	0				66.00	
66.01	06601	SOUTHEAST OUTPATIENT REHAB	4,789	0				66.01	
66.02	06602	PHYSIATRY	0	0				66.02	
67.00	06700	OCCUPATIONAL THERAPY	1,803	0				67.00	
68.00	06800	SPEECH PATHOLOGY	1,910	0				68.00	
69.01	06901	CV DIAGNOSTIC	77,721	0				69.01	
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0				69.02	
70.01	07001	NEUROPHYSIOLOGY	73,173	0				70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	501,893	0				71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	512,286	0				72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,232,899	0				73.00	
74.00	07400	RENAL DIALYSIS	1,729	0				74.00	
76.00	03950	CARDIAC REHAB	0	0				76.00	
76.97	07697	CARDIAC REHABILITATION	15,934	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	24,186	0				90.01	
90.02	09002	DIABETES CENTER	21,491	0				90.02	
91.00	09100	EMERGENCY	809,186	0				91.00	
91.01	09101	G.I. LABORATORY	71,744	0				91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	243,672	0				92.00	
200.00		Subtotal (see instructions)	7,129,187	0				200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					201.00	
202.00		Net Charges (line 200 - line 201)	7,129,187	0				202.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0110	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 11:00 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,550	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,550	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)		31,107	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)		13,396	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)		32,134,910	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)		32,134,910	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)		32,134,910	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)		855.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,464,163	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)		11,464,163	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/27/2022 11:00 am

		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	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	6,068,387	3,619	1,676.81	1,296	45.01
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
46.01	CARDIOTHORACIC ICU	4,436,111	2,412	1,839.18	1,020	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)					33,289,721
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					48,802,994
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,705,658
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,025,281
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,730,939
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,072,055
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)					6,443
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					855.79
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,513,855

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,226,120	32,134,910	0.069274	5,513,855	381,967
91.00	Nursing Program cost	1,697,938	32,134,910	0.052838	5,513,855	291,341
92.00	Allied health cost	0	32,134,910	0.000000	5,513,855	0
93.00	All other Medical Education	0	32,134,910	0.000000	5,513,855	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 11:00 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,819	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,819	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)		3,819	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)		2,177	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)		2,970,802	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)		2,970,802	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)		2,970,802	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)		777.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,693,488	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)		1,693,488	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:

Worksheet D-1

Component CCN: 26-T110

From 01/01/2021

Date/Time Prepared:

To 12/31/2021

5/27/2022 11:00 am

Title XVIII

Subprovider -

PPS

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	0	0	0.00	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,484,165	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,177,653	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)					64,962	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					57,448	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					122,410	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,055,243	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 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 11:00 am	
			Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	113,958	2,970,802	0.038359	0	0	90.00
91.00	Nursing Program cost	0	2,970,802	0.000000	0	0	91.00
92.00	Allied health cost	0	2,970,802	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,970,802	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/27/2022 11:00 am

Title XIX		Hospital	Cost
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	37,550	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	37,550	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)	31,107	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)	2,332	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)	2,178	15.00
16.00	Nursery days (title V or XIX only)	62	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)	32,075,832	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)	32,075,832	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)	32,075,832	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)	854.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,992,041	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)	1,992,041	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/27/2022 11:00 am

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)	1,324,148	2,178	607.97	62	37,694	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	6,068,387	3,619	1,676.81	374	627,127	45.01	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
46.01	CARDIOTHORACIC ICU	4,436,111	2,412	1,839.18	281	516,810	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)						3,787,411	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						6,961,083	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)						6,443	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						854.22	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						5,503,739	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/27/2022 11:00 am

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	2,226,120	32,075,832	0.069402	5,503,739	381,970
91.00	Nursing Program cost	0	32,075,832	0.000000	5,503,739	0
92.00	Allied health cost	0	32,075,832	0.000000	5,503,739	0
93.00	All other Medical Education	0	32,075,832	0.000000	5,503,739	0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0110

Period:

Worksheet D-1

Component CCN: 26-T110

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 am

Title XIX

Subprovider -
IRF

Cost

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,819	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,819	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)	3,819	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)	246	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)	2,178	15.00
16.00	Nursery days (title V or XIX only)	62	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)	2,970,802	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)	2,970,802	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)	2,970,802	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)	777.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	191,363	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)	191,363	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0110	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1		
				Component CCN: 26-T110		Date/Time Prepared: 5/27/2022 11:00 am		
				Title XIX		Subprovider - IRF	Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	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	45.01	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
46.01	CARDIOTHORACIC ICU		0	0	0.00	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	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						191,363	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)						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 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 11:00 am	
			Title XIX		Subprovider - IRF	Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	113,958	2,970,802	0.038359	0	0	90.00
91.00	Nursing Program cost	0	2,970,802	0.000000	0	0	91.00
92.00	Allied health cost	0	2,970,802	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,970,802	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0110	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 11:00 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		11,929,550	30.00
33.01	03301	ADULT SPECIAL CARE		2,327,987	33.01
34.01	03401	CARDIOTHORACIC ICU		1,847,431	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		77,802	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.155398	22,241,045	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.387423	15,406	52.00
53.00	05300	ANESTHESIOLOGY	0.068939	5,594,040	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219499	3,963,348	54.00
54.01	05401	ULTRASOUND	0.110494	1,209,280	54.01
54.03	05403	CARDIOVASCULAR LAB	0.185880	5,309,539	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.235749	154,530	55.00
55.01	05501	CHEMOTHERAPY	0.328692	25,089	55.01
56.01	05601	NUCLEAR MEDICINE	0.146799	442,150	56.01
57.00	05700	CT SCAN	0.050441	7,622,441	57.00
58.00	05800	MRI	0.067351	1,675,525	58.00
60.00	06000	LABORATORY	0.157085	20,792,568	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.159541	3,227,300	63.00
65.00	06500	RESPIRATORY THERAPY	0.129925	13,761,776	65.00
66.00	06600	PHYSICAL THERAPY	0.154495	4,539,889	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.265722	2,662	66.01
66.02	06602	PHYSIATRY	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.117945	515,257	67.00
68.00	06800	SPEECH PATHOLOGY	0.198972	236,751	68.00
69.01	06901	CV DIAGNOSTIC	0.069736	4,127,698	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.185311	390,264	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.165003	26,160,644	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270423	23,571,143	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248607	28,851,978	73.00
74.00	07400	RENAL DIALYSIS	0.172225	1,175,998	74.00
76.00	03950	CARDIAC REHAB	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.430280	2,358	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.150848	17,170	90.01
90.02	09002	DIABETES CENTER	4.049603	0	90.02
91.00	09100	EMERGENCY	0.309356	3,105,299	91.00
91.01	09101	G.I. LABORATORY	0.133046	671,686	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.415988	2,369,105	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		181,771,939	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)		181,771,939	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 11:00 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				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		1,636,295		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.155398	544,925	84,680	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.387423	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.068939	130,506	8,997	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.219499	56,657	12,436	54.00
54.01	05401 ULTRASOUND	0.110494	12,850	1,420	54.01
54.03	05403 CARDIOVASCULAR LAB	0.185880	10,808	2,009	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.235749	144	34	55.00
55.01	05501 CHEMOTHERAPY	0.328692	508	167	55.01
56.01	05601 NUCLEAR MEDICINE	0.146799	0	0	56.01
57.00	05700 CT SCAN	0.050441	97,302	4,908	57.00
58.00	05800 MRI	0.067351	13,464	907	58.00
60.00	06000 LABORATORY	0.157085	393,689	61,843	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.159541	59,707	9,526	63.00
65.00	06500 RESPIRATORY THERAPY	0.129925	295,887	38,443	65.00
66.00	06600 PHYSICAL THERAPY	0.154495	3,633,901	561,420	66.00
66.01	06601 SOUTHEAST OUTPATIENT REHAB	0.265722	1,921	510	66.01
66.02	06602 PHYSIATRY	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.117945	605,720	71,442	67.00
68.00	06800 SPEECH PATHOLOGY	0.198972	291,089	57,919	68.00
69.01	06901 CV DIAGNOSTIC	0.069736	33,298	2,322	69.01
69.02	06902 ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001 NEUROPHYSIOLOGY	0.185311	9,446	1,750	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.165003	668,554	110,313	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.270423	989,782	267,660	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.248607	678,557	168,694	73.00
74.00	07400 RENAL DIALYSIS	0.172225	42,493	7,318	74.00
76.00	03950 CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.430280	28	12	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	0.150848	2,115	319	90.01
90.02	09002 DIABETES CENTER	4.049603	0	0	90.02
91.00	09100 EMERGENCY	0.309356	21,518	6,657	91.00
91.01	09101 G.I. LABORATORY	0.133046	18,486	2,459	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.415988	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		8,613,355	1,484,165	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)		8,613,355		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0110	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 11:00 am
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,183,533	30.00
33.01	03301	ADULT SPECIAL CARE		608,559	33.01
34.01	03401	CARDIOTHORACIC ICU		498,054	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		57,800	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.155398	2,037,311	316,594 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.387423	58,010	22,474 52.00
53.00	05300	ANESTHESIOLOGY	0.067550	519,663	35,103 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219499	421,158	92,444 54.00
54.01	05401	ULTRASOUND	0.110494	154,840	17,109 54.01
54.03	05403	CARDIOVASCULAR LAB	0.185840	397,424	73,857 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.235749	0	0 55.00
55.01	05501	CHEMOTHERAPY	0.328591	0	0 55.01
56.01	05601	NUCLEAR MEDICINE	0.146799	52,880	7,763 56.01
57.00	05700	CT SCAN	0.050441	465,555	23,483 57.00
58.00	05800	MRI	0.067351	201,368	13,562 58.00
60.00	06000	LABORATORY	0.157085	2,791,580	438,515 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.159541	398,554	63,586 63.00
65.00	06500	RESPIRATORY THERAPY	0.129925	2,796,161	363,291 65.00
66.00	06600	PHYSICAL THERAPY	0.154495	871,727	134,677 66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.265722	0	0 66.01
66.02	06602	PHYSIATRY	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.117945	115,242	13,592 67.00
68.00	06800	SPEECH PATHOLOGY	0.198972	54,409	10,826 68.00
69.01	06901	CV DIAGNOSTIC	0.069736	498,353	34,753 69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0 69.02
70.01	07001	NEUROPHYSIOLOGY	0.185311	49,799	9,228 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.165003	2,876,075	474,561 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270423	871,433	235,656 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248607	5,272,086	1,310,677 73.00
74.00	07400	RENAL DIALYSIS	0.172225	211,057	36,349 74.00
76.00	03950	CARDIAC REHAB	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.430280	455	196 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
88.01	08801	RURAL HEALTH CLINIC II	1.287170	0	0 88.01
88.02	08802	RURAL HEALTH CLINIC III	0.761579	0	0 88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.150510	1,375	207 90.01
90.02	09002	DIABETES CENTER	4.049603	0	0 90.02
91.00	09100	EMERGENCY	0.303247	155,548	47,169 91.00
91.01	09101	G.I. LABORATORY	0.131841	89,037	11,739 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.415988	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		21,361,100	3,787,411 200.00
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)		21,361,100	3,787,411 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 11:00 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				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		173,085		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.155398	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.387423	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.067550	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.219499	0	0	54.00
54.01	05401 ULTRASOUND	0.110494	0	0	54.01
54.03	05403 CARDIOVASCULAR LAB	0.185840	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.235749	0	0	55.00
55.01	05501 CHEMOTHERAPY	0.328591	0	0	55.01
56.01	05601 NUCLEAR MEDICINE	0.146799	0	0	56.01
57.00	05700 CT SCAN	0.050441	0	0	57.00
58.00	05800 MRI	0.067351	0	0	58.00
60.00	06000 LABORATORY	0.157085	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.159541	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.129925	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.154495	0	0	66.00
66.01	06601 SOUTHEAST OUTPATIENT REHAB	0.265722	0	0	66.01
66.02	06602 PHYSIATRY	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.117945	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.198972	0	0	68.00
69.01	06901 CV DIAGNOSTIC	0.069736	0	0	69.01
69.02	06902 ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001 NEUROPHYSIOLOGY	0.185311	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.165003	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.270423	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.248607	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.172225	0	0	74.00
76.00	03950 CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.430280	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
88.01	08801 RURAL HEALTH CLINIC II	1.287170	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	0.761579	0	0	88.02
90.01	09001 HYPERBARIC WOUND CLINIC	0.150510	0	0	90.01
90.02	09002 DIABETES CENTER	4.049603	0	0	90.02
91.00	09100 EMERGENCY	0.303247	0	0	91.00
91.01	09101 G.I. LABORATORY	0.131841	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.415988	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		0	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		0	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/27/2022 11:00 am

		Title XVIII	Hospital	PPS	
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			24,098,266	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			7,438,587	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)			1,458,877	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			365,599	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)			214.31	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.52	30.00
31.00	Percentage of Medicaid patient days (see instructions)			16.36	31.00
32.00	Sum of lines 30 and 31			21.88	32.00
33.00	Allowable disproportionate share percentage (see instructions)			7.27	33.00
34.00	Disproportionate share adjustment (see instructions)			573,182	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/27/2022 11:00 am

		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,290,014,521	7,192,008,710	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)		4,290,758	3,075,416	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,209,251	775,174	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,984,425		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (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 (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)		37,918,936		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)			37,918,936	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,665,019	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			135,706	53.00
54.00	Special add-on payments for new technologies			292,548	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).			632,583	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			136,554	58.00
59.00	Total (sum of amounts on lines 49 through 58)			41,781,346	59.00
60.00	Primary payer payments			22,411	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			41,758,935	61.00
62.00	Deductibles billed to program beneficiaries			3,230,748	62.00
63.00	Coinsurance billed to program beneficiaries			109,369	63.00
64.00	Allowable bad debts (see instructions)			1,325,894	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			861,831	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			648,751	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			39,280,649	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)			-37,776	70.93
70.94	HRR adjustment amount (see instructions)			-165,185	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/27/2022 11:00 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			312,803	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			38,764,885	71.00
71.01	Sequestration adjustment (see instructions)			0	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			40,009,678	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)			-1,244,793	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			561,633	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 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2022 11:00 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,098,266	0	24,098,266		24,098,266
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,438,587	0		7,438,587	7,438,587
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	1,458,877	0	1,458,877		1,458,877
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	365,599	0		365,599	365,599
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	0.0727	0.0727	0.0727	0.0727	
11.00	Disproportionate share adjustment (see instructions)	34.00	573,182	0	437,986	135,196	573,182
11.01	Uncompensated care payments	36.00	3,984,425	0	3,209,251	775,174	3,984,425
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	37,918,936	0	29,204,380	8,714,556	37,918,936
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	37,918,936	0	29,204,380	8,714,556	37,918,936
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,665,019	0	2,051,503	613,516	2,665,019

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2022 11:00 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	292,548	0	183,628	108,920	292,548	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	31,439,511	9,436,992	40,876,503	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	2,374,369	0	1,822,129	552,240	2,374,369	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	183,091	0	146,831	36,260	183,091	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	0.0453	0.0453	0.0453	0.0453		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	107,559	0	82,543	25,016	107,559	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,665,019	0	2,051,503	613,516	2,665,019	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 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/27/2022 11:00 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,098,266	24,098,266		24,098,266	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,438,587		7,438,587	7,438,587	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	1,458,877	1,458,877		1,458,877	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	365,599		365,599	365,599	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	0.0727	0.0727	0.0727		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	573,182	437,986	135,196	573,182	11.00
11.01	Uncompensated care payments	36.00	3,984,425	3,209,251	775,174	3,984,425	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	37,918,936	29,204,380	8,714,556	37,918,936	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	37,918,936	29,204,380	8,714,556	37,918,936	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,665,019	2,051,503	613,516	2,665,019	16.00
17.00	Special add-on payments for new technologies	54.00	292,548	183,628	108,920	292,548	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			31,439,511	9,436,992	40,876,503	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/27/2022 11:00 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,374,369	1,822,129	552,240	2,374,369	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	183,091	146,831	36,260	183,091	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	0.0453	0.0453	0.0453		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	107,559	82,543	25,016	107,559	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,665,019	2,051,503	613,516	2,665,019	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	-37,776	-37,776	0	-37,776	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	-165,185	-121,409	-43,776	-165,185	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		312,803	0	312,803	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 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/27/2022 11:00 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,454	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		42,190,123	2.00
3.00	OPPS payments		40,006,244	3.00
4.00	Outlier payment (see instructions)		257,532	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		192,509	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,454	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		58,165	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)		58,165	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)		58,165	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		43,711	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)		14,454	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)		40,456,285	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,638,859	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)		33,831,880	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)		33,831,880	30.00
31.00	Primary payer payments		6,164	31.00
32.00	Subtotal (line 30 minus line 31)		33,825,716	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)		1,141,839	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		742,195	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		401,826	36.00
37.00	Subtotal (see instructions)		34,567,911	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-313	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)		34,568,224	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		34,267,390	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)		300,834	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 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/27/2022 11:00 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		39,301,578		34,229,390	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	03/24/2021	693,900	12/01/2021	38,000	3.01
3.02		03/24/2021	14,200		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)		708,100		38,000	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)		40,009,678		34,267,390	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		300,834	6.01
6.02	SETTLEMENT TO PROGRAM		1,244,793		0	6.02
7.00	Total Medicare program liability (see instructions)		38,764,885		34,568,224	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 01/01/2021
 To 12/31/2021

 Worksheet E-1
 Part I
 Date/Time Prepared:
 5/27/2022 11:00 am

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		4,179,776		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)		4,179,776		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		79		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		4,179,855		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 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/27/2022 11:00 am	
		Title XVIII	Hospital	PPS	
				1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)				4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168				7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)				10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
31.00	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)				32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/27/2022 11:00 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,255,305 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0332 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			105,472 3.00
4.00	Outlier Payments			857,175 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)			10.463014 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)			4,217,952 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)			4,217,952 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,217,952 19.00
20.00	Deductibles			41,476 20.00
21.00	Subtotal (line 19 minus line 20)			4,176,476 21.00
22.00	Coinsurance			5,489 22.00
23.00	Subtotal (line 21 minus line 22)			4,170,987 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			11,434 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			7,432 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)			4,178,419 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)			1,436 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
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,179,855 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,179,776 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)			79 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			857,175 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
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet E-3
Part VII
Date/Time Prepared:
5/27/2022 11:00 am

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		6,961,083		1.00
2.00	Medical and other services			7,129,187	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		6,961,083	7,129,187	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)		6,961,083	7,129,187	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		3,521,032		8.00
9.00	Ancillary service charges		21,361,100	37,535,617	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)		24,882,132	37,535,617	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)		24,882,132	37,535,617	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		17,921,049	30,406,430	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)		6,961,083	7,129,187	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)		6,961,083	7,129,187	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)		6,961,083	7,129,187	31.00
32.00	Deductibles		224,287	12,521	32.00
33.00	Coinurance		1,500	5,959	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)		6,735,296	7,110,707	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		6,735,296	7,110,707	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)		6,735,296	7,110,707	40.00
41.00	Interim payments		2,731,268	5,909,906	41.00
42.00	Balance due provider/program (line 40 minus line 41)		4,004,028	1,200,801	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 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2022 11:00 am	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		191,363		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)		191,363	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)		191,363	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		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)		0	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)		0	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)		191,363	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)		0	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)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		191,363	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	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)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	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)		0	0	40.00
41.00	Interim payments		0		41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	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 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/27/2022 11:00 am	
		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)	17,889	7,368		26.00
27.00	Total Inpatient Days (see instructions)	41,001	41,001		27.00
28.00	Ratio of inpatient days to total inpatient days	0.436306	0.179703		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 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/27/2022 11:00 am	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM 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)			2,361,976	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)			51,980,647	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)			22,411	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			51,958,236	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			43,155,775	42.00
43.00	Primary payer payments (see instructions)			6,802	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			43,148,973	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			95,107,209	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.546312	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.453688	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 01/01/2021
To 12/31/2021

Worksheet G

Date/Time Prepared:
5/27/2022 11:00 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	64,196,551	0	0	0	1.00
2.00 Temporary investments	5,843,871	0	0	0	2.00
3.00 Notes receivable	84,509,897	0	0	0	3.00
4.00 Accounts receivable	255,097,191	0	0	0	4.00
5.00 Other receivable	6,807,563	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-212,571,875	0	0	0	6.00
7.00 Inventory	8,127,454	0	0	0	7.00
8.00 Prepaid expenses	4,295,945	0	0	0	8.00
9.00 Other current assets	752,789	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)	217,059,386	0	0	0	11.00
FIXED ASSETS					
12.00 Land	21,304,666	0	0	0	12.00
13.00 Land improvements	13,732,640	0	0	0	13.00
14.00 Accumulated depreciation	-10,626,912	0	0	0	14.00
15.00 Buildings	227,585,043	0	0	0	15.00
16.00 Accumulated depreciation	-151,514,758	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	142,646,673	0	0	0	23.00
24.00 Accumulated depreciation	-115,210,124	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	10,444,163	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	138,361,391	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	57,446,451	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	20,132,894	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	77,579,345	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	433,000,122	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	26,701,618	0	0	0	37.00
38.00 Salaries, wages, and fees payable	13,397,875	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	5,136,240	0	0	0	40.00
41.00 Deferred income	7,650,848	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	31,863,601	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	84,750,182	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	164,667,976	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	9,613,705	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	174,281,681	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	259,031,863	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	173,968,259	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)	173,968,259	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	433,000,122	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-1

Date/Time Prepared:
5/27/2022 11:00 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		162,135,829		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		14,434,090				2.00
3.00	Total (sum of line 1 and line 2)		176,569,919		0		3.00
4.00	CONTRIBUTIONS FOR PROPERTY	609,469		0		0	4.00
5.00	INCREASE PERM RESTRICTED	560,862		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,170,331		0		10.00
11.00	Subtotal (line 3 plus line 10)		177,740,250		0		11.00
12.00	TRANSFER TO AFFILIATES	3,771,990		0		0	12.00
13.00	ROUNDING	1		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)		3,771,991		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		173,968,259		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CONTRIBUTIONS FOR PROPERTY		0				4.00
5.00	INCREASE PERM RESTRICTED		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFER TO AFFILIATES		0				12.00
13.00	ROUNDING		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 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	29,584,517		29,584,517	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	2,656,238		2,656,238	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)	32,240,755		32,240,755	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	6,929,160		6,929,160	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
14.01	CARDIOTHORACIC ICU	4,353,346		4,353,346	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,282,506		11,282,506	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	43,523,261		43,523,261	17.00
18.00	Ancillary services	397,896,780	635,051,212	1,032,947,992	18.00
19.00	Outpatient services	11,755,924	47,845,582	59,601,506	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
20.01	RURAL HEALTH CLINIC II	0	5,155,324	5,155,324	20.01
20.02	RURAL HEALTH CLINIC III	0	6,030,621	6,030,621	20.02
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,553,555	1,553,555	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	2,557,144	2,557,144	26.00
27.00	PPO	0	62,172,702	62,172,702	27.00
27.01	PROFESSIONAL CHARGES	5,209,682	68,362,872	73,572,554	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	458,385,647	828,729,012	1,287,114,659	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		377,399,764		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)		377,399,764		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-3

Date/Time Prepared:
5/27/2022 11:00 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,287,114,659	1.00
2.00	Less contractual allowances and discounts on patients' accounts	935,336,610	2.00
3.00	Net patient revenues (line 1 minus line 2)	351,778,049	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	377,399,764	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-25,621,715	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	86,790	6.00
7.00	Income from investments	1,866,187	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	884,603	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	5,900,678	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,958,991	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	152,960	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	562,159	23.00
24.00	BUILDING BLOCKS GRANT	810,872	24.00
24.01	HEALTHPOINT	2,276,121	24.01
24.02	PRISONER MEALS	34,724	24.02
24.03	OUTREACH LAB	853,570	24.03
24.04	RENTAL INCOME	565,676	24.04
24.05	MISC OTHER OPERATING REVENUE	2,521,580	24.05
24.06	RENTAL INCOME - INTERNAL	5,274,670	24.06
24.07	LOSS ON EQUIPMENT DISPOSAL	-44,217	24.07
24.50	COVID-19 PHE Funding	16,959,932	24.50
25.00	Total other income (sum of lines 6-24)	40,665,296	25.00
26.00	Total (line 5 plus line 25)	15,043,581	26.00
27.00	CONTRIBUTION OF PROPERTY (GROUPED IN	609,469	27.00
27.01	ROUNDING	22	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	609,491	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	14,434,090	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 26-0110

Period:

Worksheet H

HHA CCN: 26-7121

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 amHome 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	210,406	98,803	11,402	0	396,039	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	462,583	0	0	0	462,583	6.00
7.00	Physical Therapy	337,767	0	0	0	337,767	7.00
8.00	Occupational Therapy	93,874	0	0	0	93,874	8.00
9.00	Speech Pathology	5,156	0	0	0	5,156	9.00
10.00	Medical Social Services	864	0	0	0	864	10.00
11.00	Home Health Aide	294	0	0	0	294	11.00
12.00	Supplies (see instructions)	0	0	0	24,675	24,675	12.00
13.00	Drugs	0	0	0	3,699	3,699	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)	2,907	0	0	0	2,907	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,113,851	98,803	11,402	0	1,327,858	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	-61,901	334,138	0	334,138		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	45,714	508,297	0	508,297		6.00
7.00	Physical Therapy	32,725	370,492	0	370,492		7.00
8.00	Occupational Therapy	8,295	102,169	0	102,169		8.00
9.00	Speech Pathology	1,314	6,470	0	6,470		9.00
10.00	Medical Social Services	2,618	3,482	0	3,482		10.00
11.00	Home Health Aide	25	319	0	319		11.00
12.00	Supplies (see instructions)	0	24,675	0	24,675		12.00
13.00	Drugs	0	3,699	0	3,699		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)	249	3,156	0	3,156		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	29,039	1,356,897	0	1,356,897		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 26-0110

Period:

Worksheet H-1

HHA CCN: 26-7121

From 01/01/2021

Part I

To 12/31/2021

Date/Time Prepared:

5/27/2022 11:00 am

Home Health

PPS

						Agency I			
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
			Bldgs & Fixtures	Movable Equipment					
			0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS									
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00	
2.00	Capital Related - Movable Equipment	0		0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0		4.00	
5.00	Administrative and General	334,138	0	0	0	0	334,138	5.00	
HHA REIMBURSABLE SERVICES									
6.00	Skilled Nursing Care	508,297	0	0	0	0	508,297	6.00	
7.00	Physical Therapy	370,492	0	0	0	0	370,492	7.00	
8.00	Occupational Therapy	102,169	0	0	0	0	102,169	8.00	
9.00	Speech Pathology	6,470	0	0	0	0	6,470	9.00	
10.00	Medical Social Services	3,482	0	0	0	0	3,482	10.00	
11.00	Home Health Aide	319	0	0	0	0	319	11.00	
12.00	Supplies (see instructions)	24,675	0	0	0	0	24,675	12.00	
13.00	Drugs	3,699	0	0	0	0	3,699	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)	3,156	0	0	0	0	3,156	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	1,356,897	0	0	0	0	1,356,897	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	334,138						5.00	
HHA REIMBURSABLE SERVICES									
6.00	Skilled Nursing Care	166,062	674,359					6.00	
7.00	Physical Therapy	121,041	491,533					7.00	
8.00	Occupational Therapy	33,379	135,548					8.00	
9.00	Speech Pathology	2,114	8,584					9.00	
10.00	Medical Social Services	1,138	4,620					10.00	
11.00	Home Health Aide	104	423					11.00	
12.00	Supplies (see instructions)	8,061	32,736					12.00	
13.00	Drugs	1,208	4,907					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)	1,031	4,187					23.00	
23.50	Telemedicine	0	0					23.50	
24.00	Total (sum of lines 1-23)		1,356,897					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 26-0110

Period:

Worksheet H-1

HHA CCN: 26-7121

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/27/2022 11:00 amHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-334,138	5.00
						1,022,759	
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	508,297	6.00
7.00	Physical Therapy	0	0	0	0	370,492	7.00
8.00	Occupational Therapy	0	0	0	0	102,169	8.00
9.00	Speech Pathology	0	0	0	0	6,470	9.00
10.00	Medical Social Services	0	0	0	0	3,482	10.00
11.00	Home Health Aide	0	0	0	0	319	11.00
12.00	Supplies (see instructions)	0	0	0	0	24,675	12.00
13.00	Drugs	0	0	0	0	3,699	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)	0	0	0	0	3,156	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-334,138	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	334,138	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.326703	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/27/2022 11:00 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS						
			BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	NEW CAP-REL CSTS-BLDGS & FIX #5		
		0	1.00	1.01	1.02	1.03	1.04		
1.00	Administrative and General	0	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	674,359	0	0	0	0	0	0	2.00
3.00	Physical Therapy	491,533	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	135,548	0	0	0	0	0	0	4.00
5.00	Speech Pathology	8,584	0	0	0	0	0	0	5.00
6.00	Medical Social Services	4,620	0	0	0	0	0	0	6.00
7.00	Home Health Aide	423	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	32,736	0	0	0	0	0	0	8.00
9.00	Drugs	4,907	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)	4,187	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)	1,356,897	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	67,542	10,805	14,457	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	31,882	2.00	
3.00	Physical Therapy	0	0	0	0	0	23,280	3.00	
4.00	Occupational Therapy	0	0	0	0	0	6,470	4.00	
5.00	Speech Pathology	0	0	0	0	0	355	5.00	
6.00	Medical Social Services	0	0	0	0	0	2,106	6.00	
7.00	Home Health Aide	0	0	0	0	0	20	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	200	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	67,542	10,805	78,770	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/27/2022 11:00 amHome Health
Agency I

PPS

Cost Center Description		COMMUNICATIONS	Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5A.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	5,234	98,038	4,600	56	0	0	1.00
2.00	Skilled Nursing Care	0	706,241	33,137	0	0	0	2.00
3.00	Physical Therapy	0	514,813	24,156	0	0	0	3.00
4.00	Occupational Therapy	0	142,018	6,664	0	0	0	4.00
5.00	Speech Pathology	0	8,939	419	0	0	0	5.00
6.00	Medical Social Services	0	6,726	316	0	0	0	6.00
7.00	Home Health Aide	0	443	21	0	0	0	7.00
8.00	Supplies (see instructions)	0	32,736	1,536	0	0	0	8.00
9.00	Drugs	0	4,907	230	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	4,387	206	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	5,234	1,519,248	71,285	56	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00
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	102,694	11,267	18,419	29,916	0	18,194	1.00
2.00	Skilled Nursing Care	739,378	81,122	0	0	0	0	2.00
3.00	Physical Therapy	538,969	59,134	0	0	0	0	3.00
4.00	Occupational Therapy	148,682	16,313	0	0	0	0	4.00
5.00	Speech Pathology	9,358	1,027	0	0	0	0	5.00
6.00	Medical Social Services	7,042	773	0	0	0	0	6.00
7.00	Home Health Aide	464	51	0	0	0	0	7.00
8.00	Supplies (see instructions)	34,272	3,760	0	0	0	0	8.00
9.00	Drugs	5,137	564	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)	4,593	504	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)	1,590,589	174,515	18,419	29,916	0	18,194	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/27/2022 11:00 amHome Health
Agency I

PPS

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	0	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)	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		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	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	2,655	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)	2,655	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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/27/2022 11:00 amHome Health
Agency I

PPS

Cost Center Description		SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS		PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			20.03	21.00				
1.00	Administrative and General	0	0	0	0	183,145	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	820,500	0	2.00
3.00	Physical Therapy	0	0	0	0	598,103	0	3.00
4.00	Occupational Therapy	0	0	0	0	164,995	0	4.00
5.00	Speech Pathology	0	0	0	0	10,385	0	5.00
6.00	Medical Social Services	0	0	0	0	7,815	0	6.00
7.00	Home Health Aide	0	0	0	0	515	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	38,032	0	8.00
9.00	Drugs	0	0	0	0	5,701	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	5,097	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	1,834,288	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	183,145						1.00
2.00	Skilled Nursing Care	820,500	91,010	911,510				2.00
3.00	Physical Therapy	598,103	66,342	664,445				3.00
4.00	Occupational Therapy	164,995	18,301	183,296				4.00
5.00	Speech Pathology	10,385	1,152	11,537				5.00
6.00	Medical Social Services	7,815	867	8,682				6.00
7.00	Home Health Aide	515	57	572				7.00
8.00	Supplies (see instructions)	38,032	4,219	42,251				8.00
9.00	Drugs	5,701	632	6,333				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)	5,097	565	5,662				19.00
19.50	Telemedicine	0	0	0				19.50
20.00	Total (sum of lines 1-19) (2)	1,834,288	183,145	1,834,288				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.		0.110920					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0110

Period:

Worksheet H-2

HHA CCN: 26-7121

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/27/2022 11:00 amHome 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	8,880	209,755	28	1.00
2.00	Skilled Nursing Care	0	0	0	0	462,583	0	2.00
3.00	Physical Therapy	0	0	0	0	337,767	0	3.00
4.00	Occupational Therapy	0	0	0	0	93,874	0	4.00
5.00	Speech Pathology	0	0	0	0	5,156	0	5.00
6.00	Medical Social Services	0	0	0	0	30,554	0	6.00
7.00	Home Health Aide	0	0	0	0	294	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	2,907	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	8,880	1,142,890	28	20.00
21.00	Total cost to be allocated	0	0	67,542	10,805	78,770	5,234	21.00
22.00	Unit cost multiplier	0.000000	0.000000	20.554474	1.216779	0.068922	186.928571	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 01/01/2021

Part II

To 12/31/2021

Date/Time Prepared:

5/27/2022 11:00 am

Home Health

PPS

Agency I

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	98,038	2,422	0	0	0	1.00
2.00	Skilled Nursing Care	0	706,241	0	0	0	0	2.00
3.00	Physical Therapy	0	514,813	0	0	0	0	3.00
4.00	Occupational Therapy	0	142,018	0	0	0	0	4.00
5.00	Speech Pathology	0	8,939	0	0	0	0	5.00
6.00	Medical Social Services	0	6,726	0	0	0	0	6.00
7.00	Home Health Aide	0	443	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	32,736	0	0	0	0	8.00
9.00	Drugs	0	4,907	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	4,387	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)		1,519,248	2,422	0	0		20.00
21.00	Total cost to be allocated		71,285	56	0	0		21.00
22.00	Unit cost multiplier		0.046921	0.023121	0.000000	0.000000		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	102,694	46	3,286	0	3,286	0	1.00
2.00	Skilled Nursing Care	739,378	0	0	0	0	0	2.00
3.00	Physical Therapy	538,969	0	0	0	0	0	3.00
4.00	Occupational Therapy	148,682	0	0	0	0	0	4.00
5.00	Speech Pathology	9,358	0	0	0	0	0	5.00
6.00	Medical Social Services	7,042	0	0	0	0	0	6.00
7.00	Home Health Aide	464	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	34,272	0	0	0	0	0	8.00
9.00	Drugs	5,137	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)	4,593	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)	1,590,589	46	3,286	0	3,286	0	20.00
21.00	Total cost to be allocated	174,515	18,419	29,916	0	18,194	0	21.00
22.00	Unit cost multiplier	0.109717	400.413043	9.104078	0.000000	5.536823	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0110
HHA CCN: 26-7121Period:
From 01/01/2021
To 12/31/2021Worksheet H-2
Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Description		CAFETERIA (MEALS SERVED)		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)		NURSING ADMINISTRATION (FTES SERV ICE)		CENTRAL SERVICES & SUPPLY (SUPPLY COS TS)		PHARMACY (COSTED REQUIS.)		MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	
		11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00
1.00	Administrative and General	0	0	0	0	0	0	0	0	0	0	1,553,555	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	0	0	0	0	1,553,555	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	0	0	0	0	2,655	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.001709	0.001709	22.00
Cost Center Description		SOCIAL SERVICE (TIME SPENT)		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		NURSING PROGRAM (ASSIGNED TIME)		SCHOOL OF MEDICAL TECHNOLOGY (TIME SPENT)		SCHOOL OF SURGICAL TECHNOLOGY (TIME SPENT)		SCHOOL OF RADIOLOGICAL TECHNOLOGY (TIME SPENT)	
		17.00	18.00	19.00	20.00	21.00	22.00	23.01	24.02	25.03	26.04	27.05	28.06
1.00	Administrative and General	0	0	0	0	0	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	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	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 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/27/2022 11:00 amHome Health
Agency I

PPS

Cost Center Description		INTERNS & RESIDENTS		PHARMACY RESIDENCY (ASSIGNED TIME)		
		SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		21.00	22.00			
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 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/27/2022 11:00 am

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	911,510		911,510	3,408	267.46	1.00
2.00	Physical Therapy	3.00	664,445	0	664,445	3,100	214.34	2.00
3.00	Occupational Therapy	4.00	183,296	0	183,296	474	386.70	3.00
4.00	Speech Pathology	5.00	11,537	0	11,537	57	202.40	4.00
5.00	Medical Social Services	6.00	8,682		8,682	32	271.31	5.00
6.00	Home Health Aide	7.00	572		572	32	17.88	6.00
7.00	Total (sum of lines 1-6)		1,780,042	0	1,780,042	7,103		7.00
				Program Visits				
				Part B				
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		16020	0	923			8.00
8.01	Skilled Nursing Care		99926	0	447			8.01
9.00	Physical Therapy		16020	0	981			9.00
9.01	Physical Therapy		99926	0	375			9.01
10.00	Occupational Therapy		16020	0	150			10.00
10.01	Occupational Therapy		99926	0	70			10.01
11.00	Speech Pathology		16020	0	23			11.00
11.01	Speech Pathology		99926	0	14			11.01
12.00	Medical Social Services		16020	0	8			12.00
12.01	Medical Social Services		99926	0	7			12.01
13.00	Home Health Aide		16020	0	15			13.00
13.01	Home Health Aide		99926	0	6			13.01
14.00	Total (sum of lines 8-13)			0	3,019			14.00
		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	42,251	0	42,251	0	0.000000	15.00
16.00	Cost of Drugs	9.00	6,333	0	6,333	0	0.000000	16.00
				Program Visits		Cost of Services		
				Part B		Part B		
				Not Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance		
				Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	1,370		0	366,420		1.00
2.00	Physical Therapy	0	1,356		0	290,645		2.00
3.00	Occupational Therapy	0	220		0	85,074		3.00
4.00	Speech Pathology	0	37		0	7,489		4.00
5.00	Medical Social Services	0	15		0	4,070		5.00
6.00	Home Health Aide	0	21		0	375		6.00
7.00	Total (sum of lines 1-6)	0	3,019		0	754,073		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet H-3

HHA CCN: 26-7121

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/27/2022 11:00 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1		
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	9,149	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
		Cost Per Visit Computation						
1.00	Skilled Nursing Care	366,420						1.00
2.00	Physical Therapy	290,645						2.00
3.00	Occupational Therapy	85,074						3.00
4.00	Speech Pathology	7,489						4.00
5.00	Medical Social Services	4,070						5.00
6.00	Home Health Aide	375						6.00
7.00	Total (sum of lines 1-6)	754,073						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 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/27/2022 11:00 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.154495	0	0	0col. 2, line 2.00		1.00
1.01 Physical Therapy 1	66.01	0.265722	0	0	0col. 2, line 2.01		1.01
1.02 Physical Therapy 2	66.02	0.000000	0	0	0col. 2, line 2.02		1.02
2.00 Occupational Therapy	67.00	0.117945	0	0	0col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.198972	0	0	0col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.165003	0	0	0col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.248607	0	0	0col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0110

Period:

Worksheet H-4

HHA CCN: 26-7121

From 01/01/2021
To 12/31/2021Part I-II
Date/Time Prepared:
5/27/2022 11:00 am

Title XVIII

Home Health
Agency I

PPS

		Agency 1			
		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	642,258	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	20,399	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	18,429	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	3,230	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	2,978	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	646	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	687,940	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	687,940	24.00
25.00	Coinsurance billed to program patients (from your records)			0	25.00
26.00	Net cost (line 24 minus line 25)		0	687,940	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	687,940	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	687,940	31.00
31.01	Sequestration adjustment (see instructions)		0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0	31.75
32.00	Interim payments (see instructions)		0	687,939	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	1	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 01/01/2021
To 12/31/2021

Worksheet H-5

Date/Time Prepared:
5/27/2022 11:00 am

				Home Health Agency I		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		687,939	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		687,939	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		687,940	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0

Hospice CCN: 26-1537

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		2,323	2,323	0	2,323
2.00	CAP REL COSTS-MVBLE EQUIP*		152	152	0	152
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	90,730	90,730	0	90,730
4.00	ADMINISTRATIVE & GENERAL*	203,451	59,242	262,693	29,039	291,732
5.00	PLANT OPERATION & MAINTENANCE*	0	2,972	2,972	0	2,972
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	31,848	31,848	0	31,848
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	0	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	12,885	12,885
26.00	PHYSICIAN SERVICES**	47,115	1,338	48,453	0	48,453
27.00	NURSE PRACTITIONER**	58,535	0	58,535	0	58,535
28.00	REGISTERED NURSE**	513,957	0	513,957	0	513,957
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	126,201	0	126,201	0	126,201
34.00	SPIRITUAL COUNSELING**	56,829	0	56,829	0	56,829
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	11,470	0	11,470	0	11,470
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	167,195	167,195	-81,122	86,073
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	19,665	19,665	0	19,665
42.50	DRUGS CHARGED TO PATIENTS**	0	2,209	2,209	81,122	83,331
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	54,525	0	54,525	0	54,525
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	8,398	0	8,398	0	8,398
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	225,237	225,237	-12,885	212,352
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	1,080,481	602,911	1,683,392	29,039	1,712,431

* 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 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	2,323	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	152	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	90,730	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	291,732	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	2,972	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	31,848	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	12,885	25.00
26.00	PHYSICIAN SERVICES**	0	48,453	26.00
27.00	NURSE PRACTITIONER**	0	58,535	27.00
28.00	REGISTERED NURSE**	0	513,957	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	126,201	33.00
34.00	SPIRITUAL COUNSELING**	0	56,829	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	11,470	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	86,073	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	19,665	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	83,331	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	54,525	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	8,398	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	212,352	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	1,712,431	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 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 am

				Hospice I		07/27/2022 12:00 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	47,006	1,335	48,341	0	48,341	26.00
27.00	NURSE PRACTITIONER	58,399	0	58,399	0	58,399	27.00
28.00	REGISTERED NURSE	512,763	0	512,763	0	512,763	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	125,908	0	125,908	0	125,908	33.00
34.00	SPIRITUAL COUNSELING	56,697	0	56,697	0	56,697	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	11,443	0	11,443	0	11,443	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	166,807	166,807	-80,934	85,873	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	19,619	19,619	0	19,619	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	2,204	2,204	80,934	83,138	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 *	812,216	189,965	1,002,181	0	1,002,181	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	48,341	26.00
27.00	NURSE PRACTITIONER	0	58,399	27.00
28.00	REGISTERED NURSE	0	512,763	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	125,908	33.00
34.00	SPIRITUAL COUNSELING	0	56,697	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	11,443	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	85,873	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	19,619	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	83,138	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	1,002,181	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 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 am

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	7,066	7,066	25.00
26.00	PHYSICIAN SERVICES	60	2	62	0	62	26.00
27.00	NURSE PRACTITIONER	75	0	75	0	75	27.00
28.00	REGISTERED NURSE	655	0	655	0	655	28.00
29.00	LPN/LVN	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	161	0	161	0	161	33.00
34.00	SPIRITUAL COUNSELING	72	0	72	0	72	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	15	0	15	0	15	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	213	213	-103	110	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	25	25	0	25	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	3	3	103	106	42.50
43.00	OUTPATIENT SERVICES	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 *	1,038	243	1,281	7,066	8,347	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	7,066	25.00
26.00	PHYSICIAN SERVICES	0	62	26.00
27.00	NURSE PRACTITIONER	0	75	27.00
28.00	REGISTERED NURSE	0	655	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	161	33.00
34.00	SPIRITUAL COUNSELING	0	72	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	15	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	110	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	25	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	106	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	8,347	100.00

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

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

Provider CCN: 26-0110

Period:

Worksheet 0-4

Hospice CCN: 26-1537

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 am

						Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL			
		1.00	2.00	3.00	4.00	5.00			
DIRECT PATIENT CARE SERVICE COST CENTERS									
25.00	INPATIENT CARE-CONTRACTED		0	0	5,819	5,819		25.00	
26.00	PHYSICIAN SERVICES	49	1	50	0	50		26.00	
27.00	NURSE PRACTITIONER	61	0	61	0	61		27.00	
28.00	REGISTERED NURSE	539	0	539	0	539		28.00	
29.00	LPN/LVN	0	0	0	0	0		29.00	
30.00	PHYSICAL THERAPY	0	0	0	0	0		30.00	
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0		31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0		32.00	
33.00	MEDICAL SOCIAL SERVICES	132	0	132	0	132		33.00	
34.00	SPIRITUAL COUNSELING	60	0	60	0	60		34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0		35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0		36.00	
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	12	0	12	0	12		37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	175	175	-85	90		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	21	21	0	21		42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	2	2	85	87		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 *	853	199	1,052	5,819	6,871		100.00	

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	5,819	25.00
26.00	PHYSICIAN SERVICES	0	50	26.00
27.00	NURSE PRACTITIONER	0	61	27.00
28.00	REGISTERED NURSE	0	539	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	132	33.00
34.00	SPIRITUAL COUNSELING	0	60	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	12	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	90	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	21	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	87	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	6,871	100.00

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

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

Provider CCN: 26-0110

Period:

Worksheet 0-5

Hospice CCN: 26-1537

From 01/01/2021

To 12/31/2021

Date/Time Prepared:
5/27/2022 11:00 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	2,323	67,542	69,865	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	152	9,126	9,278	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	90,730	76,470	167,200	3.00
4.00	ADMINISTRATIVE & GENERAL	291,732	307,953	599,685	4.00
5.00	PLANT OPERATION & MAINTENANCE	2,972	36,723	39,695	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	18,194	18,194	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	4,370	4,370	11.00
12.00	STAFF TRANSPORTATION	31,848		31,848	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	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,002,181		1,002,181	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	8,347		8,347	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	6,871		6,871	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	54,525		54,525	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	8,398		8,398	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	212,352		212,352	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	1,712,431	520,378	2,232,809	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/27/2022 11:00 am

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	69,865	69,865					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,278		9,278				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	167,200	0	0	167,200			3.00
4.00	ADMINISTRATIVE & GENERAL	599,685	69,865	9,278	35,035	713,863		4.00
5.00	PLANT OPERATION & MAINTENANCE	39,695	0	0	0	39,695		5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0		6.00
7.00	HOUSEKEEPING	18,194	0	0	0	18,194		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0		10.00
11.00	MEDICAL RECORDS	4,370	0	0	0	4,370		11.00
12.00	STAFF TRANSPORTATION	31,848	0	0	0	31,848		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	1,002,181			122,397	1,124,578		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	8,347	0	0	156	8,503		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	6,871	0	0	129	7,000		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	54,525	0	0	8,217	62,742		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	8,398	0	0	1,266	9,664		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	212,352				212,352		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	2,232,809	69,865	9,278	167,200	2,232,809		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/27/2022 11:00 am

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	713,863						4.00
5.00	PLANT OPERATION & MAINTENANCE	21,688	61,383					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	9,940	0			28,134		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			0		10.00
11.00	MEDICAL RECORDS	2,388	0			0		11.00
12.00	STAFF TRANSPORTATION	17,400	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	614,418						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4,646	61,308		0	28,100	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,824	75		0	34	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	34,279	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	5,280	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	713,863	61,383		0	28,134	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/27/2022 11:00 am

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				10.00
11.00	MEDICAL RECORDS	0		6,758			11.00
12.00	STAFF TRANSPORTATION	0			49,248		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	6,742	49,124	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	9	68	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	7	56	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	6,758	49,248	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period:

Worksheet 0-6

Hospice CCN: 26-1537

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/27/2022 11:00 am

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	0					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		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		1,794,862	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	102,634	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	10,996	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		97,021	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		14,944	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					212,352	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	2,232,809	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 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	3,286					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		7,500				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,109,520			3.00
4.00	ADMINISTRATIVE & GENERAL	3,286	7,500	232,490	-713,863	1,306,594	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	39,695	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	18,194	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	4,370	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	31,848	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			812,216	0	1,124,578	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	1,038	0	8,503	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	853	0	7,000	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	54,525	0	62,742	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	8,398	0	9,664	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				-212,352		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)	69,865	9,278	167,200		713,863	100.00
101.00	UNIT COST MULTIPLIER	21.261412	1.237067	0.150696		0.546354	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 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	3,286					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		3,286			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	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					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,282	0	3,282	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	4	0	4	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						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)	61,383	0	28,134	0	0	100.00
101.00	UNIT COST MULTIPLIER	18.680158	0.000000	8.561777	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 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Descriptions		Hospice I				
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)
		10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0				10.00
11.00	MEDICAL RECORDS		13,342			11.00
12.00	STAFF TRANSPORTATION			12,400		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	13,311	12,369	0	0 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	17	17	0	0 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	14	14	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	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	6,758	49,248	0	0 100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.506521	3.971613	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 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/27/2022 11:00 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			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	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	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	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 01/01/2021
To 12/31/2021

Date/Time Prepared:
5/27/2022 11:00 am

			Hospice I		
Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)		
			HCHC	HRHC	HIRC
	0	1.00	2.00	3.00	4.00
ANCILLARY SERVICE COST CENTERS					
1.00 PHYSICAL THERAPY	66.00	0.154495	0	0	0
1.01 SOUTHEAST OUTPATIENT REHAB	66.01	0.265722	0	0	0
1.02 PHYSIATRY	66.02	0.000000	0	0	0
2.00 OCCUPATIONAL THERAPY	67.00	0.117945	0	0	0
3.00 SPEECH PATHOLOGY	68.00	0.198972	0	0	0
4.00 DRUGS CHARGED TO PATIENTS	73.00	0.248607	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED	96.00				
6.00 LABORATORY	60.00	0.157085	0	0	0
7.00 MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.165003	0	0	0
8.00 OTHER OUTPATIENT SERVICE COST CENTER	93.00				
9.00 RADIOLOGY-THERAPEUTIC	55.00	0.235749	0	0	0
9.01 CHEMOTHERAPY	55.01	0.328591	0	0	0
10.00 CARDIAC REHAB	76.00	0.000000	0	0	0
10.97 CARDIAC REHABILITATION	76.97	0.430280	0	0	0
10.98 HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0
10.99 LITHOTRIPSY	76.99	0.000000	0	0	0
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)
	5.00		6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS					
1.00 PHYSICAL THERAPY	0	0	0	0	0
1.01 SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0
1.02 PHYSIATRY	0	0	0	0	0
2.00 OCCUPATIONAL THERAPY	0	0	0	0	0
3.00 SPEECH PATHOLOGY	0	0	0	0	0
4.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED					
6.00 LABORATORY	0	0	0	0	0
7.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
8.00 OTHER OUTPATIENT SERVICE COST CENTER					
9.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
9.01 CHEMOTHERAPY	0	0	0	0	0
10.00 CARDIAC REHAB	0	0	0	0	0
10.97 CARDIAC REHABILITATION	0	0	0	0	0
10.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
10.99 LITHOTRIPSY	0	0	0	0	0
11.00 Totals (sum of lines 1-11)		0	0	0	0

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 26-0110

Period:

Worksheet 0-8

Hospice CCN: 26-1537

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 am

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,794,862	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			13,311	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			134.84	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	12,369	361		9.00
10.00	Program cost (line 8 times line 9)	1,667,836	48,677		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)			102,634	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			17	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			6,037.29	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	17	0		14.00
15.00	Program cost (line 13 times line 14)	102,634	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)			10,996	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			14	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			785.43	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	14	0		19.00
20.00	Program cost (line 18 times line 19)	10,996	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,908,492	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			13,342	22.00
23.00	Average cost per diem (line 21 divided by line 22)			143.04	23.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 26-0110

Period:
From 01/01/2021
To 12/31/2021Worksheet L
Parts I-III
Date/Time Prepared:
5/27/2022 11:00 am

		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,374,369	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		183,091	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)		103.09	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)		5.52	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.36	8.00
9.00	Sum of lines 7 and 8		21.88	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.53	10.00
11.00	Disproportionate share adjustment (see instructions)		107,559	11.00
12.00	Total prospective capital payments (see instructions)		2,665,019	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 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 am

		RHC II		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassificati ons	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	2,135,367	55,043	2,190,410	0	2,190,410
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	369,928	0	369,928	0	369,928
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	447,101	0	447,101	0	447,101
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	181,333	0	181,333	0	181,333
10.00	Subtotal (sum of lines 1 through 9)	3,133,729	55,043	3,188,772	0	3,188,772
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	264,604	264,604	0	264,604
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	91,785	91,785	0	91,785
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	356,389	356,389	0	356,389
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	3,133,729	411,432	3,545,161	0	3,545,161
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	518,360	270,494	788,854	0	788,854
30.00	Administrative Costs	0	0	0	0	0
31.00	Total Facility Overhead (sum of lines 29 and 30)	518,360	270,494	788,854	0	788,854
32.00	Total facility costs (sum of lines 22, 28 and 31)	3,652,089	681,926	4,334,015	0	4,334,015

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 26-0110

Period:

Worksheet M-1

Component CCN: 26-8657

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 am

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC II	Cost
		6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS					
1.00	Physician	-52,870	2,137,540		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	369,928		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	447,101		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	181,333		9.00
10.00	Subtotal (sum of lines 1 through 9)	-52,870	3,135,902		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	264,604		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	91,785		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15 through 20)	0	356,389		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-52,870	3,492,291		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	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
FACILITY OVERHEAD					
29.00	Facility Costs	0	788,854		29.00
30.00	Administrative Costs	0	0		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	788,854		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-52,870	4,281,145		32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 26-0110

Period:

Worksheet M-1

Component CCN: 26-8674

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 am

		RHC III		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassificati ons	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	1,373,033	15,837	1,388,870	0	1,388,870
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	289,785	0	289,785	0	289,785
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	357,014	0	357,014	0	357,014
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	24,975	0	24,975	0	24,975
10.00	Subtotal (sum of lines 1 through 9)	2,044,807	15,837	2,060,644	0	2,060,644
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	839,432	839,432	0	839,432
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	53,831	53,831	0	53,831
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	893,263	893,263	0	893,263
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,044,807	909,100	2,953,907	0	2,953,907
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	205,133	199,692	404,825	0	404,825
30.00	Administrative Costs	0	0	0	0	0
31.00	Total Facility Overhead (sum of lines 29 and 30)	205,133	199,692	404,825	0	404,825
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,249,940	1,108,792	3,358,732	0	3,358,732

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 26-0110

Period:

Worksheet M-1

Component CCN: 26-8674

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 am

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC III	Cost
		6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS					
1.00	Physician	-20,771	1,368,099		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	289,785		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	357,014		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	24,975		9.00
10.00	Subtotal (sum of lines 1 through 9)	-20,771	2,039,873		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	839,432		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	53,831		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	893,263		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-20,771	2,933,136		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	404,825		29.00
30.00	Administrative Costs	0	0		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	404,825		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-20,771	3,337,961		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 26-0110

Period:

Worksheet M-2

Component CCN: 26-8657

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 am

				RHC II		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	4.35	24,088	4,200	18,270		1.00
2.00	Physician Assistant	0.51	2,092	2,100	1,071		2.00
3.00	Nurse Practitioner	2.07	7,880	2,100	4,347		3.00
4.00	Subtotal (sum of lines 1 through 3)	6.93	34,060		23,688	34,060	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)	6.93	34,060			34,060	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)					3,492,291	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)					3,492,291	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)					788,854	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					2,318,116	15.00
16.00	Total overhead (sum of lines 14 and 15)					3,106,970	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					3,106,970	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					3,106,970	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					6,599,261	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 26-0110

Period:

Worksheet M-2

Component CCN: 26-8674

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 am

				RHC III		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	2.68	16,023	4,200	11,256		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	1.80	9,888	2,100	3,780		3.00
4.00	Subtotal (sum of lines 1 through 3)	4.48	25,911		15,036	25,911	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	4.48	25,911			25,911	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)					2,933,136	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)					2,933,136	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)					404,825	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,246,946	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,651,771	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,651,771	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,651,771	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					4,584,907	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2021 To 12/31/2021	Worksheet M-3 Date/Time Prepared: 5/27/2022 11:00 am
		Title XVIII	RHC II	Cost
		1.00		
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		6,599,261	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)		192,700	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)		6,406,561	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		34,060	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)		34,060	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		188.10	7.00
		Calculation of Limit (1)		
		Rate Period 1 (01/01/2021 through 03/31/2021)	Rate Period 2 (04/01/2021 through 12/31/2021)	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	87.52	100.00	8.00
9.00	Rate for Program covered visits (see instructions)	87.52	100.00	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	1,932	5,896	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	169,089	589,600	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	758,689	16.00
16.01	Total program charges (see instructions)(from contractor's records)		1,066,272	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		75,237	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		53,534	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.)		455,549	16.04
16.05	Total program cost (see instructions)	0	509,083	16.05
17.00	Primary payer amounts		638	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		135,719	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		171,058	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		508,445	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		76,295	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		584,740	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)		584,740	26.00
26.01	Sequestration adjustment (see instructions)		0	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		501,866	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)		82,874	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 01/01/2021 To 12/31/2021	Worksheet M-3 Date/Time Prepared: 5/27/2022 11:00 am		
		Title XVIII	RHC III	Cost		
				1.00		
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES						
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			4,584,907	1.00	
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			1,024,846	2.00	
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			3,560,061	3.00	
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			25,911	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)			25,911	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)			137.40	7.00	
			Calculation of Limit (1)			
			Rate Period 1 (01/01/2021 through 03/31/2021)	Rate Period 2 (04/01/2021 through 12/31/2021)		
			1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)			87.52	100.00	8.00
9.00	Rate for Program covered visits (see instructions)			87.52	100.00	9.00
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)			0	0	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)			0	0	11.00
12.00	Program covered visits for mental health services (from contractor records)			0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)			0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)			0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)					15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *			0	0	16.00
16.01	Total program charges (see instructions)(from contractor's records)				0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)				0	16.04
16.05	Total program cost (see instructions)			0	0	16.05
17.00	Primary payer amounts				0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				0	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)				0	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)				0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				0	22.00
23.00	Allowable bad debts (see instructions)				0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)				0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)				0	25.50
25.99	Demonstration payment adjustment amount before sequestration				0	25.99
26.00	Net reimbursable amount (see instructions)				0	26.00
26.01	Sequestration adjustment (see instructions)				0	26.01
26.02	Demonstration payment adjustment amount after sequestration				0	26.02
27.00	Interim payments				0	27.00
28.00	Tentative settlement (for contractor use only)				0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)				0	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2				0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 26-0110

Period:

Worksheet M-4

Component CCN: 26-8657

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 am

		Title XVIII		RHC II	Cost	
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTIBODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	3,135,902	3,135,902	3,135,902	3,135,902	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.001833	0.002796	0.000000	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	5,748	8,768	0	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	67,598	19,862	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	73,346	28,630	0	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	3,492,291	3,492,291	3,492,291	3,492,291	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	3,106,970	3,106,970	3,106,970	3,106,970	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.021002	0.008198	0.000000	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	65,253	25,471	0	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	138,599	54,101	0	0	10.00
11.00	Total number of injections/infusions (from your records)	411	627	0	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	337.22	86.29	0.00	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	172	212	0	0	13.00
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	58,002	18,293	0	0	14.00
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)		192,700			15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)		76,295			16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 26-0110

Period:

Worksheet M-4

Component CCN: 26-8674

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:00 am

		Title XVIII		RHC III	Cost	
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTIBODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	2,039,873	2,039,873	2,039,873	2,039,873	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.018853	0.012681	0.000000	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	38,458	25,868	0	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	562,748	28,558	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	601,206	54,426	0	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	2,933,136	2,933,136	2,933,136	2,933,136	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	1,651,771	1,651,771	1,651,771	1,651,771	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.204970	0.018556	0.000000	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	338,564	30,650	0	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	939,770	85,076	0	0	10.00
11.00	Total number of injections/infusions (from your records)	2,896	1,948	0	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	324.51	43.67	0.00	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	0	0	0	0	13.00
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	0	0	0	0	14.00
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)		1,024,846			15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, 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 01/01/2021 To 12/31/2021	Worksheet M-5 Date/Time Prepared: 5/27/2022 11:00 am	
			RHC II	Cost	
			Part B		
			mm/dd/yyyy	Amount	
			1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC			501,866	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)			501,866	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			82,874	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			584,740	7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00