

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: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/24/2021 10:18 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT FRANCIS MEDICAL CENTER (26-0183) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) JUSTIN DAVISON
 Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
 Title
11/24/2021 10:18:27 AM
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	277,071	-198,172	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	26,607	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	303,678	-198,172	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 26-0183		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/24/2021 10:18 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 211 ST. FRANCIS DRIVE			PO Box:				1.00			
2.00	City: CAPE GIRARDEAU			State: MO		Zip Code: 63703		County:			
		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		SAINT FRANCIS MEDICAL CENTER		260183	16020	1	07/01/1966	N	P	P
4.00	Subprovider - IPF										
5.00	Subprovider - IRF		REHAB UNIT		26T183	16020	5	07/01/1988	N	P	P
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		HOME HEALTH AGENCY		267515	16020		08/08/1996	N	P	P
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice		HOSPICE		261657	16020		01/01/2015			
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
17.10	Hospital-Based (CORF) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021		20.00	
21.00	Type of Control (see instructions)						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)					N	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 OMBdelineations 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.								22.04		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		

Worksheet S-2
Part I
Date/Time Prepared:
11/24/2021 10:18 am

MCRIF32 - 16.12.172.5

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0183		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/24/2021 10:18 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00
						0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
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	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		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00		
					1.00	2.00	3.00	
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)					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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/24/2021 10:18 am
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	1.00	
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	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	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06

Rural Providers			
105.00	Does this hospital qualify as a CAH?	N	105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N	108.00

	Physical	Occupational	Speech	Respiratory	
	1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	109.00

	1.00	
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110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00
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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		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:	1,383,758	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 26-0183		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/24/2021 10:18 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:		Zip Code:				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
161.10	CORF		N	N	N	N	161.10		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/24/2021 10:18 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.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	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	10/13/2021	Y	10/13/2021
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/24/2021 10:18 am
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JUSTIN	DAVISON	41.00
42.00	Enter the employer/company name of the cost report preparer.	SFMC		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	573-331-5244	JDAVISON@SFMC.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/24/2021 10:18 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CHIEF FINANCIAL OFFICER		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: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/24/2021 10:18 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	216	78,840	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)		216	78,840	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
8.01 NEONATOLOGY/NICU	31.01	36	13,140	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		282	102,930	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	24	8,760		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		306				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: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/24/2021 10:18 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)	13,292	2,475	31,443			1.00
2.00	HMO and other (see instructions)	5,113	7,395				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	103				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)	13,292	2,475	31,443			7.00
8.00	INTENSIVE CARE UNIT	2,702	660	4,473			8.00
8.01	NEONATOLOGY/NICU	0	1,014	5,526			8.01
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		87	1,529			13.00
14.00	Total (see instructions)	15,994	4,236	42,971	0.00	2,248.09	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	1,976	626	4,187	0.00	16.20	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	6,826	0.00	9.34	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	7.33	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	2,280.96	27.00
28.00	Observation Bed Days		282	7,064			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	19	328			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: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,328	770	8,547	1.00
2.00 HMO and other (see instructions)			0	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATOLOGY/NICU						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,328	770	8,547	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	154	0	320	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/24/2021 10:18 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	209,617,580	0	209,617,580	5,012,811.00	41.82	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		329,901	0	329,901	1,825.00	180.77	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		5,789,442	0	5,789,442	26,357.00	219.65	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		92,899,923	2,715,942	95,615,865	1,440,112.00	66.39	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		6,775	0	6,775	56.00	120.98	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,614,234	0	26,614,234			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		14,318,849	0	14,318,849			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		4,688	0	4,688			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		574,396	0	574,396			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/24/2021 10:18 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	12	0	12	29,677.00	0.00	26.00
27.00	Administrative & General	5.00	34,011,033	-2,629,684	31,381,349	1,175,343.00	26.70	27.00
28.00	Administrative & General under contract (see inst.)		1,014,578	0	1,014,578	6,694.00	151.57	28.00
29.00	Maintenance & Repairs	6.00	2,461,196	-378,683	2,082,513	81,696.00	25.49	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	395,761	0	395,761	25,829.00	15.32	31.00
32.00	Housekeeping	9.00	1,830,378	1,392	1,831,770	122,852.00	14.91	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,633,881	497	1,634,378	83,044.00	19.68	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,951,138	3,208	1,954,346	73,030.00	26.76	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	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	1,285,623	0	1,285,623	57,158.00	22.49	41.00
42.00	Social Service	17.00	290,712	0	290,712	8,368.00	34.74	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/24/2021 10:18 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)	204,842,716	0	204,842,716	4,993,148.00	41.02	1.00
2.00	Excluded area salaries (see instructions)	92,899,923	2,715,942	95,615,865	1,440,112.00	66.39	2.00
3.00	Subtotal salaries (line 1 minus line 2)	111,942,793	-2,715,942	109,226,851	3,553,036.00	30.74	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,775	0	6,775	56.00	120.98	4.00
5.00	Subtotal wage-related costs (see inst.)	26,618,922	0	26,618,922	0.00	24.37	5.00
6.00	Total (sum of lines 3 thru 5)	138,568,490	-2,715,942	135,852,548	3,553,092.00	38.24	6.00
7.00	Total overhead cost (see instructions)	44,874,312	-3,003,270	41,871,042	1,663,691.00	25.17	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/24/2021 10:18 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		6,845,199	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		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		6,400	6.00
7.00	Employee Managed Care Program Administration Fees		0	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)		0	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		19,285,087	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		615,599	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		610,932	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		590,335	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		925,000	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		12,574,478	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	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		59,157	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		41,512,187	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: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/24/2021 10:18 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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 26-0183 Component CCN: 26-7515		Period: From 07/01/2020 To 06/30/2021		Worksheet S-4 Date/Time Prepared: 11/24/2021 10:18 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	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)			710.00	0.00	0.00	42.00	0.00	2.00
				Number of Employees (Full Time Equivalent)					
				Enter the number of hours in your normal work week					
						Staff	Contract	Total	
				0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)			0.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)					0.33	0.00	0.33	4.00
5.00	Other Administrative Personnel					0.00	0.00	0.00	5.00
6.00	Direct Nursing Service					5.63	0.00	5.63	6.00
7.00	Nursing Supervisor					0.00	0.00	0.00	7.00
8.00	Physical Therapy Service					2.99	0.00	2.99	8.00
9.00	Physical Therapy Supervisor					0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service					0.26	0.00	0.26	10.00
11.00	Occupational Therapy Supervisor					0.00	0.00	0.00	11.00
12.00	Speech Pathology Service					0.10	0.00	0.10	12.00
13.00	Speech Pathology Supervisor					0.00	0.00	0.00	13.00
14.00	Medical Social Service					0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor					0.00	0.00	0.00	15.00
16.00	Home Health Aide					0.00	0.00	0.00	16.00
17.00	Home Health Aide Supervisor					0.00	0.00	0.00	17.00
18.00	Other (specify)					0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99926					20.00
				Full Episodes					
				Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			1,654	141	71	7	1,873	21.00
22.00	Skilled Nursing Visit Charges			543,168	46,248	23,616	2,296	615,328	22.00
23.00	Physical Therapy Visits			1,405	77	72	21	1,575	23.00
24.00	Physical Therapy Visit Charges			460,840	25,256	23,616	6,888	516,600	24.00
25.00	Occupational Therapy Visits			129	19	3	8	159	25.00
26.00	Occupational Therapy Visit Charges			42,312	6,232	984	2,624	52,152	26.00
27.00	Speech Pathology Visits			29	8	0	8	45	27.00
28.00	Speech Pathology Visit Charges			9,512	2,624	0	2,624	14,760	28.00
29.00	Medical Social Service Visits			0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges			0	0	0	0	0	30.00
31.00	Home Health Aide Visits			122	0	0	0	122	31.00
32.00	Home Health Aide Visit Charges			20,740	0	0	0	20,740	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			3,339	245	146	44	3,774	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)			1,076,572	80,360	48,216	14,432	1,219,580	35.00
36.00	Total Number of Episodes (standard/non outlier)			427		70	5	502	36.00
37.00	Total Number of Outlier Episodes				13		0	13	37.00
38.00	Total Non-Routine Medical Supply Charges			163,264	21,597	4,760	1,561	191,182	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 26-0183

Period:

Worksheet S-9

Hospice CCN: 26-1657

From 07/01/2020
To 06/30/2021PARTS I THROUGH IV
Date/Time Prepared:
11/24/2021 10:18 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	8,603	225	200	9,028	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	8,603	225	200	9,028	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/24/2021 10:18 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)		0.155831	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		30,309,975	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		259,276,404	6.00
7.00	Medicaid cost (line 1 times line 6)		40,403,301	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)		10,093,326	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)		10,093,326	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)	104,424,924	5,835,323	110,260,247
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	16,272,640	5,835,323	22,107,963
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)	16,272,640	5,835,323	22,107,963
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		12,021,787	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		990,159	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,523,322	27.01
28.00	Non-Medicare bad debt expense (see instructions)		10,498,465	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,169,149	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		24,277,112	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		34,370,438	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0183

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

Worksheet A

Date/Time Prepared:
11/24/2021 10:18 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		10,059,912	10,059,912	6,175,773	16,235,685
2.00	00200	CAP REL COSTS-MVBLE EQUIP		14,799,337	14,799,337	326,214	15,125,551
3.00	00300	OTHER CAP REL COSTS		1,002,194	1,002,194	-1,002,194	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12	5,644,000	5,644,012	149,367	5,793,379
5.01	00540	COMMUNICATIONS	197,707	33,396	231,103	39,200	270,303
5.02	00550	DATA PROCESSING	7,722,756	14,903,236	22,625,992	1,051	22,627,043
5.03	00560	PURCHASING RECEIVING AND STORES	423,624	121,677	545,301	-39,008	506,293
5.04	00570	ADMITTING	2,851,847	1,233,580	4,085,427	0	4,085,427
5.05	00580	CREDIT & COLLECTIONS	1,897,500	2,957,974	4,855,474	0	4,855,474
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	20,917,599	50,815,208	71,732,807	-5,941,285	65,791,522
6.00	00600	MAINTENANCE & REPAIRS	2,461,196	5,322,839	7,784,035	-668,274	7,115,761
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
7.01	00701	SPD SOILED PROCESSING	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	395,761	733,772	1,129,533	0	1,129,533
9.00	00900	HOUSEKEEPING	1,830,378	1,082,049	2,912,427	2,457	2,914,884
10.00	01000	DIETARY	1,633,881	1,287,386	2,921,267	876	2,922,143
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,375,116	419,093	1,794,209	1,172	1,795,381
13.01	01851	SPD STERILE PROCESSING	576,022	500,971	1,076,993	4,490	1,081,483
16.00	01600	MEDICAL RECORDS & LIBRARY	1,285,623	449,445	1,735,068	0	1,735,068
17.00	01700	SOCIAL SERVICE	290,712	76,336	367,048	0	367,048
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,696,542	5,035,277	19,731,819	51,956	19,783,775
31.00	03100	INTENSIVE CARE UNIT	4,316,575	2,479,668	6,796,243	64,546	6,860,789
31.01	02040	NEONATOLOGY/NICU	2,459,398	960,196	3,419,594	44,489	3,464,083
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,268,264	396,011	1,664,275	6,007	1,670,282
43.00	04300	NURSERY	820,923	647,279	1,468,202	6,347	1,474,549
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,201,711	6,186,039	13,387,750	64,694	13,452,444
51.00	05100	RECOVERY ROOM	925,400	197,222	1,122,622	6,219	1,128,841
52.00	05200	DELIVERY ROOM & LABOR ROOM	923,727	326,165	1,249,892	8,544	1,258,436
53.00	05300	ANESTHESIOLOGY	49,580	381,724	431,304	11,739	443,043
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,608,002	3,334,109	7,942,111	11,030	7,953,141
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	260,166	184,260	444,426	550	444,976
57.00	05700	CT SCAN	520,418	560,457	1,080,875	1,489	1,082,364
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	280,441	466,988	747,429	5,688	753,117
59.00	05900	CARDIAC CATHETERIZATION	2,266,396	1,662,861	3,929,257	9,563	3,938,820
60.00	06000	LABORATORY	3,926,847	8,904,694	12,831,541	-137,163	12,694,378
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,174,972	1,346,209	4,521,181	684	4,521,865
66.00	06600	PHYSICAL THERAPY	2,366,348	661,222	3,027,570	8,912	3,036,482
67.00	06700	OCCUPATIONAL THERAPY	828,337	202,308	1,030,645	1,303	1,031,948
68.00	06800	SPEECH PATHOLOGY	632,068	127,594	759,662	757	760,419
69.00	06900	ELECTROCARDIOLOGY	946,902	510,557	1,457,459	82,925	1,540,384
70.00	07000	ELECTROENCEPHALOGRAPHY	1,029,431	421,131	1,450,562	7,188	1,457,750
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	804,080	41,416,825	42,220,905	-22,538,652	19,682,253
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,572,623	22,572,623
73.00	07300	DRUGS CHARGED TO PATIENTS	2,715,966	26,566,728	29,282,694	53,724	29,336,418
73.01	07301	REHABILITATION SERVICES	2,426,413	1,056,907	3,483,320	12,316	3,495,636
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet A Date/Time Prepared: 11/24/2021 10:18 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
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000 CLINIC	0	0	0	0	0 90.00
90.01	09001 CAPE MEDICAL ONCOLOGY PBC	224,484	128,881	353,365	0	353,365 90.01
90.02	09002 GYN SURG ONCOLOGIST PBC	17,543	9,939	27,482	0	27,482 90.02
90.03	09003 PHYSICIAN CARDIOLOGIST PBC	651,511	599,806	1,251,317	0	1,251,317 90.03
90.04	09004 CAPE THORACIC & CARDIOVASCULAR PBC	45,362	212,252	257,614	0	257,614 90.04
90.05	09005 CAPE CEN PBC	0	0	0	0	0 90.05
90.06	09006 CAPE NEUROSURGERY PBC	53,044	60,337	113,381	0	113,381 90.06
90.07	09007 CAPE PHYSICIAN ASSOCIATES PBC	418,068	593,072	1,011,140	0	1,011,140 90.07
91.00	09100 EMERGENCY	13,267,268	4,521,696	17,788,964	6,167	17,795,131 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00	09500 AMBULANCE SERVICES	0	360,161	360,161	0	360,161 95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
99.00	09900 CMHC	0	0	0	0	0 99.00
99.10	09910 CORF	0	0	0	0	0 99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00	10100 HOME HEALTH AGENCY	724,868	255,553	980,421	179	980,600 101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0 106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0 107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0 108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300 INTEREST EXPENSE	0	5,499,793	5,499,793	-5,499,793	0 113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0 114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0 115.00
116.00	11600 HOSPICE	499,617	545,734	1,045,351	0	1,045,351 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	119,210,406	228,262,060	347,472,466	-6,086,130	341,386,336 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
191.00	19100 RESEARCH	0	0	0	0	0 191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950 FITNESS CTR & PLUS, KIDS PLUS, DEXTE	289,130	299,821	588,951	894	589,845 194.00
194.01	07951 RETAIL PHARMACY	759,989	6,533,402	7,293,391	37,648	7,331,039 194.01
194.02	07952 PHYSICIANS CLINICS	67,132,545	37,106,550	104,239,095	60,593	104,299,688 194.02
194.03	07953 MEDICAL OFFICE BLDG	0	0	0	0	0 194.03
194.04	07954 NONPATIENT MEALS	0	0	0	0	0 194.04
194.05	07955 BEAUTY SHOP	0	0	0	0	0 194.05
194.06	07956 MARKETING COSTS	0	0	0	5,957,275	5,957,275 194.06
194.07	07957 CAPE PRIMARY CARE	1,337,927	585,337	1,923,264	461	1,923,725 194.07
194.08	07958 JACKSON FAMILY CLINIC	731,433	232,985	964,418	1,149	965,567 194.08
194.09	07959 CHARLESTON FAMILY CARE	97,525	68,001	165,526	425	165,951 194.09
194.10	07960 AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0 194.10
194.11	07961 CAPE MEDICAL GROUP	0	0	0	0	0 194.11
194.12	07962 IMMEDIATE CONVENIENT CARE - JACKSON	125,888	105,554	231,442	492	231,934 194.12
194.13	07963 JACKSON PHYSICIAN ASSOCIATES	11,156	4,653	15,809	45	15,854 194.13
194.14	07964 PHYSICIANS PARK PRIMARY CARE	1,705,800	6,077,724	7,783,524	5,152	7,788,676 194.14
194.15	07965 IMMEDIATE CONVENIENT CARE - BLACK RI	471,729	704,906	1,176,635	254	1,176,889 194.15
194.16	07966 PIEDMONT PHYSICIAN ASSOCIATES	1,276,579	623,993	1,900,572	4,439	1,905,011 194.16
194.17	07967 CAPE PEDIATRIC GROUP	0	0	0	0	0 194.17
194.18	07968 IMMEDIATE CONVENIENT CARE - CAPE	1,173,458	346,445	1,519,903	3,424	1,523,327 194.18
194.19	07969 KNIEBERT CLINIC	4,944,916	1,535,922	6,480,838	6,204	6,487,042 194.19
194.20	07970 SAINT FRANCIS OUPATIENT CLINIC	1,124,233	775,394	1,899,627	0	1,899,627 194.20
194.21	07971 POPLAR BLUFF PEDIATRICS	1,686,405	652,898	2,339,303	512	2,339,815 194.21
194.22	07972 FERGUSON MEDICAL GROUP SC	214,266	139,361	353,627	579	354,206 194.22
194.23	07973 FERGUSON MEDICAL GROUP CH	413,122	239,567	652,689	1,227	653,916 194.23
194.24	07974 FERGUSON MEDICAL GROUP EP	1,258,563	468,054	1,726,617	1,130	1,727,747 194.24
194.25	07975 FERGUSON MEDICAL GROUP SI	5,467,798	1,766,717	7,234,515	4,227	7,238,742 194.25
194.26	07976 PPC AUDIOLOGY	30,115	74,986	105,101	0	105,101 194.26
194.27	07977 ERC SOUTHWEST	121,095	5,110	126,205	0	126,205 194.27
194.28	07978 ERC NORTHEAST	33,502	8,969	42,471	0	42,471 194.28
200.00	TOTAL (SUM OF LINES 118 through 199)	209,617,580	286,618,409	496,235,989	0	496,235,989 200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0183

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

Worksheet A

Date/Time Prepared:
11/24/2021 10:18 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	5,960,252	22,195,937	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,493,945	16,619,496	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-568,067	5,225,312	4.00
5.01	00540	COMMUNICATIONS	-40,485	229,818	5.01
5.02	00550	DATA PROCESSING	0	22,627,043	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	506,293	5.03
5.04	00570	ADMITTING	0	4,085,427	5.04
5.05	00580	CREDIT & COLLECTIONS	0	4,855,474	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-2,468,370	63,323,152	5.06
6.00	00600	MAINTENANCE & REPAIRS	-29,410	7,086,351	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
7.01	00701	SPD SOILED PROCESSING	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,129,533	8.00
9.00	00900	HOUSEKEEPING	0	2,914,884	9.00
10.00	01000	DIETARY	-879,219	2,042,924	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,795,381	13.00
13.01	01851	SPD STERILE PROCESSING	-22,809	1,058,674	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	-595,878	1,139,190	16.00
17.00	01700	SOCIAL SERVICE	0	367,048	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,390,761	18,393,014	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,860,789	31.00
31.01	02040	NEONATOLOGY/NICU	-32,422	3,431,661	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,670,282	41.00
43.00	04300	NURSERY	0	1,474,549	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-975,395	12,477,049	50.00
51.00	05100	RECOVERY ROOM	0	1,128,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,258,436	52.00
53.00	05300	ANESTHESIOLOGY	0	443,043	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-151,750	7,801,391	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	-9,328	435,648	56.00
57.00	05700	CT SCAN	0	1,082,364	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	753,117	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,938,820	59.00
60.00	06000	LABORATORY	0	12,694,378	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-39,063	4,482,802	65.00
66.00	06600	PHYSICAL THERAPY	0	3,036,482	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,031,948	67.00
68.00	06800	SPEECH PATHOLOGY	0	760,419	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,540,384	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,457,750	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,682,253	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	22,572,623	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-7,033	29,329,385	73.00
73.01	07301	REHABILITATION SERVICES	-217,502	3,278,134	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet A
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
90.00	09000	CLINIC	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	353,365	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	27,482	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	1,251,317	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	257,614	90.04
90.05	09005	CAPE CEN PBC	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	113,381	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	1,011,140	90.07
91.00	09100	EMERGENCY	-7,270,673	10,524,458	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	360,161	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	980,600	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	1,045,351	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-7,243,968	334,142,368	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	0	589,845	194.00
194.01	07951	RETAIL PHARMACY	0	7,331,039	194.01
194.02	07952	PHYSICIANS CLINICS	0	104,299,688	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	194.04
194.05	07955	BEAUTY SHOP	0	0	194.05
194.06	07956	MARKETING COSTS	0	5,957,275	194.06
194.07	07957	CAPE PRIMARY CARE	0	1,923,725	194.07
194.08	07958	JACKSON FAMILY CLINIC	0	965,567	194.08
194.09	07959	CHARLESTON FAMILY CARE	0	165,951	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	231,934	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	0	15,854	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	0	7,788,676	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	0	1,176,889	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	0	1,905,011	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	0	1,523,327	194.18
194.19	07969	KNIEBERT CLINIC	0	6,487,042	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	1,899,627	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	0	2,339,815	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	354,206	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	653,916	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	1,727,747	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	7,238,742	194.25
194.26	07976	PPPC AUDIOLOGY	0	105,101	194.26
194.27	07977	ERC SOUTHWEST	0	126,205	194.27
194.28	07978	ERC NORTHEAST	0	42,471	194.28
200.00		TOTAL (SUM OF LINES 118 through 199)	-7,243,968	488,992,021	200.00

RECLASSIFICATIONS

Provider CCN: 26-0183

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

Worksheet A-6

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
1.00	A - RECLASS EMPLOYEE BENEFITS					1.00
	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	149,367		
	TOTALS		0	149,367		
1.00	B - RECLASS INTEREST EXPENSE					1.00
	CAP REL COSTS-BLDG & FIXT	1.00	0	5,499,793		
	TOTALS		0	5,499,793		
1.00	C - RECLASS MAIL CLERK					1.00
	COMMUNICATIONS	5.01	39,008	0		
	TOTALS		39,008	0		
1.00	D - RECLASS MARKETING COST					1.00
	MARKETING COSTS	194.06	2,639,449	3,317,826		
	TOTALS		2,639,449	3,317,826		
E - RECLASS BIOMED						
1.00	COMMUNICATIONS	5.01	109	83		1.00
2.00	DATA PROCESSING	5.02	595	456		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	9,061	6,929		3.00
4.00	MAINTENANCE & REPAIRS	6.00	72,223	55,231		4.00
5.00	HOUSEKEEPING	9.00	1,392	1,065		5.00
6.00	DIETARY	10.00	497	379		6.00
7.00	NURSING ADMINISTRATION	13.00	664	508		7.00
8.00	SPD STERILE PROCESSING	13.01	2,544	1,946		8.00
9.00	ADULTS & PEDIATRICS	30.00	49,262	37,672		9.00
10.00	INTENSIVE CARE UNIT	31.00	37,653	28,794		10.00
11.00	NEONATOLOGY/NICU	31.01	25,210	19,279		11.00
12.00	SUBPROVIDER - IRF	41.00	3,466	2,650		12.00
13.00	NURSERY	43.00	3,597	2,750		13.00
14.00	OPERATING ROOM	50.00	38,182	29,199		14.00
15.00	RECOVERY ROOM	51.00	3,524	2,695		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	4,842	3,702		16.00
17.00	ANESTHESIOLOGY	53.00	6,652	5,087		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	6,250	4,780		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	3,223	2,465		19.00
20.00	CT SCAN	57.00	844	645		20.00
21.00	RADIOISOTOPE	56.00	312	238		21.00
22.00	LABORATORY	60.00	6,915	5,289		22.00
23.00	CARDIAC CATHETERIZATION	59.00	5,811	4,443		23.00
24.00	RESPIRATORY THERAPY	65.00	388	296		24.00
25.00	PHYSICAL THERAPY	66.00	5,050	3,862		25.00
26.00	OCCUPATIONAL THERAPY	67.00	738	565		26.00
27.00	SPEECH PATHOLOGY	68.00	429	328		27.00
28.00	ELECTROCARDIOLOGY	69.00	7,452	5,698		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	4,073	3,115		29.00
30.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	19,250	14,721		30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	30,443	23,281		31.00
32.00	REHABILITATION SERVICES	73.01	6,979	5,337		32.00
33.00	EMERGENCY	91.00	20,160	15,416		33.00
34.00	HOME HEALTH AGENCY	101.00	101	78		34.00
35.00	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	194.00	507	387		35.00
36.00	RETAIL PHARMACY	194.01	21,333	16,315		36.00
37.00	PHYSICIANS CLINICS	194.02	34,336	26,257		37.00
38.00	CAPE PRIMARY CARE	194.07	261	200		38.00
39.00	JACKSON FAMILY CLINIC	194.08	651	498		39.00
40.00	CHARLESTON FAMILY CARE	194.09	241	184		40.00
41.00	IMMEDIATE CONVENIENT CARE - JACKSON	194.12	279	213		41.00
42.00	JACKSON PHYSICIAN ASSOCIATES	194.13	25	20		42.00
43.00	PHYSICIANS PARK PRIMARY CARE	194.14	2,919	2,233		43.00
44.00	IMMEDIATE CONVENIENT CARE - BLACK RI	194.15	144	110		44.00
45.00	PIEDMONT PHYSICIAN ASSOCIATES	194.16	2,515	1,924		45.00
46.00	IMMEDIATE CONVENIENT CARE - CAPE	194.18	1,940	1,484		46.00
47.00	KNIEBERT CLINIC	194.19	3,516	2,688		47.00
48.00	POPLAR BLUFF PEDIATRICS	194.21	290	222		48.00
49.00	FERGUSON MEDICAL GROUP SC	194.22	328	251		49.00
50.00	FERGUSON MEDICAL GROUP CH	194.23	695	532		50.00
51.00	FERGUSON MEDICAL GROUP EP	194.24	640	490		51.00
52.00	FERGUSON MEDICAL GROUP SI	194.25	2,395	1,832		52.00
53.00		0.00	0	0		53.00

RECLASSIFICATIONS

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	TOTALS		450,906	344,822		
	F - RECLASS EKG COSTS					
1.00	ELECTROCARDIOLOGY	0.00	0	0		1.00
27.00		69.00	59,611	10,164		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
	TOTALS		59,611	10,164		
	G - RECLASS IMP.DEVICES CHARGED					
1.00	IMPL. DEV. CHARGED TO PATIENTS	0.00	0	0		1.00
27.00		72.00	400,269	22,172,354		27.00
		TOTALS		400,269	22,172,354	
500.00	Grand Total: Increases		3,589,243	31,494,326		500.00

RECLASSIFICATIONS

Provider CCN: 26-0183

Period:
From 07/01/2020
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS EMPLOYEE BENEFITS						
1.00	LABORATORY	60.00	0	149,367	0		1.00
	TOTALS		0	149,367			
	B - RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	5,499,793	11		1.00
	TOTALS		0	5,499,793			
	C - RECLASS MAIL CLERK						
1.00	PURCHASING RECEIVING AND STORES	5.03	39,008	0	0		1.00
	TOTALS		39,008	0			
	D - RECLASS MARKETING COST						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	2,639,449	3,317,826	0		1.00
	TOTALS		2,639,449	3,317,826			
	E - RECLASS BIOMED						
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00	MAINTENANCE & REPAIRS	6.00	450,906	344,822	0		53.00
	TOTALS		450,906	344,822			
	F - RECLASS EKG COSTS						
1.00		0.00	0	0	0		1.00
27.00		0.00	0	0	0		27.00
28.00	ADULTS & PEDIATRICS	30.00	29,420	5,558	0		28.00
29.00	INTENSIVE CARE UNIT	31.00	1,573	328	0		29.00

RECLASSIFICATIONS

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Period:
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Decreases						wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
30.00	SUBPROVIDER - IRF	41.00	89	20	0		30.00
31.00	OPERATING ROOM	50.00	2,167	520	0		31.00
32.00	CARDIAC CATHETERIZATION	59.00	564	127	0		32.00
33.00	EMERGENCY	91.00	25,798	3,611	0		33.00
	TOTALS		59,611	10,164			
G - RECLASS IMP.DEVICES CHARGED							
1.00		0.00	0	0	0		1.00
27.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	400,269	22,172,354	0		27.00
	TOTALS		400,269	22,172,354			
500.00	Grand Total: Decreases		3,589,243	31,494,326			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
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		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	8,386,950	0	0	0	0	1.00	
2.00	Land Improvements	13,006,561	144,102	0	144,102	0	2.00	
3.00	Buildings and Fixtures	255,762,657	14,481,280	0	14,481,280	10,419,720	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	152,149,220	977,847	0	977,847	0	5.00	
6.00	Movable Equipment	202,300,526	7,724,129	0	7,724,129	349,304	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	631,605,914	23,327,358	0	23,327,358	10,769,024	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	631,605,914	23,327,358	0	23,327,358	10,769,024	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,386,950	0				1.00	
2.00	Land Improvements	13,150,663	0				2.00	
3.00	Buildings and Fixtures	259,824,217	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	153,127,067	0				5.00	
6.00	Movable Equipment	209,675,351	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	644,164,248	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	644,164,248	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0183

Period:
From 07/01/2020
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Part II
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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	10,059,912	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,799,337	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	24,859,249	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	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	10,059,912				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	14,799,337				2.00
3.00	Total (sum of lines 1-2)	0	24,859,249				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0183

Period:
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Part III
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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	434,488,897	0	434,488,897	0.674500	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	209,675,351	0	209,675,351	0.325500	0	2.00
3.00	Total (sum of lines 1-2)	644,164,248	0	644,164,248	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	675,980	675,980	16,515,247	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	326,214	326,214	16,293,282	0	2.00
3.00	Total (sum of lines 1-2)	0	1,002,194	1,002,194	32,808,529	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	5,004,710	0	0	675,980	22,195,937	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	326,214	16,619,496	2.00
3.00	Total (sum of lines 1-2)	5,004,710	0	0	1,002,194	38,815,433	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0183

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

Worksheet A-8

Date/Time Prepared:
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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)	B	-495,083	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-40,485	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	-9,917,905			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	-349			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-879,219	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	-169	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-595,878	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	DEPR. ON PT PHONE	A	-11,075	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0183

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

Worksheet A-8

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			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	
33.01 TELEVISION ELECTRIC USAGE	A	-29,410	MAINTENANCE & REPAIRS	6.00	0	33.01
33.02 PHYSICIAN RECRUITMENT	A	-469,589	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.02
33.03 OUTSIDE STERILE PROCESS	B	-22,809	SPD STERILE PROCESSING	13.01	0	33.03
33.04 COMMUNITY TRAINING CENTER	B	-163,764	REHABILITATION SERVICES	73.01	0	33.04
33.05 MISC. INCOME	B	-42,568	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.05
33.06 NON-ALLOW SUPPLIES-REHAB	B	-3,974	REHABILITATION SERVICES	73.01	0	33.06
33.07 BRASC	B	-44,087	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.07
33.08 BLACK RIVER MANAGEMENT	B	-2,385	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.08
33.09 REHAB GYM USE	B	-8,115	REHABILITATION SERVICES	73.01	0	33.09
33.10 ADJ DEPR EXP	A	-9,094	CAP REL COSTS-BLDG & FIXT	1.00	9	33.10
33.11 ADJ. DEPR EXP	A	-2,730	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.11
33.12 ADJ. DEPR. EXP.	A	-22,577	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.12
33.13 AHA DUES FOR LOBBYING	A	-31,287	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.13
33.14 DEPR. NEW BLDG & FIX	A	-6,124	CAP REL COSTS-BLDG & FIXT	1.00	9	33.14
33.15 DEPR NEW MOV. EQUIP.	A	-3,344	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.15
33.16 NON-ALLOWABLE EXPENSE	A	-36	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.16
33.17 NON-ALLOWABLE GOODWILL EXPENSE	A	-250,560	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.17
33.18 ER PHYSICIAN BENEFITS	A	-568,067	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.18
33.19 ADJ TO AHA DEPR DUE TO REVALUE LIFE	A	6,470,902	CAP REL COSTS-BLDG & FIXT	1.00	9	33.19
33.20 ADJ TO AHA DEPR DUE TO REVALUE LIFE	A	1,533,671	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.20
33.21 FINES & PENALTIES USDOJ & ERSP	A	-1,627,858	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.21
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,243,968				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: 26-0183

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

Worksheet A-8-1

Date/Time Prepared:
11/24/2021 10:18 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	SFHS	0	349	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	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			0	349	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	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	E	SFMC	100.00	SFHS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	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: 26-0183

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

Worksheet A-8-1

Date/Time Prepared:
11/24/2021 10:18 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	-349	9		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-349			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	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			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: 26-0183

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

Worksheet A-8-2

Date/Time Prepared:
11/24/2021 10:18 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	30.00	ADULTS & PEDIATRICS	1,390,761	1,390,761	0	153,400	0	1.00
2.00	31.01	NEONATOLOGY/NICU	32,422	32,422	0	153,400	0	2.00
3.00	50.00	OPERATING ROOM	975,395	975,395	0	153,400	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	151,750	151,750	0	153,400	0	4.00
5.00	56.00	RADIOISOTOPE	9,328	9,328	0	153,400	0	5.00
6.00	65.00	RESPIRATORY THERAPY	39,063	39,063	0	153,400	0	6.00
7.00	73.00	DRUGS CHARGED TO PATIENTS	6,864	6,864	0	153,400	0	7.00
8.00	73.01	REHABILITATION SERVICES	41,649	41,649	0	153,400	0	8.00
9.00	91.00	EMERGENCY	7,285,718	7,260,725	24,993	153,400	204	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			9,932,950	9,907,957	24,993		204	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.01	NEONATOLOGY/NICU	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	56.00	RADIOISOTOPE	0	0	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	6.00
7.00	73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	73.01	REHABILITATION SERVICES	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	15,045	752	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			15,045	752	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,390,761		1.00
2.00	31.01	NEONATOLOGY/NICU	0	0	0	32,422		2.00
3.00	50.00	OPERATING ROOM	0	0	0	975,395		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	151,750		4.00
5.00	56.00	RADIOISOTOPE	0	0	0	9,328		5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	39,063		6.00
7.00	73.00	DRUGS CHARGED TO PATIENTS	0	0	0	6,864		7.00
8.00	73.01	REHABILITATION SERVICES	0	0	0	41,649		8.00
9.00	91.00	EMERGENCY	0	15,045	9,948	7,270,673		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	15,045	9,948	9,917,905		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	22,195,937	22,195,937			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	16,619,496		16,619,496		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,225,312	207,789	1,536	5,434,637	4.00
5.01	00540	COMMUNICATIONS	229,818	11,316	29,646	5,121	275,901
5.02	00550	DATA PROCESSING	22,627,043	270,918	7,840,661	199,927	14,879
5.03	00560	PURCHASING RECEIVING AND STORES	506,293	101,503	3,292	9,956	1,681
5.04	00570	ADMITTING	4,085,427	183,408	0	73,823	84
5.05	00580	CREDIT & COLLECTIONS	4,855,474	48,387	28,407	49,119	7,061
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	63,323,152	1,361,374	724,236	482,864	26,228
6.00	00600	MAINTENANCE & REPAIRS	7,086,351	3,061,669	167,443	53,908	4,708
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
7.01	00701	SPD SOILED PROCESSING	0	117,406	0	0	168
8.00	00800	LAUNDRY & LINEN SERVICE	1,129,533	85,332	79,070	10,245	420
9.00	00900	HOUSEKEEPING	2,914,884	91,615	40,415	47,417	1,345
10.00	01000	DIETARY	2,042,924	326,551	57,556	42,308	1,261
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,795,381	1,124	153,779	35,613	841
13.01	01851	SPD STERILE PROCESSING	1,058,674	89,259	87,277	14,977	1,009
16.00	01600	MEDICAL RECORDS & LIBRARY	1,139,190	84,958	7,132	33,280	2,522
17.00	01700	SOCIAL SERVICE	367,048	0	0	7,525	588
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,393,014	2,579,159	389,305	380,948	36,736
31.00	03100	INTENSIVE CARE UNIT	6,860,789	371,100	234,295	112,673	6,389
31.01	02040	NEONATOLOGY/NICU	3,431,661	237,346	117,328	64,317	3,026
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,670,282	292,104	23,066	32,918	3,531
43.00	04300	NURSERY	1,474,549	100,521	29,441	21,344	1,177
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,477,049	942,833	1,860,907	187,356	16,561
51.00	05100	RECOVERY ROOM	1,128,841	49,333	1,477	24,046	1,513
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,258,436	135,307	32,332	24,037	1,513
53.00	05300	ANESTHESIOLOGY	443,043	2,481	8,813	1,456	1,093
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,801,391	576,819	746,652	119,445	8,995
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	435,648	40,283	24,135	6,743	757
57.00	05700	CT SCAN	1,082,364	60,006	213,245	13,493	420
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	753,117	24,327	340,721	7,343	252
59.00	05900	CARDIAC CATHETERIZATION	3,938,820	693,689	219,854	58,804	8,827
60.00	06000	LABORATORY	12,694,378	281,752	158,603	101,829	7,734
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,482,802	156,565	156,674	82,197	2,942
66.00	06600	PHYSICAL THERAPY	3,036,482	286,732	19,831	61,386	1,597
67.00	06700	OCCUPATIONAL THERAPY	1,031,948	27,611	3,460	21,461	1,261
68.00	06800	SPEECH PATHOLOGY	760,419	21,828	1,625	16,373	673
69.00	06900	ELECTROCARDIOLOGY	1,540,384	0	306,302	26,247	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,457,750	195,706	81,259	26,753	4,876
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,682,253	137,717	8,121	10,656	420
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,572,623	137,735	8,120	10,656	336
73.00	07300	DRUGS CHARGED TO PATIENTS	29,329,385	134,272	211,615	71,094	3,447
73.01	07301	REHABILITATION SERVICES	3,278,134	934,266	183,770	62,991	16,140
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/24/2021 10:18 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0		77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	353,365	84,404	1,262	5,811	252	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	27,482	1,678	284	454	84	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	1,251,317	50,975	2,749	16,865	252	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	257,614	8,888	78	1,174	168	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	113,381	857	210	1,373	504	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	1,011,140	249,215	214	10,822	841	90.07
91.00	09100	EMERGENCY	10,524,458	590,991	397,949	343,291	8,995	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	360,161	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	980,600	47,155	2,204	18,767	1,261	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	1,045,351	62,754	0	12,933	925	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	334,142,368	15,559,018	15,006,351	3,024,139	206,293	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	66,092	476	0	252	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	589,845	1,141,341	71,309	7,498	2,522	194.00
194.01	07951	RETAIL PHARMACY	7,331,039	42,657	14,745	20,225	1,345	194.01
194.02	07952	PHYSICIANS CLINICS	104,299,688	2,538,322	438,307	1,738,684	44,390	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	0	0	0	194.04
194.05	07955	BEAUTY SHOP	0	1,821	0	0	84	194.05
194.06	07956	MARKETING COSTS	5,957,275	0	0	68,325	0	194.06
194.07	07957	CAPE PRIMARY CARE	1,923,725	250,500	236	34,640	2,942	194.07
194.08	07958	JACKSON FAMILY CLINIC	965,567	103,573	5,677	18,951	1,093	194.08
194.09	07959	CHARLESTON FAMILY CARE	165,951	55,865	1,314	2,531	420	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	231,934	0	3,940	3,266	252	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	15,854	16,456	102	289	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	7,788,676	356,608	516,315	44,232	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	1,176,889	44,406	8,718	12,215	8,491	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	1,905,011	457,575	9,900	33,111	4,119	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	1,523,327	94,703	1,602	30,426	1,765	194.18
194.19	07969	KNIEBERT CLINIC	6,487,042	1,352,129	260,519	128,095	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	1,899,627	0	0	29,102	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	2,339,815	114,871	7,457	43,662	1,933	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	354,206	0	12,723	5,555	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	653,916	0	20,778	10,712	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	1,727,747	0	30,508	32,596	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	7,238,742	0	208,519	141,601	0	194.25
194.26	07976	PPPC AUDIOLOGY	105,101	0	0	780	0	194.26

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
194.27	07977	ERC SOUTHWEST	126,205	0	0	3,135	0	194.27
194.28	07978	ERC NORTHEAST	42,471	0	0	867	0	194.28
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)	488,992,021	22,195,937	16,619,496	5,434,637	275,901	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CREDIT & COLLECTIONS	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	30,953,428					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	51,347	674,072				5.03
5.04	00570	ADMITTING	0	21	4,342,763			5.04
5.05	00580	CREDIT & COLLECTIONS	770,199	37	0	5,758,684		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	12,879,431	2,497	0	0	78,799,782	5.06
6.00	00600	MAINTENANCE & REPAIRS	34,231	6,751	0	0	10,415,061	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	SPD SOILED PROCESSING	17,116	0	0	0	134,690	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,748	0	0	1,306,348	8.00
9.00	00900	HOUSEKEEPING	25,673	1,671	0	0	3,123,020	9.00
10.00	01000	DIETARY	94,135	1,514	0	0	2,566,249	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	145,482	3	0	0	2,132,223	13.00
13.01	01851	SPD STERILE PROCESSING	0	1,946	0	0	1,253,142	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	667,505	56	0	0	1,934,643	16.00
17.00	01700	SOCIAL SERVICE	154,040	0	0	0	529,201	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,608,859	9,312	246,793	327,235	23,971,361	30.00
31.00	03100	INTENSIVE CARE UNIT	658,948	3,952	116,526	154,508	8,519,180	31.00
31.01	02040	NEONATOLOGY/NICU	316,637	1,799	80,884	107,248	4,360,246	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	179,713	239	15,667	20,774	2,238,294	41.00
43.00	04300	NURSERY	68,462	723	18,484	24,509	1,739,210	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	419,330	10,243	279,113	370,091	16,563,483	50.00
51.00	05100	RECOVERY ROOM	119,809	147	46,507	61,666	1,433,339	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	68,462	607	33,469	44,379	1,598,542	52.00
53.00	05300	ANESTHESIOLOGY	8,558	2,427	129,422	171,607	768,900	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	633,274	6,621	209,511	277,801	10,380,509	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	34,231	617	38,223	50,682	631,319	56.00
57.00	05700	CT SCAN	8,558	3,267	239,314	317,319	1,937,986	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,558	2,509	57,024	75,611	1,269,462	58.00
59.00	05900	CARDIAC CATHETERIZATION	607,601	4,191	185,156	245,508	5,962,450	59.00
60.00	06000	LABORATORY	308,079	38,097	435,216	577,076	14,602,764	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	333,753	3,244	281,322	373,020	5,872,519	65.00
66.00	06600	PHYSICAL THERAPY	34,231	204	45,804	60,734	3,547,001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	61	21,444	28,434	1,135,680	67.00
68.00	06800	SPEECH PATHOLOGY	42,789	12	16,449	21,811	881,979	68.00
69.00	06900	ELECTROCARDIOLOGY	231,060	762	98,183	130,186	2,333,124	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	522,024	450	22,998	30,494	2,342,310	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,558	133,968	444,526	589,802	21,016,021	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	133,968	444,303	589,125	23,896,866	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	462,119	170,132	380,254	504,198	31,266,516	73.00
73.01	07301	REHABILITATION SERVICES	1,480,493	2,724	83,209	110,331	6,152,058	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CREDIT & COLLECTIONS	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	102,693	9	5,737	7,607	561,140	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	0	227	302	30,511	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	128,366	69	17,886	23,716	1,492,195	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	1	1,629	2,161	271,713	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	42,789	1	2,305	3,057	164,477	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	42,789	2,097	19,980	26,493	1,363,591	90.07
91.00	09100	EMERGENCY	1,762,899	4,093	303,004	401,769	14,337,449	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	1,250	1,658	363,069	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	299,522	231	6,271	8,316	1,364,327	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	119,809	525	14,673	19,456	1,276,426	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,502,132	553,546	4,342,763	5,758,684	317,840,376	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	66,820	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	25,673	414	0	0	1,838,602	194.00
194.01	07951	RETAIL PHARMACY	85,578	41,535	0	0	7,537,124	194.01
194.02	07952	PHYSICIANS CLINICS	3,808,204	62,955	0	0	112,930,550	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	0	0	0	194.04
194.05	07955	BEAUTY SHOP	0	0	0	0	1,905	194.05
194.06	07956	MARKETING COSTS	0	0	0	0	6,025,600	194.06
194.07	07957	CAPE PRIMARY CARE	94,135	1,018	0	0	2,307,196	194.07
194.08	07958	JACKSON FAMILY CLINIC	145,482	496	0	0	1,240,839	194.08
194.09	07959	CHARLESTON FAMILY CARE	68,462	111	0	0	294,654	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	179,713	63	0	0	419,168	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	51,347	0	0	0	84,048	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	205,386	1,232	0	0	8,912,449	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	0	2,429	0	0	1,253,148	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	119,809	1,300	0	0	2,530,825	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	273,848	354	0	0	1,926,025	194.18
194.19	07969	KNIEBERT CLINIC	77,020	1,964	0	0	8,306,769	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	1,928,729	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	17,116	2,457	0	0	2,527,311	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	17,116	238	0	0	389,838	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	8,558	449	0	0	694,413	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	17,116	820	0	0	1,808,787	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	256,733	2,321	0	0	7,847,916	194.25
194.26	07976	PPPC AUDIOLOGY	0	280	0	0	106,161	194.26
194.27	07977	ERC SOUTHWEST	0	33	0	0	129,373	194.27
194.28	07978	ERC NORTHEAST	0	57	0	0	43,395	194.28
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)	30,953,428	674,072	4,342,763	5,758,684	488,992,021	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	SPD SOILED PROCESSING	LAUNDRY & LINEN SERVICE	
			5.06	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	78,799,782					5.06
6.00	00600	MAINTENANCE & REPAIRS	2,000,785	12,415,846				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
7.01	00701	SPD SOILED PROCESSING	25,875	86,002	0	246,567		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	250,956	62,507	0	246,567	1,866,378	8.00
9.00	00900	HOUSEKEEPING	599,948	67,109	0	0	47	9.00
10.00	01000	DIETARY	492,989	239,204	0	0	864	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	409,611	824	0	0	0	13.00
13.01	01851	SPD STERILE PROCESSING	240,735	65,384	0	0	58,040	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	371,655	62,233	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	101,662	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,605,018	1,889,278	0	0	552,237	30.00
31.00	03100	INTENSIVE CARE UNIT	1,636,577	271,837	0	0	196,320	31.00
31.01	02040	NEONATOLOGY/NICU	837,625	173,860	0	0	35,729	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	429,987	213,971	0	0	47,479	41.00
43.00	04300	NURSERY	334,111	73,633	0	0	40,522	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,181,928	690,641	0	0	205,821	50.00
51.00	05100	RECOVERY ROOM	275,352	36,137	0	0	49,202	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	307,088	99,115	0	0	33,081	52.00
53.00	05300	ANESTHESIOLOGY	147,710	1,817	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,994,148	422,530	0	0	54,666	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	121,280	29,508	0	0	3,630	56.00
57.00	05700	CT SCAN	372,297	43,955	0	0	29,652	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	243,870	17,820	0	0	18,902	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,145,416	508,139	0	0	12,605	59.00
60.00	06000	LABORATORY	2,805,264	206,388	0	0	2,195	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,128,140	114,686	0	0	14,973	65.00
66.00	06600	PHYSICAL THERAPY	681,397	210,036	0	0	3,875	66.00
67.00	06700	OCCUPATIONAL THERAPY	218,170	20,226	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	169,433	15,990	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	448,205	0	0	0	53,109	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	449,969	143,358	0	0	18,586	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,037,283	100,880	0	0	4,166	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,590,707	100,893	0	0	4,166	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,006,454	98,357	0	0	1,018	73.00
73.01	07301	REHABILITATION SERVICES	1,181,841	684,365	0	0	54,747	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	SPD SOILED PROCESSING	LAUNDRY & LINEN SERVICE	
			5.06	6.00	7.00	7.01	8.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	107,798	61,828	0	0	45	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	5,861	1,229	0	0	4	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	286,658	37,340	0	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	52,197	6,511	0	0	65	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	31,597	628	0	0	14	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	261,953	182,554	0	0	703	90.07
91.00	09100	EMERGENCY	2,754,296	432,911	0	0	247,795	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	69,747	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	262,094	34,542	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	245,208	45,969	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,920,895	7,554,195	0	246,567	1,744,258	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,836	48,413	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	353,205	836,051	0	0	48,382	194.00
194.01	07951	RETAIL PHARMACY	1,447,919	31,247	0	0	0	194.01
194.02	07952	PHYSICIANS CLINICS	21,694,325	1,859,363	0	0	70,387	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	0	0	0	194.04
194.05	07955	BEAUTY SHOP	366	1,334	0	0	0	194.05
194.06	07956	MARKETING COSTS	1,157,548	0	0	0	0	194.06
194.07	07957	CAPE PRIMARY CARE	443,224	183,495	0	0	3,351	194.07
194.08	07958	JACKSON FAMILY CLINIC	238,371	75,869	0	0	0	194.08
194.09	07959	CHARLESTON FAMILY CARE	56,605	40,922	0	0	0	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	80,524	0	0	0	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	16,146	12,054	0	0	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	1,712,126	261,221	0	0	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	240,736	32,528	0	0	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	486,184	335,181	0	0	0	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	369,999	69,371	0	0	0	194.18
194.19	07969	KNIEBERT CLINIC	1,595,772	990,457	0	0	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	370,518	0	0	0	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	485,509	84,145	0	0	0	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	74,890	0	0	0	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	133,400	0	0	0	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	347,477	0	0	0	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	1,507,624	0	0	0	0	194.25
194.26	07976	PPPC AUDIOLOGY	20,394	0	0	0	0	194.26
194.27	07977	ERC SOUTHWEST	24,853	0	0	0	0	194.27
194.28	07978	ERC NORTHEAST	8,336	0	0	0	0	194.28
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)	78,799,782	12,415,846	0	246,567	1,866,378	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	SPD STERILE PROCESSING	
			9.00	10.00	11.00	13.00	13.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	SPD SOILED PROCESSING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	3,790,124					9.00
10.00	01000	DIETARY	74,311	3,373,617				10.00
11.00	01100	CAFETERIA	0	1,238,987	1,238,987			11.00
13.00	01300	NURSING ADMINISTRATION	256	0	16,041	2,558,955		13.00
13.01	01851	SPD STERILE PROCESSING	20,312	0	11,956	0	1,649,569	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	19,333	0	21,888	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	3,204	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	586,924	1,315,115	154,688	938,705	0	30.00
31.00	03100	INTENSIVE CARE UNIT	84,449	157,721	35,819	217,511	453	31.00
31.01	02040	NEONATOLOGY/NICU	54,011	0	27,750	168,506	8,505	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	66,472	147,636	12,940	78,468	0	41.00
43.00	04300	NURSERY	22,875	0	10,119	0	27,959	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	214,555	0	71,380	0	1,392,782	50.00
51.00	05100	RECOVERY ROOM	11,226	0	9,339	0	73,023	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,791	0	11,404	69,209	0	52.00
53.00	05300	ANESTHESIOLOGY	565	0	1,228	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	131,263	0	37,407	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9,167	0	2,444	0	0	56.00
57.00	05700	CT SCAN	13,655	0	6,215	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,536	0	3,601	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	157,859	0	16,871	0	4,468	59.00
60.00	06000	LABORATORY	64,117	0	59,316	359,842	20,614	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	35,628	0	32,647	0	41,723	65.00
66.00	06600	PHYSICAL THERAPY	65,250	0	25,117	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,283	0	8,983	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,967	0	5,660	0	580	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	10,670	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	44,536	0	12,777	77,518	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,339	0	8,895	0	38,066	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,343	0	8,896	0	38,055	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,555	0	23,404	0	0	73.00
73.01	07301	REHABILITATION SERVICES	212,605	0	34,836	211,525	622	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	SPD STERILE PROCESSING	
			9.00	10.00	11.00	13.00	13.01	
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	19,207	0	991	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	382	0	67	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	11,600	0	3,209	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	2,023	0	614	0	0	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	195	0	4,240	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	56,712	0	2,487	0	0	90.07
91.00	09100	EMERGENCY	134,488	0	72,010	437,671	2,719	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	10,731	0	7,444	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	14,281	0	5,837	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,279,802	2,859,459	782,394	2,558,955	1,649,569	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,040	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	259,728	0	4,103	0	0	194.00
194.01	07951	RETAIL PHARMACY	9,707	0	6,306	0	0	194.01
194.02	07952	PHYSICIANS CLINICS	577,630	0	279,670	0	0	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	514,158	0	0	0	194.04
194.05	07955	BEAUTY SHOP	414	0	197	0	0	194.05
194.06	07956	MARKETING COSTS	0	0	0	0	0	194.06
194.07	07957	CAPE PRIMARY CARE	57,005	0	11,901	0	0	194.07
194.08	07958	JACKSON FAMILY CLINIC	23,570	0	4,246	0	0	194.08
194.09	07959	CHARLESTON FAMILY CARE	12,713	0	795	0	0	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	0	1,085	0	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	3,745	0	250	0	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	81,151	0	21,636	0	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	10,105	0	7,953	0	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	104,127	0	12,327	0	0	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	21,551	0	9,736	0	0	194.18
194.19	07969	KNIEBERT CLINIC	307,695	0	36,244	0	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	26,141	0	9,691	0	0	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	0	2,516	0	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	0	4,462	0	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	0	8,624	0	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	0	31,080	0	0	194.25
194.26	07976	PPPC AUDIOLOGY	0	0	204	0	0	194.26
194.27	07977	ERC SOUTHWEST	0	0	2,699	0	0	194.27
194.28	07978	ERC NORTHEAST	0	0	868	0	0	194.28
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)	3,790,124	3,373,617	1,238,987	2,558,955	1,649,569	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	SPD SOILED PROCESSING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	SPD STERILE PROCESSING						13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	2,409,752					16.00
17.00	01700	SOCIAL SERVICE	0	634,067				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	697,864	413,017	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	59,521	62,341	0	0	0	31.00
31.01	02040	NEONATOLOGY/NICU	38,556	45,255	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,470	13,202	0	0	0	41.00
43.00	04300	NURSERY	14,459	20,545	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	100,487	7,342	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,833	6,989	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	184,346	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,410	141	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	31,327	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	33,255	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,434	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	REHABILITATION SERVICES	14,940	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/24/2021 10:18 am

						11/24/2021 10:18 am	
	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
				(SPECIFY)			
		16.00	17.00	18.00	19.00	20.00	
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 CAPE MEDICAL ONCOLOGY PBC	0	0	0	0	0	90.01
90.02	09002 GYN SURG ONCOLOGIST PBC	0	0	0	0	0	90.02
90.03	09003 PHYSICIAN CARDIOLOGIST PBC	0	0	0	0	0	90.03
90.04	09004 CAPE THORACIC & CARDIOVASCULAR PBC	0	0	0	0	0	90.04
90.05	09005 CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006 CAPE NEUROSURGERY PBC	0	0	0	0	0	90.06
90.07	09007 CAPE PHYSICIAN ASSOCIATES PBC	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	1,178,850	65,235	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,409,752	634,067	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FITNESS CTR & PLUS, KIDS PLUS, DEXTE	0	0	0	0	0	194.00
194.01	07951 RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	07952 PHYSICIANS CLINICS	0	0	0	0	0	194.02
194.03	07953 MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954 NONPATIENT MEALS	0	0	0	0	0	194.04
194.05	07955 BEAUTY SHOP	0	0	0	0	0	194.05
194.06	07956 MARKETING COSTS	0	0	0	0	0	194.06
194.07	07957 CAPE PRIMARY CARE	0	0	0	0	0	194.07
194.08	07958 JACKSON FAMILY CLINIC	0	0	0	0	0	194.08
194.09	07959 CHARLESTON FAMILY CARE	0	0	0	0	0	194.09
194.10	07960 AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961 CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962 IMMEDIATE CONVENIENT CARE - JACKSON	0	0	0	0	0	194.12
194.13	07963 JACKSON PHYSICIAN ASSOCIATES	0	0	0	0	0	194.13
194.14	07964 PHYSICIANS PARK PRIMARY CARE	0	0	0	0	0	194.14
194.15	07965 IMMEDIATE CONVENIENT CARE - BLACK RI	0	0	0	0	0	194.15
194.16	07966 PIEDMONT PHYSICIAN ASSOCIATES	0	0	0	0	0	194.16
194.17	07967 CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968 IMMEDIATE CONVENIENT CARE - CAPE	0	0	0	0	0	194.18
194.19	07969 KNIEBERT CLINIC	0	0	0	0	0	194.19
194.20	07970 SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	0	194.20
194.21	07971 POPLAR BLUFF PEDIATRICS	0	0	0	0	0	194.21
194.22	07972 FERGUSON MEDICAL GROUP SC	0	0	0	0	0	194.22
194.23	07973 FERGUSON MEDICAL GROUP CH	0	0	0	0	0	194.23
194.24	07974 FERGUSON MEDICAL GROUP EP	0	0	0	0	0	194.24
194.25	07975 FERGUSON MEDICAL GROUP SI	0	0	0	0	0	194.25
194.26	07976 PPPC AUDIOLOGY	0	0	0	0	0	194.26
194.27	07977 ERC SOUTHWEST	0	0	0	0	0	194.27
194.28	07978 ERC NORTHEAST	0	0	0	0	0	194.28
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
					(SPECIFY)			
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,409,752	634,067	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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11/24/2021 10:18 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	SPD SOILED PROCESSING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	SPD STERILE PROCESSING						13.01
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	35,124,207	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	11,241,729	0	31.00
31.01	02040	NEONATOLOGY/NICU	0	0	0	5,750,043	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	3,255,919	0	41.00
43.00	04300	NURSERY	0	0	0	2,283,433	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	22,428,419	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,887,618	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,194,052	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	920,220	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	13,204,869	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	797,348	0	56.00
57.00	05700	CT SCAN	0	0	0	2,403,760	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,559,191	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	7,810,359	0	59.00
60.00	06000	LABORATORY	0	0	0	18,120,500	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,240,316	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,564,003	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,389,342	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,078,609	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,878,363	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,097,488	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	25,236,650	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,670,926	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	37,426,304	0	73.00
73.01	07301	REHABILITATION SERVICES	0	0	0	8,547,539	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/24/2021 10:18 am

		Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	0	0	751,009	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	0	0	38,054	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	0	0	1,831,002	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	0	0	333,123	0	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	0	0	201,151	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	0	0	1,868,000	0	90.07
91.00	09100	EMERGENCY	0	0	0	19,663,424	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	432,816	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,679,138	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	1,587,721	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	277,496,645	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	143,109	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	0	0	0	3,340,071	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	9,032,303	0	194.01
194.02	07952	PHYSICIANS CLINICS	0	0	0	137,411,925	0	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	0	514,158	0	194.04
194.05	07955	BEAUTY SHOP	0	0	0	4,216	0	194.05
194.06	07956	MARKETING COSTS	0	0	0	7,183,148	0	194.06
194.07	07957	CAPE PRIMARY CARE	0	0	0	3,006,172	0	194.07
194.08	07958	JACKSON FAMILY CLINIC	0	0	0	1,582,895	0	194.08
194.09	07959	CHARLESTON FAMILY CARE	0	0	0	405,689	0	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	0	0	500,777	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	0	0	0	116,243	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	0	0	0	10,988,583	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	0	0	0	1,544,470	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	0	0	0	3,468,644	0	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	0	0	0	2,396,682	0	194.18
194.19	07969	KNIEBERT CLINIC	0	0	0	11,236,937	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0	2,299,247	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	0	0	0	3,132,797	0	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	0	0	467,244	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	0	0	832,275	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	0	0	2,164,888	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	0	0	9,386,620	0	194.25
194.26	07976	PPPC AUDIOLOGY	0	0	0	126,759	0	194.26

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
194.27	07977	ERC SOUTHWEST	0	0	0	156,925	0	194.27
194.28	07978	ERC NORTHEAST	0	0	0	52,599	0	194.28
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	0	0	488,992,021	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0183

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From 07/01/2020
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	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	CREDIT & COLLECTIONS	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	SPD SOILED PROCESSING	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
13.01	01851	SPD STERILE PROCESSING	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	02040	NEONATOLOGY/NICU	31.01
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	REHABILITATION SERVICES	73.01
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	77.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
90.02	09002	GYN SURG ONCOLOGIST PBC	38,054	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	1,831,002	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	333,123	90.04
90.05	09005	CAPE CEN PBC	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	201,151	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	1,868,000	90.07
91.00	09100	EMERGENCY	19,663,424	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	432,816	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,679,138	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	1,587,721	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	277,496,645	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	143,109	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	3,340,071	194.00
194.01	07951	RETAIL PHARMACY	9,032,303	194.01
194.02	07952	PHYSICIANS CLINICS	137,411,925	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	194.03
194.04	07954	NONPATIENT MEALS	514,158	194.04
194.05	07955	BEAUTY SHOP	4,216	194.05
194.06	07956	MARKETING COSTS	7,183,148	194.06
194.07	07957	CAPE PRIMARY CARE	3,006,172	194.07
194.08	07958	JACKSON FAMILY CLINIC	1,582,895	194.08
194.09	07959	CHARLESTON FAMILY CARE	405,689	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	500,777	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	116,243	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	10,988,583	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	1,544,470	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	3,468,644	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	2,396,682	194.18
194.19	07969	KNIEBERT CLINIC	11,236,937	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	2,299,247	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	3,132,797	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	467,244	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	832,275	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	2,164,888	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	9,386,620	194.25
194.26	07976	PPPC AUDIOLOGY	126,759	194.26
194.27	07977	ERC SOUTHWEST	156,925	194.27
194.28	07978	ERC NORTHEAST	52,599	194.28
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	488,992,021	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0183

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	207,789	1,536	209,325	4.00
5.01	00540	COMMUNICATIONS	0	11,316	29,646	40,962	5.01
5.02	00550	DATA PROCESSING	0	270,918	7,840,661	8,111,579	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	101,503	3,292	104,795	5.03
5.04	00570	ADMITTING	0	183,408	0	183,408	5.04
5.05	00580	CREDIT & COLLECTIONS	0	48,387	28,407	76,794	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	1,361,374	724,236	2,085,610	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,061,669	167,443	3,229,112	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	SPD SOILED PROCESSING	0	117,406	0	117,406	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	85,332	79,070	164,402	8.00
9.00	00900	HOUSEKEEPING	0	91,615	40,415	132,030	9.00
10.00	01000	DIETARY	0	326,551	57,556	384,107	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,124	153,779	154,903	13.00
13.01	01851	SPD STERILE PROCESSING	0	89,259	87,277	176,536	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	84,958	7,132	92,090	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,579,159	389,305	2,968,464	30.00
31.00	03100	INTENSIVE CARE UNIT	0	371,100	234,295	605,395	31.00
31.01	02040	NEONATOLOGY/NICU	0	237,346	117,328	354,674	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	292,104	23,066	315,170	41.00
43.00	04300	NURSERY	0	100,521	29,441	129,962	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	942,833	1,860,907	2,803,740	50.00
51.00	05100	RECOVERY ROOM	0	49,333	1,477	50,810	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	135,307	32,332	167,639	52.00
53.00	05300	ANESTHESIOLOGY	0	2,481	8,813	11,294	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	576,819	746,652	1,323,471	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	40,283	24,135	64,418	56.00
57.00	05700	CT SCAN	0	60,006	213,245	273,251	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24,327	340,721	365,048	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	693,689	219,854	913,543	59.00
60.00	06000	LABORATORY	0	281,752	158,603	440,355	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	156,565	156,674	313,239	65.00
66.00	06600	PHYSICAL THERAPY	0	286,732	19,831	306,563	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27,611	3,460	31,071	67.00
68.00	06800	SPEECH PATHOLOGY	0	21,828	1,625	23,453	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	306,302	306,302	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	195,706	81,259	276,965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	137,717	8,121	145,838	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	137,735	8,120	145,855	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	134,272	211,615	345,887	73.00
73.01	07301	REHABILITATION SERVICES	0	934,266	183,770	1,118,036	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	84,404	1,262	85,666	224 90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	1,678	284	1,962	17 90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	50,975	2,749	53,724	650 90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	8,888	78	8,966	45 90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0 90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	857	210	1,067	53 90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	249,215	214	249,429	417 90.07
91.00	09100	EMERGENCY	0	590,991	397,949	988,940	13,222 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	47,155	2,204	49,359	723 101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	62,754	0	62,754	498 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	15,559,018	15,006,351	30,565,369	116,475 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	66,092	476	66,568	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	0	1,141,341	71,309	1,212,650	289 194.00
194.01	07951	RETAIL PHARMACY	0	42,657	14,745	57,402	779 194.01
194.02	07952	PHYSICIANS CLINICS	0	2,538,322	438,307	2,976,629	66,974 194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0 194.03
194.04	07954	NONPATIENT MEALS	0	0	0	0	0 194.04
194.05	07955	BEAUTY SHOP	0	1,821	0	1,821	0 194.05
194.06	07956	MARKETING COSTS	0	0	0	0	2,632 194.06
194.07	07957	CAPE PRIMARY CARE	0	250,500	236	250,736	1,334 194.07
194.08	07958	JACKSON FAMILY CLINIC	0	103,573	5,677	109,250	730 194.08
194.09	07959	CHARLESTON FAMILY CARE	0	55,865	1,314	57,179	97 194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0 194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0 194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	0	3,940	3,940	126 194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	0	16,456	102	16,558	11 194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	0	356,608	516,315	872,923	1,704 194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	0	44,406	8,718	53,124	470 194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	0	457,575	9,900	467,475	1,275 194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0 194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	0	94,703	1,602	96,305	1,172 194.18
194.19	07969	KNIEBERT CLINIC	0	1,352,129	260,519	1,612,648	4,934 194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	1,121 194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	0	114,871	7,457	122,328	1,682 194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	0	12,723	12,723	214 194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	0	20,778	20,778	413 194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	0	30,508	30,508	1,255 194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	0	208,519	208,519	5,454 194.25
194.26	07976	PPPC AUDIOLOGY	0	0	0	0	30 194.26
194.27	07977	ERC SOUTHWEST	0	0	0	0	121 194.27
194.28	07978	ERC NORTHEAST	0	0	0	0	33 194.28

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	22,195,937	16,619,496	38,815,433	209,325	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CREDIT & COLLECTIONS	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS	41,159					5.01
5.02	00550	DATA PROCESSING	2,220	8,121,499				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	251	13,472	118,901			5.03
5.04	00570	ADMITTING	13	0	4	186,268		5.04
5.05	00580	CREDIT & COLLECTIONS	1,053	202,083	6	0	281,828	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	3,913	3,379,284	441	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	702	8,981	1,191	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	SPD SOILED PROCESSING	25	4,491	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	63	0	309	0	0	8.00
9.00	00900	HOUSEKEEPING	201	6,736	295	0	0	9.00
10.00	01000	DIETARY	188	24,699	267	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	125	38,171	1	0	0	13.00
13.01	01851	SPD STERILE PROCESSING	150	0	343	0	0	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	376	175,139	10	0	0	16.00
17.00	01700	SOCIAL SERVICE	88	40,417	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,480	422,129	1,643	10,625	15,987	30.00
31.00	03100	INTENSIVE CARE UNIT	953	172,893	697	5,016	7,549	31.00
31.01	02040	NEONATOLOGY/NICU	451	83,079	317	3,482	5,240	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	527	47,153	42	674	1,015	41.00
43.00	04300	NURSERY	176	17,963	128	796	1,197	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,471	110,023	1,807	12,016	18,081	50.00
51.00	05100	RECOVERY ROOM	226	31,435	26	2,002	3,013	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	226	17,963	107	1,441	2,168	52.00
53.00	05300	ANESTHESIOLOGY	163	2,245	428	5,572	8,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,342	166,157	1,168	9,020	13,572	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	113	8,981	109	1,646	2,476	56.00
57.00	05700	CT SCAN	63	2,245	576	10,303	15,503	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	38	2,245	443	2,455	3,694	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,317	159,421	739	7,971	11,995	59.00
60.00	06000	LABORATORY	1,154	80,833	6,722	18,736	28,194	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	439	87,569	572	12,111	18,224	65.00
66.00	06600	PHYSICAL THERAPY	238	8,981	36	1,972	2,967	66.00
67.00	06700	OCCUPATIONAL THERAPY	188	0	11	923	1,389	67.00
68.00	06800	SPEECH PATHOLOGY	100	11,227	2	708	1,066	68.00
69.00	06900	ELECTROCARDIOLOGY	0	60,625	135	4,227	6,360	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	727	136,967	79	990	1,490	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	63	2,245	23,638	18,447	29,297	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50	0	23,638	19,127	28,782	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	514	121,250	29,982	16,370	24,633	73.00
73.01	07301	REHABILITATION SERVICES	2,408	388,449	481	3,582	5,390	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CREDIT & COLLECTIONS	
			5.01	5.02	5.03	5.04	5.05	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	38	26,944	2	247	372	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	13	0	0	10	15	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	38	33,681	12	770	1,159	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	25	0	0	70	106	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	75	11,227	0	99	149	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	125	11,227	370	860	1,294	90.07
91.00	09100	EMERGENCY	1,342	462,546	722	13,044	19,629	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	54	81	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	188	78,588	41	270	406	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	138	31,435	93	632	951	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,777	6,691,199	97,633	186,268	281,828	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	376	6,736	73	0	0	194.00
194.01	07951	RETAIL PHARMACY	201	22,454	7,329	0	0	194.01
194.02	07952	PHYSICIANS CLINICS	6,618	999,189	11,108	0	0	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	0	0	0	194.04
194.05	07955	BEAUTY SHOP	13	0	0	0	0	194.05
194.06	07956	MARKETING COSTS	0	0	0	0	0	194.06
194.07	07957	CAPE PRIMARY CARE	439	24,699	180	0	0	194.07
194.08	07958	JACKSON FAMILY CLINIC	163	38,171	87	0	0	194.08
194.09	07959	CHARLESTON FAMILY CARE	63	17,963	20	0	0	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	38	47,153	11	0	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	0	13,472	0	0	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	0	53,889	217	0	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	1,267	0	429	0	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	615	31,435	229	0	0	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	263	71,852	63	0	0	194.18
194.19	07969	KNIEBERT CLINIC	0	20,208	347	0	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	288	4,491	434	0	0	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	4,491	42	0	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	2,245	79	0	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	4,491	145	0	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	67,361	410	0	0	194.25
194.26	07976	PPPC AUDIOLOGY	0	0	49	0	0	194.26
194.27	07977	ERC SOUTHWEST	0	0	6	0	0	194.27
194.28	07978	ERC NORTHEAST	0	0	10	0	0	194.28
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)	41,159	8,121,499	118,901	186,268	281,828	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	SPD SOILED PROCESSING	LAUNDRY & LINEN SERVICE	
			5.06	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5,487,846					5.06
6.00	00600	MAINTENANCE & REPAIRS	139,343	3,381,405				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
7.01	00701	SPD SOILED PROCESSING	1,802	23,422	0	147,146		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	17,478	17,024	0	147,146	346,817	8.00
9.00	00900	HOUSEKEEPING	41,783	18,277	0	0	9	9.00
10.00	01000	DIETARY	34,334	65,146	0	0	161	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	28,527	224	0	0	0	13.00
13.01	01851	SPD STERILE PROCESSING	16,766	17,807	0	0	10,785	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	25,884	16,949	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,080	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	320,713	514,539	0	0	102,619	30.00
31.00	03100	INTENSIVE CARE UNIT	113,978	74,034	0	0	36,481	31.00
31.01	02040	NEONATOLOGY/NICU	58,336	47,350	0	0	6,639	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	29,946	58,274	0	0	8,823	41.00
43.00	04300	NURSERY	23,269	20,054	0	0	7,530	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	221,603	188,093	0	0	38,246	50.00
51.00	05100	RECOVERY ROOM	19,177	9,842	0	0	9,143	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,387	26,994	0	0	6,147	52.00
53.00	05300	ANESTHESIOLOGY	10,287	495	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	138,881	115,074	0	0	10,158	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	8,446	8,036	0	0	674	56.00
57.00	05700	CT SCAN	25,928	11,971	0	0	5,510	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,984	4,853	0	0	3,513	58.00
59.00	05900	CARDIAC CATHETERIZATION	79,772	138,390	0	0	2,342	59.00
60.00	06000	LABORATORY	195,370	56,209	0	0	408	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	78,568	31,234	0	0	2,782	65.00
66.00	06600	PHYSICAL THERAPY	47,455	57,202	0	0	720	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,194	5,508	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,800	4,355	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	31,215	0	0	0	9,869	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,338	39,043	0	0	3,454	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	281,173	27,474	0	0	774	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	319,716	27,478	0	0	774	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	418,315	26,787	0	0	189	73.00
73.01	07301	REHABILITATION SERVICES	82,308	186,384	0	0	10,173	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	SPD SOILED PROCESSING	LAUNDRY & LINEN SERVICE	
			5.06	6.00	7.00	7.01	8.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	7,507	16,838	0	0	8	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	408	335	0	0	1	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	19,964	10,169	0	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	3,635	1,773	0	0	12	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	2,201	171	0	0	3	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	18,243	49,718	0	0	131	90.07
91.00	09100	EMERGENCY	191,821	117,901	0	0	46,046	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	4,858	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	18,253	9,407	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	17,077	12,519	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,198,123	2,057,353	0	147,146	324,124	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	894	13,185	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	24,599	227,695	0	0	8,990	194.00
194.01	07951	RETAIL PHARMACY	100,839	8,510	0	0	0	194.01
194.02	07952	PHYSICIANS CLINICS	1,510,783	506,390	0	0	13,080	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	0	0	0	194.04
194.05	07955	BEAUTY SHOP	25	363	0	0	0	194.05
194.06	07956	MARKETING COSTS	80,617	0	0	0	0	194.06
194.07	07957	CAPE PRIMARY CARE	30,868	49,974	0	0	623	194.07
194.08	07958	JACKSON FAMILY CLINIC	16,601	20,663	0	0	0	194.08
194.09	07959	CHARLESTON FAMILY CARE	3,942	11,145	0	0	0	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	5,608	0	0	0	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	1,124	3,283	0	0	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	119,240	71,143	0	0	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	16,766	8,859	0	0	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	33,860	91,285	0	0	0	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	25,768	18,893	0	0	0	194.18
194.19	07969	KNIEBERT CLINIC	111,136	269,747	0	0	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	25,804	0	0	0	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	33,813	22,917	0	0	0	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	5,216	0	0	0	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	9,291	0	0	0	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	24,200	0	0	0	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	104,997	0	0	0	0	194.25
194.26	07976	PPPC AUDIOLOGY	1,420	0	0	0	0	194.26
194.27	07977	ERC SOUTHWEST	1,731	0	0	0	0	194.27
194.28	07978	ERC NORTHEAST	581	0	0	0	0	194.28
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)	5,487,846	3,381,405	0	147,146	346,817	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	SPD STERILE PROCESSING	
			9.00	10.00	11.00	13.00	13.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	SPD SOILED PROCESSING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	201,157					9.00
10.00	01000	DIETARY	3,944	514,475				10.00
11.00	01100	CAFETERIA	0	188,945	188,945			11.00
13.00	01300	NURSING ADMINISTRATION	14	0	2,446	225,783		13.00
13.01	01851	SPD STERILE PROCESSING	1,078	0	1,823	0	225,865	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	1,026	0	3,338	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	489	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,149	200,555	23,590	82,824	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,482	24,052	5,462	19,192	62	31.00
31.01	02040	NEONATOLOGY/NICU	2,867	0	4,232	14,868	1,165	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,528	22,514	1,973	6,923	0	41.00
43.00	04300	NURSERY	1,214	0	1,543	0	3,828	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,387	0	10,885	0	190,704	50.00
51.00	05100	RECOVERY ROOM	596	0	1,424	0	9,999	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,634	0	1,739	6,106	0	52.00
53.00	05300	ANESTHESIOLOGY	30	0	187	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,967	0	5,705	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	487	0	373	0	0	56.00
57.00	05700	CT SCAN	725	0	948	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	294	0	549	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,378	0	2,573	0	612	59.00
60.00	06000	LABORATORY	3,403	0	9,046	31,750	2,823	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,891	0	4,979	0	5,713	65.00
66.00	06600	PHYSICAL THERAPY	3,463	0	3,830	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	333	0	1,370	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	264	0	863	0	79	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,627	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,364	0	1,949	6,840	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,663	0	1,357	0	5,212	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,664	0	1,357	0	5,211	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,622	0	3,569	0	0	73.00
73.01	07301	REHABILITATION SERVICES	11,284	0	5,312	18,663	85	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	SPD STERILE PROCESSING	
			9.00	10.00	11.00	13.00	13.01	
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	1,019	0	151	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	20	0	10	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	616	0	489	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	107	0	94	0	0	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	10	0	647	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	3,010	0	379	0	0	90.07
91.00	09100	EMERGENCY	7,138	0	10,981	38,617	372	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	570	0	1,135	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	758	0	890	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	120,999	436,066	119,314	225,783	225,865	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	798	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	13,785	0	626	0	0	194.00
194.01	07951	RETAIL PHARMACY	515	0	962	0	0	194.01
194.02	07952	PHYSICIANS CLINICS	30,657	0	42,651	0	0	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	78,409	0	0	0	194.04
194.05	07955	BEAUTY SHOP	22	0	30	0	0	194.05
194.06	07956	MARKETING COSTS	0	0	0	0	0	194.06
194.07	07957	CAPE PRIMARY CARE	3,025	0	1,815	0	0	194.07
194.08	07958	JACKSON FAMILY CLINIC	1,251	0	647	0	0	194.08
194.09	07959	CHARLESTON FAMILY CARE	675	0	121	0	0	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	0	165	0	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	199	0	38	0	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	4,307	0	3,299	0	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	536	0	1,213	0	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	5,526	0	1,880	0	0	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	1,144	0	1,485	0	0	194.18
194.19	07969	KNIEBERT CLINIC	16,331	0	5,527	0	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	1,387	0	1,478	0	0	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	0	384	0	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	0	680	0	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	0	1,315	0	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	0	4,740	0	0	194.25
194.26	07976	PPPC AUDIOLOGY	0	0	31	0	0	194.26
194.27	07977	ERC SOUTHWEST	0	0	412	0	0	194.27
194.28	07978	ERC NORTHEAST	0	0	132	0	0	194.28
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)	201,157	514,475	188,945	225,783	225,865	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	SPD SOILED PROCESSING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	SPD STERILE PROCESSING						13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	316,094					16.00
17.00	01700	SOCIAL SERVICE	0	48,364				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	91,541	31,503	0			30.00
31.00	03100	INTENSIVE CARE UNIT	7,808	4,755	0			31.00
31.01	02040	NEONATOLOGY/NICU	5,058	3,452	0			31.01
32.00	03200	CORONARY CARE UNIT	0	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	980	1,007	0			41.00
43.00	04300	NURSERY	1,897	1,567	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0			44.00
45.00	04500	NURSING FACILITY	0	0	0			45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,181	560	0			50.00
51.00	05100	RECOVERY ROOM	0	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,963	533	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,181	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0	0			56.00
57.00	05700	CT SCAN	0	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	316	11	0			59.00
60.00	06000	LABORATORY	0	0	0			60.00
60.01	06001	BLOOD LABORATORY	0	0	0			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
66.00	06600	PHYSICAL THERAPY	4,109	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	4,362	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,106	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0			73.00
73.01	07301	REHABILITATION SERVICES	1,960	0	0			73.01
74.00	07400	RENAL DIALYSIS	0	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0			75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0			77.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	0	0			90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	0	0			90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	0	0			90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	0	0			90.04
90.05	09005	CAPE CEN PBC	0	0	0			90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	0	0			90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	0	0			90.07
91.00	09100	EMERGENCY	154,632	4,976	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	316,094	48,364	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	0	0	0			194.00
194.01	07951	RETAIL PHARMACY	0	0	0			194.01
194.02	07952	PHYSICIANS CLINICS	0	0	0			194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0			194.03
194.04	07954	NONPATIENT MEALS	0	0	0			194.04
194.05	07955	BEAUTY SHOP	0	0	0			194.05
194.06	07956	MARKETING COSTS	0	0	0			194.06
194.07	07957	CAPE PRIMARY CARE	0	0	0			194.07
194.08	07958	JACKSON FAMILY CLINIC	0	0	0			194.08
194.09	07959	CHARLESTON FAMILY CARE	0	0	0			194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0			194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0			194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	0	0			194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	0	0	0			194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	0	0	0			194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	0	0	0			194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	0	0	0			194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0			194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	0	0	0			194.18
194.19	07969	KNIEBERT CLINIC	0	0	0			194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0			194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	0	0	0			194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	0	0			194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	0	0			194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	0	0			194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	0	0			194.25
194.26	07976	PPPC AUDIOLOGY	0	0	0			194.26
194.27	07977	ERC SOUTHWEST	0	0	0			194.27
194.28	07978	ERC NORTHEAST	0	0	0			194.28
200.00		Cross Foot Adjustments				0	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
					(SPECIFY)			
201.00		Negative Cost Centers	16.00	17.00	18.00	19.00	20.00	
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	0
			316,094	48,364	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0183

Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	SPD SOILED PROCESSING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	SPD STERILE PROCESSING						13.01
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				4,838,033	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,087,149	0	31.00
31.01	02040	NEONATOLOGY/NICU				593,687	0	31.01
32.00	03200	CORONARY CARE UNIT				0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT				0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
40.00	04000	SUBPROVIDER - IPF				0	0	40.00
41.00	04100	SUBPROVIDER - IRF				499,817	0	41.00
43.00	04300	NURSERY				211,946	0	43.00
44.00	04400	SKILLED NURSING FACILITY				0	0	44.00
45.00	04500	NURSING FACILITY				0	0	45.00
46.00	04600	OTHER LONG TERM CARE				0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				3,630,013	0	50.00
51.00	05100	RECOVERY ROOM				138,619	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				259,973	0	52.00
53.00	05300	ANESTHESIOLOGY				39,141	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,820,296	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				0	0	55.00
56.00	05600	RADIOISOTOPE				96,019	0	56.00
57.00	05700	CT SCAN				347,543	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				400,399	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,329,645	0	59.00
60.00	06000	LABORATORY				878,925	0	60.00
60.01	06001	BLOOD LABORATORY				0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				0	0	63.00
64.00	06400	INTRAVENOUS THERAPY				0	0	64.00
65.00	06500	RESPIRATORY THERAPY				560,487	0	65.00
66.00	06600	PHYSICAL THERAPY				439,900	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				56,814	0	67.00
68.00	06800	SPEECH PATHOLOGY				54,548	0	68.00
69.00	06900	ELECTROCARDIOLOGY				425,733	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				504,342	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				537,591	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				574,062	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				991,856	0	73.00
73.01	07301	REHABILITATION SERVICES				1,836,941	0	73.01
74.00	07400	RENAL DIALYSIS				0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)				0	0	75.00

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		Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION				0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00	09000	CLINIC				0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC				139,016	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC				2,791	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC				121,272	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC				14,833	0	90.04
90.05	09005	CAPE CEN PBC				0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC				15,702	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC				335,203	0	90.07
91.00	09100	EMERGENCY				2,071,929	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS				0	0	94.00
95.00	09500	AMBULANCE SERVICES				4,993	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED				0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD				0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS				0	0	98.00
99.00	09900	CMHC				0	0	99.00
99.10	09910	CORF				0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				0	0	100.00
101.00	10100	HOME HEALTH AGENCY				158,940	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				0	0	105.00
106.00	10600	HEART ACQUISITION				0	0	106.00
107.00	10700	LIVER ACQUISITION				0	0	107.00
108.00	10800	LUNG ACQUISITION				0	0	108.00
109.00	10900	PANCREAS ACQUISITION				0	0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	0	110.00
111.00	11100	ISLET ACQUISITION				0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				0	0	115.00
116.00	11600	HOSPICE				127,745	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	25,145,903	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				81,483	0	190.00
191.00	19100	RESEARCH				0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
193.00	19300	NONPAID WORKERS				0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE				1,495,819	0	194.00
194.01	07951	RETAIL PHARMACY				198,991	0	194.01
194.02	07952	PHYSICIANS CLINICS				6,164,079	0	194.02
194.03	07953	MEDICAL OFFICE BLDG				0	0	194.03
194.04	07954	NONPATIENT MEALS				78,409	0	194.04
194.05	07955	BEAUTY SHOP				2,274	0	194.05
194.06	07956	MARKETING COSTS				83,249	0	194.06
194.07	07957	CAPE PRIMARY CARE				363,693	0	194.07
194.08	07958	JACKSON FAMILY CLINIC				187,563	0	194.08
194.09	07959	CHARLESTON FAMILY CARE				91,205	0	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM				0	0	194.10
194.11	07961	CAPE MEDICAL GROUP				0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON				57,041	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES				34,685	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE				1,126,722	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI				82,664	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES				633,580	0	194.16
194.17	07967	CAPE PEDIATRIC GROUP				0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE				216,945	0	194.18
194.19	07969	KNIEBERT CLINIC				2,040,878	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC				26,925	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS				188,818	0	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC				23,070	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH				33,486	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP				61,914	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI				391,481	0	194.25
194.26	07976	PPPC AUDIOLOGY				1,530	0	194.26

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
194.27	07977	ERC SOUTHWEST				2,270	0	194.27
194.28	07978	ERC NORTHEAST				756	0	194.28
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	0	0	38,815,433	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	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	CREDIT & COLLECTIONS	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	SPD SOILED PROCESSING	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
13.01	01851	SPD STERILE PROCESSING	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	02040	NEONATOLOGY/NICU	31.01
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	REHABILITATION SERVICES	73.01
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	77.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description		Total	
		26.00	
90.02	09002 GYN SURG ONCOLOGIST PBC	2,791	90.02
90.03	09003 PHYSICIAN CARDIOLOGIST PBC	121,272	90.03
90.04	09004 CAPE THORACIC & CARDIOVASCULAR PBC	14,833	90.04
90.05	09005 CAPE CEN PBC	0	90.05
90.06	09006 CAPE NEUROSURGERY PBC	15,702	90.06
90.07	09007 CAPE PHYSICIAN ASSOCIATES PBC	335,203	90.07
91.00	09100 EMERGENCY	2,071,929	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	4,993	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	158,940	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	127,745	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	25,145,903	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	81,483	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 FITNESS CTR & PLUS, KIDS PLUS, DEXTE	1,495,819	194.00
194.01	07951 RETAIL PHARMACY	198,991	194.01
194.02	07952 PHYSICIANS CLINICS	6,164,079	194.02
194.03	07953 MEDICAL OFFICE BLDG	0	194.03
194.04	07954 NONPATIENT MEALS	78,409	194.04
194.05	07955 BEAUTY SHOP	2,274	194.05
194.06	07956 MARKETING COSTS	83,249	194.06
194.07	07957 CAPE PRIMARY CARE	363,693	194.07
194.08	07958 JACKSON FAMILY CLINIC	187,563	194.08
194.09	07959 CHARLESTON FAMILY CARE	91,205	194.09
194.10	07960 AWL FAMILY HEALTHCARE SYSTEM	0	194.10
194.11	07961 CAPE MEDICAL GROUP	0	194.11
194.12	07962 IMMEDIATE CONVENIENT CARE - JACKSON	57,041	194.12
194.13	07963 JACKSON PHYSICIAN ASSOCIATES	34,685	194.13
194.14	07964 PHYSICIANS PARK PRIMARY CARE	1,126,722	194.14
194.15	07965 IMMEDIATE CONVENIENT CARE - BLACK RI	82,664	194.15
194.16	07966 PIEDMONT PHYSICIAN ASSOCIATES	633,580	194.16
194.17	07967 CAPE PEDIATRIC GROUP	0	194.17
194.18	07968 IMMEDIATE CONVENIENT CARE - CAPE	216,945	194.18
194.19	07969 KNIEBERT CLINIC	2,040,878	194.19
194.20	07970 SAINT FRANCIS OUPATIENT CLINIC	26,925	194.20
194.21	07971 POPLAR BLUFF PEDIATRICS	188,818	194.21
194.22	07972 FERGUSON MEDICAL GROUP SC	23,070	194.22
194.23	07973 FERGUSON MEDICAL GROUP CH	33,486	194.23
194.24	07974 FERGUSON MEDICAL GROUP EP	61,914	194.24
194.25	07975 FERGUSON MEDICAL GROUP SI	391,481	194.25
194.26	07976 PPPC AUDIOLOGY	1,530	194.26
194.27	07977 ERC SOUTHWEST	2,270	194.27
194.28	07978 ERC NORTHEAST	756	194.28
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	38,815,433	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0183

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE SURVEY)	DATA PROCESSING (WORK ORDERS)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,243,593					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		16,331,985				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,642	1,509	209,944,828			4.00
5.01	00540	COMMUNICATIONS	634	29,133	197,816	3,282		5.01
5.02	00550	DATA PROCESSING	15,179	7,705,019	7,723,351	177	3,617	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,687	3,235	384,616	20	6	5.03
5.04	00570	ADMITTING	10,276	0	2,851,847	1	0	5.04
5.05	00580	CREDIT & COLLECTIONS	2,711	27,916	1,897,500	84	90	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	76,275	711,707	18,653,479	312	1,505	5.06
6.00	00600	MAINTENANCE & REPAIRS	171,539	164,546	2,082,513	56	4	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	SPD SOILED PROCESSING	6,578	0	0	2	2	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	4,781	77,702	395,761	5	0	8.00
9.00	00900	HOUSEKEEPING	5,133	39,716	1,831,770	16	3	9.00
10.00	01000	DIETARY	18,296	56,560	1,634,378	15	11	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	63	151,119	1,375,780	10	17	13.00
13.01	01851	SPD STERILE PROCESSING	5,001	85,767	578,566	12	0	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	4,760	7,009	1,285,623	30	78	16.00
17.00	01700	SOCIAL SERVICE	0	0	290,712	7	18	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	144,505	382,570	14,716,384	437	188	30.00
31.00	03100	INTENSIVE CARE UNIT	20,792	230,242	4,352,655	76	77	31.00
31.01	02040	NEONATOLOGY/NICU	13,298	115,298	2,484,608	36	37	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	16,366	22,667	1,271,641	42	21	41.00
43.00	04300	NURSERY	5,632	28,932	824,520	14	8	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52,825	1,828,714	7,237,726	197	49	50.00
51.00	05100	RECOVERY ROOM	2,764	1,451	928,924	18	14	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,581	31,773	928,569	18	8	52.00
53.00	05300	ANESTHESIOLOGY	139	8,661	56,232	13	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,318	733,735	4,614,252	107	74	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,257	23,717	260,478	9	4	56.00
57.00	05700	CT SCAN	3,362	209,556	521,262	5	1	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,363	334,827	283,664	3	1	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,866	216,051	2,271,643	105	71	59.00
60.00	06000	LABORATORY	15,786	155,859	3,933,762	92	36	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,772	153,964	3,175,360	35	39	65.00
66.00	06600	PHYSICAL THERAPY	16,065	19,488	2,371,398	19	4	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,547	3,400	829,075	15	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,223	1,597	632,497	8	5	68.00
69.00	06900	ELECTROCARDIOLOGY	0	301,003	1,013,965	0	27	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,965	79,853	1,033,504	58	61	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,716	7,981	411,665	5	1	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,717	7,980	411,665	4	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,523	207,954	2,746,409	41	54	73.00
73.01	07301	REHABILITATION SERVICES	52,345	180,591	2,433,392	192	173	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0183

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE SURVEY)	DATA PROCESSING (WORK ORDERS)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	4,729	1,240	224,484	3	12	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	94	279	17,543	1	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	2,856	2,701	651,511	3	15	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	498	77	45,362	2	0	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	48	206	53,044	6	5	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	13,963	210	418,068	10	5	90.07
91.00	09100	EMERGENCY	33,112	391,065	13,261,630	107	206	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,642	2,166	724,969	15	35	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	3,516	0	499,617	11	14	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	871,740	14,746,746	116,825,190	2,454	2,980	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,703	468	0	3	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	63,947	70,075	289,637	30	3	194.00
194.01	07951	RETAIL PHARMACY	2,390	14,490	781,322	16	10	194.01
194.02	07952	PHYSICIANS CLINICS	142,217	430,725	67,166,881	528	445	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	0	0	0	194.04
194.05	07955	BEAUTY SHOP	102	0	0	1	0	194.05
194.06	07956	MARKETING COSTS	0	0	2,639,449	0	0	194.06
194.07	07957	CAPE PRIMARY CARE	14,035	232	1,338,188	35	11	194.07
194.08	07958	JACKSON FAMILY CLINIC	5,803	5,579	732,084	13	17	194.08
194.09	07959	CHARLESTON FAMILY CARE	3,130	1,291	97,766	5	8	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	3,872	126,167	3	21	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	922	100	11,181	0	6	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	19,980	507,383	1,708,719	0	24	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	2,488	8,567	471,873	101	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	25,637	9,729	1,279,094	49	14	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	5,306	1,574	1,175,398	21	32	194.18
194.19	07969	KNIEBERT CLINIC	75,757	256,012	4,948,432	0	9	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	1,124,233	0	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	6,436	7,328	1,686,695	23	2	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	12,503	214,594	0	2	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	20,419	413,817	0	1	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	29,980	1,259,203	0	2	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	204,912	5,470,193	0	30	194.25
194.26	07976	PPPC AUDIOLOGY	0	0	30,115	0	0	194.26

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0183

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE SURVEY)	DATA PROCESSING (WORK ORDERS)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
194.27	07977	ERC SOUTHWEST	0	0	121,095	0	0	194.27
194.28	07978	ERC NORTHEAST	0	0	33,502	0	0	194.28
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)	22,195,937	16,619,496	5,434,637	275,901	30,953,428	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.848233	1.017604	0.025886	84.064899	8,557.762787	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			209,325	41,159	8,121,499	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000997	12.540829	2,245.368814	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: 26-0183

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			PURCHASING RECEIVING AND STORES (COSTED REQUISITION)	ADMITTING (GROSS REVENUE)	CREDIT & COLLECTIONS (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	102,976,964					5.03
5.04	00570	ADMITTING	3,221	1,780,459,903				5.04
5.05	00580	CREDIT & COLLECTIONS	5,607	0	1,780,459,903			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	381,465	0	0	-78,799,782	410,192,239	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,031,378	0	0	0	10,415,061	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	SPD SOILED PROCESSING	0	0	0	0	134,690	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	267,100	0	0	0	1,306,348	8.00
9.00	00900	HOUSEKEEPING	255,314	0	0	0	3,123,020	9.00
10.00	01000	DIETARY	231,213	0	0	0	2,566,249	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	484	0	0	0	2,132,223	13.00
13.01	01851	SPD STERILE PROCESSING	297,345	0	0	0	1,253,142	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	8,558	0	0	0	1,934,643	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	529,201	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,422,523	101,185,956	101,185,956	0	23,971,361	30.00
31.00	03100	INTENSIVE CARE UNIT	603,674	47,776,062	47,776,062	0	8,519,180	31.00
31.01	02040	NEONATOLOGY/NICU	274,852	33,162,691	33,162,691	0	4,360,246	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	36,577	6,423,688	6,423,688	0	2,238,294	41.00
43.00	04300	NURSERY	110,460	7,578,682	7,578,682	0	1,739,210	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,564,748	114,437,668	114,437,668	0	16,563,483	50.00
51.00	05100	RECOVERY ROOM	22,528	19,068,130	19,068,130	0	1,433,339	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	92,758	13,722,555	13,722,555	0	1,598,542	52.00
53.00	05300	ANESTHESIOLOGY	370,792	53,063,351	53,063,351	0	768,900	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,011,492	85,900,263	85,900,263	0	10,380,509	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	94,325	15,671,559	15,671,559	0	631,319	56.00
57.00	05700	CT SCAN	499,114	98,119,701	98,119,701	0	1,937,986	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	383,319	23,380,171	23,380,171	0	1,269,462	58.00
59.00	05900	CARDIAC CATHETERIZATION	640,210	75,914,745	75,914,745	0	5,962,450	59.00
60.00	06000	LABORATORY	5,819,873	178,440,277	178,440,277	0	14,602,764	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	495,502	115,343,124	115,343,124	0	5,872,519	65.00
66.00	06600	PHYSICAL THERAPY	31,151	18,779,716	18,779,716	0	3,547,001	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,387	8,792,200	8,792,200	0	1,135,680	67.00
68.00	06800	SPEECH PATHOLOGY	1,867	6,744,360	6,744,360	0	881,979	68.00
69.00	06900	ELECTROCARDIOLOGY	116,466	40,255,486	40,255,486	0	2,333,124	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	68,714	9,429,322	9,429,322	0	2,342,310	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,465,589	182,166,050	182,166,050	0	21,016,021	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,465,588	182,166,049	182,166,049	0	23,896,866	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,991,845	155,905,509	155,905,509	0	31,266,516	73.00
73.01	07301	REHABILITATION SERVICES	416,181	34,115,879	34,115,879	0	6,152,058	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0183

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			PURCHASING RECEIVING AND STORES (COSTED REQUISITION)	ADMITTING (GROSS REVENUE)	CREDIT & COLLECTIONS (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	1,431	2,352,191	2,352,191	0	561,140	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	20	93,275	93,275	0	30,511	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	10,608	7,333,201	7,333,201	0	1,492,195	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	175	668,059	668,059	0	271,713	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	178	945,152	945,152	0	164,477	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	320,366	8,191,963	8,191,963	0	1,363,591	90.07
91.00	09100	EMERGENCY	625,204	124,232,835	124,232,835	0	14,337,449	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	512,604	512,604	0	363,069	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	35,279	2,571,280	2,571,280	0	1,364,327	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	80,133	6,016,149	6,016,149	0	1,276,426	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,564,614	1,780,459,903	1,780,459,903	-78,799,782	239,040,594	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	66,820	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	63,299	0	0	0	1,838,602	194.00
194.01	07951	RETAIL PHARMACY	6,345,032	0	0	0	7,537,124	194.01
194.02	07952	PHYSICIANS CLINICS	9,617,262	0	0	0	112,930,550	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	0	0	0	194.04
194.05	07955	BEAUTY SHOP	0	0	0	0	1,905	194.05
194.06	07956	MARKETING COSTS	0	0	0	0	6,025,600	194.06
194.07	07957	CAPE PRIMARY CARE	155,559	0	0	0	2,307,196	194.07
194.08	07958	JACKSON FAMILY CLINIC	75,739	0	0	0	1,240,839	194.08
194.09	07959	CHARLESTON FAMILY CARE	16,985	0	0	0	294,654	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	9,551	0	0	0	419,168	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	0	0	0	0	84,048	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	188,235	0	0	0	8,912,449	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	371,005	0	0	0	1,253,148	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	198,630	0	0	0	2,530,825	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	54,115	0	0	0	1,926,025	194.18
194.19	07969	KNIEBERT CLINIC	300,045	0	0	0	8,306,769	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	1,928,729	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	375,364	0	0	0	2,527,311	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	36,372	0	0	0	389,838	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	68,639	0	0	0	694,413	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	125,306	0	0	0	1,808,787	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	354,607	0	0	0	7,847,916	194.25
194.26	07976	PPPC AUDIOLOGY	42,748	0	0	0	106,161	194.26
194.27	07977	ERC SOUTHWEST	5,081	0	0	0	129,373	194.27
194.28	07978	ERC NORTHEAST	8,776	0	0	0	43,395	194.28
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0183

Period:
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To 06/30/2021

Worksheet B-1

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Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQUISITION)	ADMITTING (GROSS REVENUE)	CREDIT & COLLECTIONS (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	674,072	4,342,763	5,758,684		78,799,782	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.006546	0.002439	0.003234		0.192105	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	118,901	186,268	281,828		5,487,846	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001155	0.000105	0.000158		0.013379	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: 26-0183

Period:
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To 06/30/2021

Worksheet B-1

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Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	SPD SOILED PROCESSING (HOURS)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			6.00	7.00	7.01	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	949,650					6.00
7.00	00700	OPERATION OF PLANT	0	949,650				7.00
7.01	00701	SPD SOILED PROCESSING	6,578	6,578	100			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	4,781	4,781	100	1,314,791		8.00
9.00	00900	HOUSEKEEPING	5,133	5,133	0	33	933,158	9.00
10.00	01000	DIETARY	18,296	18,296	0	609	18,296	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	63	63	0	0	63	13.00
13.01	01851	SPD STERILE PROCESSING	5,001	5,001	0	40,887	5,001	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	4,760	4,760	0	0	4,760	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	144,505	144,505	0	389,028	144,505	30.00
31.00	03100	INTENSIVE CARE UNIT	20,792	20,792	0	138,300	20,792	31.00
31.01	02040	NEONATOLOGY/NICU	13,298	13,298	0	25,170	13,298	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	16,366	16,366	0	33,447	16,366	41.00
43.00	04300	NURSERY	5,632	5,632	0	28,546	5,632	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52,825	52,825	0	144,993	52,825	50.00
51.00	05100	RECOVERY ROOM	2,764	2,764	0	34,661	2,764	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,581	7,581	0	23,304	7,581	52.00
53.00	05300	ANESTHESIOLOGY	139	139	0	0	139	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,318	32,318	0	38,510	32,318	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,257	2,257	0	2,557	2,257	56.00
57.00	05700	CT SCAN	3,362	3,362	0	20,889	3,362	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,363	1,363	0	13,316	1,363	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,866	38,866	0	8,880	38,866	59.00
60.00	06000	LABORATORY	15,786	15,786	0	1,546	15,786	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,772	8,772	0	10,548	8,772	65.00
66.00	06600	PHYSICAL THERAPY	16,065	16,065	0	2,730	16,065	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,547	1,547	0	0	1,547	67.00
68.00	06800	SPEECH PATHOLOGY	1,223	1,223	0	0	1,223	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	37,413	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,965	10,965	0	13,093	10,965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,716	7,716	0	2,935	7,716	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,717	7,717	0	2,935	7,717	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,523	7,523	0	717	7,523	73.00
73.01	07301	REHABILITATION SERVICES	52,345	52,345	0	38,567	52,345	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0183

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	SPD SOILED PROCESSING (HOURS)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			6.00	7.00	7.01	8.00	9.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	4,729	4,729	0	32	4,729	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	94	94	0	3	94	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	2,856	2,856	0	0	2,856	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	498	498	0	46	498	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	48	48	0	10	48	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	13,963	13,963	0	495	13,963	90.07
91.00	09100	EMERGENCY	33,112	33,112	0	174,562	33,112	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,642	2,642	0	0	2,642	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	3,516	3,516	0	0	3,516	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	577,797	577,797	100	1,228,762	561,305	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,703	3,703	0	0	3,703	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	63,947	63,947	0	34,083	63,947	194.00
194.01	07951	RETAIL PHARMACY	2,390	2,390	0	0	2,390	194.01
194.02	07952	PHYSICIANS CLINICS	142,217	142,217	0	49,585	142,217	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	0	0	0	194.04
194.05	07955	BEAUTY SHOP	102	102	0	0	102	194.05
194.06	07956	MARKETING COSTS	0	0	0	0	0	194.06
194.07	07957	CAPE PRIMARY CARE	14,035	14,035	0	2,361	14,035	194.07
194.08	07958	JACKSON FAMILY CLINIC	5,803	5,803	0	0	5,803	194.08
194.09	07959	CHARLESTON FAMILY CARE	3,130	3,130	0	0	3,130	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	0	0	0	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	922	922	0	0	922	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	19,980	19,980	0	0	19,980	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	2,488	2,488	0	0	2,488	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	25,637	25,637	0	0	25,637	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	5,306	5,306	0	0	5,306	194.18
194.19	07969	KNIEBERT CLINIC	75,757	75,757	0	0	75,757	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	6,436	6,436	0	0	6,436	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	0	0	0	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	0	0	0	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	0	0	0	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	0	0	0	0	194.25
194.26	07976	PPPC AUDIOLOGY	0	0	0	0	0	194.26
194.27	07977	ERC SOUTHWEST	0	0	0	0	0	194.27
194.28	07978	ERC NORTHEAST	0	0	0	0	0	194.28
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)	12,415,846	0	246,567	1,866,378	3,790,124	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0183

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From 07/01/2020
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Worksheet B-1

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11/24/2021 10:18 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	SPD SOILED PROCESSING (HOURS)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		6.00	7.00	7.01	8.00	9.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	13.074128	0.000000	2,465.670000	1.419524	4.061610	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,381,405	0	147,146	346,817	201,157	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.560686	0.000000	1,471.460000	0.263781	0.215566	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: 26-0183

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (TOTAL PAID HOURS)	NURSING ADMINISTRATION (HOURS OF SERVICE)	SPD STERILE PROCESSING (INSTRUMENTS PROCESSED)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			10.00	11.00	13.00	13.01	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	SPD SOILED PROCESSING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	287,030					10.00
11.00	01100	CAFETERIA	105,414	3,235,513				11.00
13.00	01300	NURSING ADMINISTRATION	0	41,891	1,101,650			13.00
13.01	01851	SPD STERILE PROCESSING	0	31,222	0	156,524		13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	57,158	0	0	10,000	16.00
17.00	01700	SOCIAL SERVICE	0	8,368	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	111,891	403,956	404,120	0	2,896	30.00
31.00	03100	INTENSIVE CARE UNIT	13,419	93,539	93,640	43	247	31.00
31.01	02040	NEONATOLOGY/NICU	0	72,467	72,543	807	160	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,561	33,791	33,781	0	31	41.00
43.00	04300	NURSERY	0	26,425	0	2,653	60	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	186,403	0	132,158	417	50.00
51.00	05100	RECOVERY ROOM	0	24,387	0	6,929	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	29,781	29,795	0	157	52.00
53.00	05300	ANESTHESIOLOGY	0	3,207	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	97,685	0	0	765	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	6,383	0	0	0	56.00
57.00	05700	CT SCAN	0	16,231	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,404	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	44,057	0	424	10	59.00
60.00	06000	LABORATORY	0	154,899	154,915	1,956	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	85,254	0	3,959	0	65.00
66.00	06600	PHYSICAL THERAPY	0	65,591	0	0	130	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,458	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	14,781	0	55	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	27,863	0	0	138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	33,367	33,372	0	35	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,229	0	3,612	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,230	0	3,611	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	61,118	0	0	0	73.00
73.01	07301	REHABILITATION SERVICES	0	90,971	91,063	59	62	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (TOTAL PAID HOURS)	NURSING ADMINISTRATION (HOURS OF SERVICE)	SPD STERILE PROCESSING (INSTRUMENTS PROCESSED)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			10.00	11.00	13.00	13.01	16.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	2,588	0	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	176	0	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	8,379	0	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	1,604	0	0	0	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	11,073	0	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	6,495	0	0	0	90.07
91.00	09100	EMERGENCY	0	188,047	188,421	258	4,892	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	19,440	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	15,242	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	243,285	2,043,160	1,101,650	156,524	10,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	0	10,714	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	16,468	0	0	0	194.01
194.02	07952	PHYSICIANS CLINICS	0	730,338	0	0	0	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	43,745	0	0	0	0	194.04
194.05	07955	BEAUTY SHOP	0	515	0	0	0	194.05
194.06	07956	MARKETING COSTS	0	0	0	0	0	194.06
194.07	07957	CAPE PRIMARY CARE	0	31,078	0	0	0	194.07
194.08	07958	JACKSON FAMILY CLINIC	0	11,087	0	0	0	194.08
194.09	07959	CHARLESTON FAMILY CARE	0	2,077	0	0	0	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	2,833	0	0	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	0	653	0	0	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	0	56,500	0	0	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	0	20,768	0	0	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	0	32,190	0	0	0	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	0	25,424	0	0	0	194.18
194.19	07969	KNIEBERT CLINIC	0	94,648	0	0	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	0	25,307	0	0	0	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	6,571	0	0	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	11,651	0	0	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	22,522	0	0	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	81,162	0	0	0	194.25
194.26	07976	PPPC AUDIOLOGY	0	533	0	0	0	194.26
194.27	07977	ERC SOUTHWEST	0	7,048	0	0	0	194.27
194.28	07978	ERC NORTHEAST	0	2,266	0	0	0	194.28
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0183

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (TOTAL PAID HOURS)	NURSING ADMINISTRATION (HOURS OF SERVICE)	SPD STERILE PROCESSING (INSTRUMENTS PROCESSED)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		10.00	11.00	13.00	13.01	16.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,373,617	1,238,987	2,558,955	1,649,569	2,409,752	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.753534	0.382934	2.322838	10.538761	240.975200	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	514,475	188,945	225,783	225,865	316,094	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.792408	0.058397	0.204950	1.443006	31.609400	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: 26-0183

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

Worksheet B-1

Date/Time Prepared:

11/24/2021 10:18 am

Cost Center Description	SOCIAL SERVICE (SOCIAL WORKER VISITS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
	17.00	18.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 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 CREDIT & COLLECTIONS						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 SPD SOILED PROCESSING						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
13.01 01851 SPD STERILE PROCESSING						13.01
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	8,981					17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,850	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	883	0	0	0	0	31.00
31.01 02040 NEONATOLOGY/NICU	641	0	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	187	0	0	0	0	41.00
43.00 04300 NURSERY	291	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	104	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	99	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	2	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301 REHABILITATION SERVICES	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0183

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description	SOCIAL SERVICE (SOCIAL WORKER VISITS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
	17.00	18.00	19.00	20.00	21.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 CAPE MEDICAL ONCOLOGY PBC	0	0	0	0	0	90.01
90.02 09002 GYN SURG ONCOLOGIST PBC	0	0	0	0	0	90.02
90.03 09003 PHYSICIAN CARDIOLOGIST PBC	0	0	0	0	0	90.03
90.04 09004 CAPE THORACIC & CARDIOVASCULAR PBC	0	0	0	0	0	90.04
90.05 09005 CAPE CEN PBC	0	0	0	0	0	90.05
90.06 09006 CAPE NEUROSURGERY PBC	0	0	0	0	0	90.06
90.07 09007 CAPE PHYSICIAN ASSOCIATES PBC	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	924	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	8,981	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FITNESS CTR & PLUS, KIDS PLUS, DEXTE	0	0	0	0	0	194.00
194.01 07951 RETAIL PHARMACY	0	0	0	0	0	194.01
194.02 07952 PHYSICIANS CLINICS	0	0	0	0	0	194.02
194.03 07953 MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04 07954 NONPATIENT MEALS	0	0	0	0	0	194.04
194.05 07955 BEAUTY SHOP	0	0	0	0	0	194.05
194.06 07956 MARKETING COSTS	0	0	0	0	0	194.06
194.07 07957 CAPE PRIMARY CARE	0	0	0	0	0	194.07
194.08 07958 JACKSON FAMILY CLINIC	0	0	0	0	0	194.08
194.09 07959 CHARLESTON FAMILY CARE	0	0	0	0	0	194.09
194.10 07960 AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11 07961 CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12 07962 IMMEDIATE CONVENIENT CARE - JACKSON	0	0	0	0	0	194.12
194.13 07963 JACKSON PHYSICIAN ASSOCIATES	0	0	0	0	0	194.13
194.14 07964 PHYSICIANS PARK PRIMARY CARE	0	0	0	0	0	194.14
194.15 07965 IMMEDIATE CONVENIENT CARE - BLACK RI	0	0	0	0	0	194.15
194.16 07966 PIEDMONT PHYSICIAN ASSOCIATES	0	0	0	0	0	194.16
194.17 07967 CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18 07968 IMMEDIATE CONVENIENT CARE - CAPE	0	0	0	0	0	194.18
194.19 07969 KNIEBERT CLINIC	0	0	0	0	0	194.19
194.20 07970 SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	0	194.20
194.21 07971 POPLAR BLUFF PEDIATRICS	0	0	0	0	0	194.21
194.22 07972 FERGUSON MEDICAL GROUP SC	0	0	0	0	0	194.22
194.23 07973 FERGUSON MEDICAL GROUP CH	0	0	0	0	0	194.23
194.24 07974 FERGUSON MEDICAL GROUP EP	0	0	0	0	0	194.24
194.25 07975 FERGUSON MEDICAL GROUP SI	0	0	0	0	0	194.25
194.26 07976 PPC AUDIOLOGY	0	0	0	0	0	194.26
194.27 07977 ERC SOUTHWEST	0	0	0	0	0	194.27
194.28 07978 ERC NORTHEAST	0	0	0	0	0	194.28

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0183

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description		SOCIAL SERVICE (SOCIAL WORKER VISITS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
200.00	Cross Foot Adjustments		18.00	19.00	20.00	21.00	200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	634,067	0	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	70.600935	0.000000	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	48,364	0	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.385146	0.000000	0.000000	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet B-1
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)		
			SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			22.00			
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	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	CREDIT & COLLECTIONS				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	SPD SOILED PROCESSING				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
13.01	01851	SPD STERILE PROCESSING				13.01
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
31.01	02040	NEONATOLOGY/NICU	0	0		31.01
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01	07301	REHABILITATION SERVICES	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0183

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM		
		SERVICES-OTHER PRGM COSTS			
		(ASSIGNED TIME)			
		22.00	23.00		
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000 CLINIC	0	0		90.00
90.01	09001 CAPE MEDICAL ONCOLOGY PBC	0	0		90.01
90.02	09002 GYN SURG ONCOLOGIST PBC	0	0		90.02
90.03	09003 PHYSICIAN CARDIOLOGIST PBC	0	0		90.03
90.04	09004 CAPE THORACIC & CARDIOVASCULAR PBC	0	0		90.04
90.05	09005 CAPE CEN PBC	0	0		90.05
90.06	09006 CAPE NEUROSURGERY PBC	0	0		90.06
90.07	09007 CAPE PHYSICIAN ASSOCIATES PBC	0	0		90.07
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
99.00	09900 CMHC	0	0		99.00
99.10	09910 CORF	0	0		99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100 HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	0	0		105.00
106.00	10600 HEART ACQUISITION	0	0		106.00
107.00	10700 LIVER ACQUISITION	0	0		107.00
108.00	10800 LUNG ACQUISITION	0	0		108.00
109.00	10900 PANCREAS ACQUISITION	0	0		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0		110.00
111.00	11100 ISLET ACQUISITION	0	0		111.00
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600 HOSPICE		0		116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100 RESEARCH	0	0		191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300 NONPAID WORKERS	0	0		193.00
194.00	07950 FITNESS CTR & PLUS, KIDS PLUS, DEXTE	0	0		194.00
194.01	07951 RETAIL PHARMACY	0	0		194.01
194.02	07952 PHYSICIANS CLINICS	0	0		194.02
194.03	07953 MEDICAL OFFICE BLDG	0	0		194.03
194.04	07954 NONPATIENT MEALS	0	0		194.04
194.05	07955 BEAUTY SHOP	0	0		194.05
194.06	07956 MARKETING COSTS	0	0		194.06
194.07	07957 CAPE PRIMARY CARE	0	0		194.07
194.08	07958 JACKSON FAMILY CLINIC	0	0		194.08
194.09	07959 CHARLESTON FAMILY CARE	0	0		194.09
194.10	07960 AWL FAMILY HEALTHCARE SYSTEM	0	0		194.10
194.11	07961 CAPE MEDICAL GROUP	0	0		194.11
194.12	07962 IMMEDIATE CONVENIENT CARE - JACKSON	0	0		194.12
194.13	07963 JACKSON PHYSICIAN ASSOCIATES	0	0		194.13
194.14	07964 PHYSICIANS PARK PRIMARY CARE	0	0		194.14
194.15	07965 IMMEDIATE CONVENIENT CARE - BLACK RI	0	0		194.15
194.16	07966 PIEDMONT PHYSICIAN ASSOCIATES	0	0		194.16
194.17	07967 CAPE PEDIATRIC GROUP	0	0		194.17
194.18	07968 IMMEDIATE CONVENIENT CARE - CAPE	0	0		194.18
194.19	07969 KNIEBERT CLINIC	0	0		194.19
194.20	07970 SAINT FRANCIS OUPATIENT CLINIC	0	0		194.20
194.21	07971 POPLAR BLUFF PEDIATRICS	0	0		194.21
194.22	07972 FERGUSON MEDICAL GROUP SC	0	0		194.22
194.23	07973 FERGUSON MEDICAL GROUP CH	0	0		194.23
194.24	07974 FERGUSON MEDICAL GROUP EP	0	0		194.24
194.25	07975 FERGUSON MEDICAL GROUP SI	0	0		194.25
194.26	07976 PPC AUDIOLOGY	0	0		194.26
194.27	07977 ERC SOUTHWEST	0	0		194.27
194.28	07978 ERC NORTHEAST	0	0		194.28

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0183

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)		
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		22.00			
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		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/24/2021 10:18 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,124,207		35,124,207	0	35,124,207	30.00
31.00	03100	INTENSIVE CARE UNIT	11,241,729		11,241,729	0	11,241,729	31.00
31.01	02040	NEONATOLOGY/NICU	5,750,043		5,750,043	0	5,750,043	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,255,919		3,255,919	0	3,255,919	41.00
43.00	04300	NURSERY	2,283,433		2,283,433	0	2,283,433	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,428,419		22,428,419	0	22,428,419	50.00
51.00	05100	RECOVERY ROOM	1,887,618		1,887,618	0	1,887,618	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,194,052		2,194,052	0	2,194,052	52.00
53.00	05300	ANESTHESIOLOGY	920,220		920,220	0	920,220	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,204,869		13,204,869	0	13,204,869	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	797,348		797,348	0	797,348	56.00
57.00	05700	CT SCAN	2,403,760		2,403,760	0	2,403,760	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,559,191		1,559,191	0	1,559,191	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,810,359		7,810,359	0	7,810,359	59.00
60.00	06000	LABORATORY	18,120,500		18,120,500	0	18,120,500	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,240,316	0	7,240,316	0	7,240,316	65.00
66.00	06600	PHYSICAL THERAPY	4,564,003	0	4,564,003	0	4,564,003	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,389,342	0	1,389,342	0	1,389,342	67.00
68.00	06800	SPEECH PATHOLOGY	1,078,609	0	1,078,609	0	1,078,609	68.00
69.00	06900	ELECTROCARDIOLOGY	2,878,363		2,878,363	0	2,878,363	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,097,488		3,097,488	0	3,097,488	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,236,650		25,236,650	0	25,236,650	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,670,926		28,670,926	0	28,670,926	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,426,304		37,426,304	0	37,426,304	73.00
73.01	07301	REHABILITATION SERVICES	8,547,539		8,547,539	0	8,547,539	73.01
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	751,009		751,009	0	751,009	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	38,054		38,054	0	38,054	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	1,831,002		1,831,002	0	1,831,002	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	333,123		333,123	0	333,123	90.04
90.05	09005	CAPE CEN PBC	0		0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	201,151		201,151	0	201,151	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	1,868,000		1,868,000	0	1,868,000	90.07
91.00	09100	EMERGENCY	19,663,424		19,663,424	9,948	19,673,372	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,443,428		6,443,428	0	6,443,428	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	432,816		432,816	0	432,816	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,679,138		1,679,138	0	1,679,138	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/24/2021 10:18 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		
108.00	10800	LUNG ACQUISITION		0		0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION		0		0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION		0		0		0		0	110.00
111.00	11100	ISLET ACQUISITION		0		0		0		0	111.00
113.00	11300	INTEREST EXPENSE									113.00
114.00	11400	UTILIZATION REVIEW-SNF									114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0		0		0		0	115.00
116.00	11600	HOSPICE		1,587,721		1,587,721			1,587,721		116.00
200.00		Subtotal (see instructions)		283,940,073	0	283,940,073		9,948	283,950,021		200.00
201.00		Less Observation Beds		6,443,428		6,443,428			6,443,428		201.00
202.00		Total (see instructions)		277,496,645	0	277,496,645		9,948	277,506,593		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/24/2021 10:18 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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	88,433,835		88,433,835		30.00
31.00	03100	INTENSIVE CARE UNIT	47,776,062		47,776,062		31.00
31.01	02040	NEONATOLOGY/NICU	33,162,691		33,162,691		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	6,423,688		6,423,688		41.00
43.00	04300	NURSERY	7,578,682		7,578,682		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,934,748	78,502,920	114,437,668	0.195988	0.000000
51.00	05100	RECOVERY ROOM	6,387,850	12,680,280	19,068,130	0.098993	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,367,507	1,355,048	13,722,555	0.159887	0.000000
53.00	05300	ANESTHESIOLOGY	27,075,243	25,988,108	53,063,351	0.017342	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,941,627	73,048,636	85,990,263	0.153562	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	1,309,227	14,362,332	15,671,559	0.050879	0.000000
57.00	05700	CT SCAN	25,586,517	72,533,184	98,119,701	0.024498	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,291,258	19,088,913	23,380,171	0.066689	0.000000
59.00	05900	CARDIAC CATHETERIZATION	23,894,500	52,020,245	75,914,745	0.102883	0.000000
60.00	06000	LABORATORY	70,862,489	107,577,788	178,440,277	0.101549	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	95,148,128	20,194,996	115,343,124	0.062772	0.000000
66.00	06600	PHYSICAL THERAPY	7,809,156	10,970,560	18,779,716	0.243028	0.000000
67.00	06700	OCCUPATIONAL THERAPY	7,045,616	1,746,584	8,792,200	0.158020	0.000000
68.00	06800	SPEECH PATHOLOGY	4,675,020	2,069,340	6,744,360	0.159928	0.000000
69.00	06900	ELECTROCARDIOLOGY	11,657,993	28,597,493	40,255,486	0.071502	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	2,191,613	7,237,709	9,429,322	0.328495	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	77,734,786	104,431,264	182,166,050	0.138537	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	77,734,785	104,431,264	182,166,049	0.157389	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	82,123,481	73,782,028	155,905,509	0.240058	0.000000
73.01	07301	REHABILITATION SERVICES	2,085,234	32,030,645	34,115,879	0.250544	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	5,850	2,346,341	2,352,191	0.319281	0.000000
90.02	09002	GYN SURG ONCOLOGIST PBC	0	293,275	293,275	0.129755	0.000000
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	36,656	7,296,545	7,333,201	0.249687	0.000000
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	6,825	661,234	668,059	0.498643	0.000000
90.05	09005	CAPE CEN PBC	0	0	0	0.000000	0.000000
90.06	09006	CAPE NEUROSURGERY PBC	2,275	942,877	945,152	0.212824	0.000000
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	6,331	8,185,632	8,191,963	0.228028	0.000000
91.00	09100	EMERGENCY	32,372,257	91,860,578	124,232,835	0.158279	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,730,000	10,022,121	12,752,121	0.505283	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
95.00	09500	AMBULANCE SERVICES	221,879	290,725	512,604	0.844348	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	2,571,280	2,571,280		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/24/2021 10:18 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		10.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	6,016,149	6,016,149		116.00
200.00		Subtotal (see instructions)	807,613,809	973,136,094	1,780,749,903		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	807,613,809	973,136,094	1,780,749,903		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/24/2021 10:18 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
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	02040	NEONATOLOGY/NICU				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.195988			50.00
51.00	05100	RECOVERY ROOM	0.098993			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.159887			52.00
53.00	05300	ANESTHESIOLOGY	0.017342			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153562			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.050879			56.00
57.00	05700	CT SCAN	0.024498			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066689			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102883			59.00
60.00	06000	LABORATORY	0.101549			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.062772			65.00
66.00	06600	PHYSICAL THERAPY	0.243028			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.158020			67.00
68.00	06800	SPEECH PATHOLOGY	0.159928			68.00
69.00	06900	ELECTROCARDIOLOGY	0.071502			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.328495			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.138537			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.157389			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.240058			73.00
73.01	07301	REHABILITATION SERVICES	0.250544			73.01
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0.319281			90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0.129755			90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0.249687			90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0.498643			90.04
90.05	09005	CAPE CEN PBC	0.000000			90.05
90.06	09006	CAPE NEUROSURGERY PBC	0.212824			90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0.228028			90.07
91.00	09100	EMERGENCY	0.158359			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.505283			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.844348			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/24/2021 10:18 am

				Title XIX		Hospital		PPS	
Cost Center Description				Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
						Total Costs	RCE Disallowance		
				1.00	2.00	3.00	4.00	5.00	
108.00	10800	LUNG ACQUISITION	0		0		0	108.00	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00	
111.00	11100	ISLET ACQUISITION	0		0		0	111.00	
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00	
116.00	11600	HOSPICE	1,587,721		1,587,721		1,587,721	116.00	
200.00		Subtotal (see instructions)	283,940,073	0	283,940,073	9,948	283,950,021	200.00	
201.00		Less Observation Beds	6,443,428		6,443,428		6,443,428	201.00	
202.00		Total (see instructions)	277,496,645	0	277,496,645	9,948	277,506,593	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/24/2021 10:18 am

			Title XIX			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	88,433,835		88,433,835		30.00
31.00	03100	INTENSIVE CARE UNIT	47,776,062		47,776,062		31.00
31.01	02040	NEONATOLOGY/NICU	33,162,691		33,162,691		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	6,423,688		6,423,688		41.00
43.00	04300	NURSERY	7,578,682		7,578,682		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,934,748	78,502,920	114,437,668	0.195988	50.00
51.00	05100	RECOVERY ROOM	6,387,850	12,680,280	19,068,130	0.098993	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,367,507	1,355,048	13,722,555	0.159887	52.00
53.00	05300	ANESTHESIOLOGY	27,075,243	25,988,108	53,063,351	0.017342	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,941,627	73,048,636	85,990,263	0.153562	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,309,227	14,362,332	15,671,559	0.050879	56.00
57.00	05700	CT SCAN	25,586,517	72,533,184	98,119,701	0.024498	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,291,258	19,088,913	23,380,171	0.066689	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,894,500	52,020,245	75,914,745	0.102883	59.00
60.00	06000	LABORATORY	70,862,489	107,577,788	178,440,277	0.101549	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	95,148,128	20,194,996	115,343,124	0.062772	65.00
66.00	06600	PHYSICAL THERAPY	7,809,156	10,970,560	18,779,716	0.243028	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,045,616	1,746,584	8,792,200	0.158020	67.00
68.00	06800	SPEECH PATHOLOGY	4,675,020	2,069,340	6,744,360	0.159928	68.00
69.00	06900	ELECTROCARDIOLOGY	11,657,993	28,597,493	40,255,486	0.071502	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,191,613	7,237,709	9,429,322	0.328495	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	77,734,786	104,431,264	182,166,050	0.138537	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	77,734,785	104,431,264	182,166,049	0.157389	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,123,481	73,782,028	155,905,509	0.240058	73.00
73.01	07301	REHABILITATION SERVICES	2,085,234	32,030,645	34,115,879	0.250544	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	5,850	2,346,341	2,352,191	0.319281	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	293,275	293,275	0.129755	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	36,656	7,296,545	7,333,201	0.249687	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	6,825	661,234	668,059	0.498643	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0.000000	90.05
90.06	09006	CAPE NEUROSURGERY PBC	2,275	942,877	945,152	0.212824	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	6,331	8,185,632	8,191,963	0.228028	90.07
91.00	09100	EMERGENCY	32,372,257	91,860,578	124,232,835	0.158279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,730,000	10,022,121	12,752,121	0.505283	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	221,879	290,725	512,604	0.844348	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	2,571,280	2,571,280		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
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			Title XIX			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		10.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	6,016,149	6,016,149		116.00
200.00		Subtotal (see instructions)	807,613,809	973,136,094	1,780,749,903		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	807,613,809	973,136,094	1,780,749,903		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	02040	NEONATOLOGY/NICU				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.195988			50.00
51.00	05100	RECOVERY ROOM	0.098993			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.159887			52.00
53.00	05300	ANESTHESIOLOGY	0.017342			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153562			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.050879			56.00
57.00	05700	CT SCAN	0.024498			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066689			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102883			59.00
60.00	06000	LABORATORY	0.101549			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.062772			65.00
66.00	06600	PHYSICAL THERAPY	0.243028			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.158020			67.00
68.00	06800	SPEECH PATHOLOGY	0.159928			68.00
69.00	06900	ELECTROCARDIOLOGY	0.071502			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.328495			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.138537			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.157389			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.240058			73.00
73.01	07301	REHABILITATION SERVICES	0.250544			73.01
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0.319281			90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0.129755			90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0.249687			90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0.498643			90.04
90.05	09005	CAPE CEN PBC	0.000000			90.05
90.06	09006	CAPE NEUROSURGERY PBC	0.212824			90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0.228028			90.07
91.00	09100	EMERGENCY	0.158359			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.505283			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.844348			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part II
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			Title XIX			Hospital	PPS
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,428,419	3,630,013	18,798,406	0	0
51.00	05100	RECOVERY ROOM	1,887,618	138,619	1,748,999	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,194,052	259,973	1,934,079	0	0
53.00	05300	ANESTHESIOLOGY	920,220	39,141	881,079	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,204,869	1,820,296	11,384,573	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	797,348	96,019	701,329	0	0
57.00	05700	CT SCAN	2,403,760	347,543	2,056,217	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,559,191	400,399	1,158,792	0	0
59.00	05900	CARDIAC CATHETERIZATION	7,810,359	1,329,645	6,480,714	0	0
60.00	06000	LABORATORY	18,120,500	878,925	17,241,575	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	7,240,316	560,487	6,679,829	0	0
66.00	06600	PHYSICAL THERAPY	4,564,003	439,900	4,124,103	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,389,342	56,814	1,332,528	0	0
68.00	06800	SPEECH PATHOLOGY	1,078,609	54,548	1,024,061	0	0
69.00	06900	ELECTROCARDIOLOGY	2,878,363	425,733	2,452,630	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,097,488	504,342	2,593,146	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,236,650	537,591	24,699,059	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,670,926	574,062	28,096,864	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	37,426,304	991,856	36,434,448	0	0
73.01	07301	REHABILITATION SERVICES	8,547,539	1,836,941	6,710,598	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	751,009	139,016	611,993	0	0
90.02	09002	GYN SURG ONCOLOGIST PBC	38,054	2,791	35,263	0	0
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	1,831,002	121,272	1,709,730	0	0
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	333,123	14,833	318,290	0	0
90.05	09005	CAPE CEN PBC	0	0	0	0	0
90.06	09006	CAPE NEUROSURGERY PBC	201,151	15,702	185,449	0	0
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	1,868,000	335,203	1,532,797	0	0
91.00	09100	EMERGENCY	19,663,424	2,071,929	17,591,495	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,443,428	887,524	5,555,904	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	432,816	4,993	427,823	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	1,679,138	158,940	1,520,198	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00	10600	HEART ACQUISITION	0	0	0	0	0
107.00	10700	LIVER ACQUISITION	0	0	0	0	0
108.00	10800	LUNG ACQUISITION	0	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00	11600	HOSPICE	1,587,721	127,745	1,459,976	0	0
200.00		Subtotal (sum of lines 50 thru 199)	226,284,742	18,802,795	207,481,947	0	0
201.00		Less Observation Beds	6,443,428	887,524	5,555,904	0	0
202.00		Total (line 200 minus line 201)	219,841,314	17,915,271	201,926,043	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part II
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			Title XIX		Hospital	PPS
			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,428,419	114,437,668	0.195988	50.00
51.00	05100	RECOVERY ROOM	1,887,618	19,068,130	0.098993	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,194,052	13,722,555	0.159887	52.00
53.00	05300	ANESTHESIOLOGY	920,220	53,063,351	0.017342	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,204,869	85,990,263	0.153562	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	797,348	15,671,559	0.050879	56.00
57.00	05700	CT SCAN	2,403,760	98,119,701	0.024498	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,559,191	23,380,171	0.066689	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,810,359	75,914,745	0.102883	59.00
60.00	06000	LABORATORY	18,120,500	178,440,277	0.101549	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	7,240,316	115,343,124	0.062772	65.00
66.00	06600	PHYSICAL THERAPY	4,564,003	18,779,716	0.243028	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,389,342	8,792,200	0.158020	67.00
68.00	06800	SPEECH PATHOLOGY	1,078,609	6,744,360	0.159928	68.00
69.00	06900	ELECTROCARDIOLOGY	2,878,363	40,255,486	0.071502	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,097,488	9,429,322	0.328495	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,236,650	182,166,050	0.138537	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,670,926	182,166,049	0.157389	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,426,304	155,905,509	0.240058	73.00
73.01	07301	REHABILITATION SERVICES	8,547,539	34,115,879	0.250544	73.01
74.00	07400	RENAL DIALYSIS	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0.000000	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	751,009	2,352,191	0.319281	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	38,054	293,275	0.129755	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	1,831,002	7,333,201	0.249687	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	333,123	668,059	0.498643	90.04
90.05	09005	CAPE CEN PBC	0	0	0.000000	90.05
90.06	09006	CAPE NEUROSURGERY PBC	201,151	945,152	0.212824	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	1,868,000	8,191,963	0.228028	90.07
91.00	09100	EMERGENCY	19,663,424	124,232,835	0.158279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,443,428	12,752,121	0.505283	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	432,816	512,604	0.844348	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	1,679,138	2,571,280	0.653036	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0.000000	105.00
106.00	10600	HEART ACQUISITION	0	0	0.000000	106.00
107.00	10700	LIVER ACQUISITION	0	0	0.000000	107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000	111.00
113.00	11300	INTEREST EXPENSE	0	0	0.000000	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0.000000	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000	115.00
116.00	11600	HOSPICE	1,587,721	6,016,149	0.263910	116.00
200.00		Subtotal (sum of lines 50 thru 199)	226,284,742	1,597,374,945		200.00
201.00		Less Observation Beds	6,443,428	0		201.00
202.00		Total (line 200 minus line 201)	219,841,314	1,597,374,945		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/24/2021 10:18 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	4,838,033	0	4,838,033	38,507	125.64	30.00	
31.00	INTENSIVE CARE UNIT	1,087,149		1,087,149	4,473	243.05	31.00	
31.01	NEONATOLOGY/NICU	593,687		593,687	5,526	107.44	31.01	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	499,817	0	499,817	4,187	119.37	41.00	
43.00	NURSERY	211,946		211,946	1,529	138.62	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	7,230,632		7,230,632	54,222		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	13,292	1,670,007					30.00
31.00	INTENSIVE CARE UNIT	2,702	656,721					31.00
31.01	NEONATOLOGY/NICU	0	0					31.01
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	1,976	235,875					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	17,970	2,562,603					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/24/2021 10:18 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	3,630,013	114,437,668	0.031720	17,192,696	545,352	50.00
51.00	05100	RECOVERY ROOM	138,619	19,068,130	0.007270	3,321,502	24,147	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	259,973	13,722,555	0.018945	77,056	1,460	52.00
53.00	05300	ANESTHESIOLOGY	39,141	53,063,351	0.000738	3,343,393	2,467	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,820,296	85,990,263	0.021169	5,868,911	124,239	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	96,019	15,671,559	0.006127	1,025,314	6,282	56.00
57.00	05700	CT SCAN	347,543	98,119,701	0.003542	12,632,227	44,743	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	400,399	23,380,171	0.017126	1,721,514	29,483	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,329,645	75,914,745	0.017515	15,112,253	264,691	59.00
60.00	06000	LABORATORY	878,925	178,440,277	0.004926	36,573,773	180,162	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	560,487	115,343,124	0.004859	34,712,724	168,669	65.00
66.00	06600	PHYSICAL THERAPY	439,900	18,779,716	0.023424	2,259,768	52,933	66.00
67.00	06700	OCCUPATIONAL THERAPY	56,814	8,792,200	0.006462	1,604,754	10,370	67.00
68.00	06800	SPEECH PATHOLOGY	54,548	6,744,360	0.008088	1,228,213	9,934	68.00
69.00	06900	ELECTROCARDIOLOGY	425,733	40,255,486	0.010576	2,069,118	21,883	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	504,342	9,429,322	0.053487	523,402	27,995	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	537,591	182,166,050	0.002951	33,610,916	99,186	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	574,062	182,166,049	0.003151	36,495,306	114,997	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	991,856	155,905,509	0.006362	48,062,592	305,774	73.00
73.01	07301	REHABILITATION SERVICES	1,836,941	34,115,879	0.053844	906,625	48,816	73.01
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	139,016	2,352,191	0.059101	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	2,791	293,275	0.009517	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	121,272	7,333,201	0.016537	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	14,833	668,059	0.022203	0	0	90.04
90.05	09005	CAPE CEN PBC	0	0	0.000000	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	15,702	945,152	0.016613	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	335,203	8,191,963	0.040919	0	0	90.07
91.00	09100	EMERGENCY	2,071,929	124,232,835	0.016678	6,283,150	104,790	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	887,524	12,752,121	0.069598	2,403,100	167,251	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50 through 199)		18,511,117	1,588,274,912		267,028,307	2,355,624	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0183		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/24/2021 10:18 am		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
31.01	02040	NEONATOLOGY/NICU	0	0	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	38,507	0.00	13,292		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	4,473	0.00	2,702		31.00		
31.01	02040	NEONATOLOGY/NICU	0	0	5,526	0.00	0		31.01		
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0		32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0		33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0		34.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0		40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	4,187	0.00	1,976		41.00		
43.00	04300	NURSERY	0	0	1,529	0.00	0		43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0		44.00		
45.00	04500	NURSING FACILITY	0	0	0	0.00	0		45.00		
200.00		Total (lines 30 through 199)	0	0	54,222		17,970		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
31.01	02040	NEONATOLOGY/NICU	0								31.01
32.00	03200	CORONARY CARE UNIT	0								32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0								33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0								34.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
45.00	04500	NURSING FACILITY	0								45.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
73.01	07301	REHABILITATION SERVICES	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	0	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	0	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	0	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	0	0	0	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	0	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0183		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/24/2021 10:18 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	114,437,668	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	19,068,130	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	13,722,555	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53,063,351	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	85,990,263	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	15,671,559	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	98,119,701	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	23,380,171	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	75,914,745	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	178,440,277	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	115,343,124	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	18,779,716	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	8,792,200	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	6,744,360	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	40,255,486	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	9,429,322	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	182,166,050	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	182,166,049	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	155,905,509	0.000000	73.00
73.01	07301	REHABILITATION SERVICES	0	0	0	0	34,115,879	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0.000000	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0	0.000000	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	0	0	0	2,352,191	0.000000	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	0	0	0	293,275	0.000000	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	0	0	0	7,333,201	0.000000	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	0	0	0	668,059	0.000000	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	0.000000	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	0	0	0	945,152	0.000000	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	0	0	0	8,191,963	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	0	124,232,835	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	12,752,121	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,588,274,912		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0183		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/24/2021 10:18 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		17,192,696	0	32,710,474	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		3,321,502	0	9,899,671	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		77,056	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		3,343,393	0	6,253,844	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		5,868,911	0	13,827,938	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		1,025,314	0	9,976,148	0	56.00
57.00	05700	CT SCAN	0.000000		12,632,227	0	44,081,284	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		1,721,514	0	7,419,049	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		15,112,253	0	35,322,153	0	59.00
60.00	06000	LABORATORY	0.000000		36,573,773	0	30,510,544	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		34,712,724	0	6,964,692	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		2,259,768	0	534,183	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		1,604,754	0	66,029	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		1,228,213	0	108,630	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		2,069,118	0	5,392,566	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		523,402	0	1,755,511	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		33,610,916	0	49,926,777	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		36,495,306	0	38,792,595	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		48,062,592	0	47,170,891	0	73.00
73.01	07301	REHABILITATION SERVICES	0.000000		906,625	0	10,970,140	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	0	0	0	89.00
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0.000000		0	0	1,804,038	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0.000000		0	0	221,975	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0.000000		0	0	3,136,053	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0.000000		0	0	473,850	0	90.04
90.05	09005	CAPE CEN PBC	0.000000		0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0.000000		0	0	316,803	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0.000000		0	0	248,435	0	90.07
91.00	09100	EMERGENCY	0.000000		6,283,150	0	18,773,703	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		2,403,100	0	4,842,500	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		0	0	0	0	98.00
200.00		Total (lines 50 through 199)			267,028,307	0	381,500,476	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0183		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/24/2021 10:18 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	0.195988	32,710,474	0	0	6,410,860	50.00	
51.00	05100	RECOVERY ROOM	0.098993	9,899,671	0	0	979,998	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.159887	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.017342	6,253,844	0	0	108,454	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153562	13,827,938	0	0	2,123,446	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.050879	9,976,148	0	0	507,576	56.00	
57.00	05700	CT SCAN	0.024498	44,081,284	0	0	1,079,903	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066689	7,419,049	0	0	494,769	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.102883	35,322,153	0	0	3,634,049	59.00	
60.00	06000	LABORATORY	0.101549	30,510,544	0	0	3,098,315	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.062772	6,964,692	0	0	437,188	65.00	
66.00	06600	PHYSICAL THERAPY	0.243028	534,183	0	0	129,821	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.158020	66,029	0	0	10,434	67.00	
68.00	06800	SPEECH PATHOLOGY	0.159928	108,630	0	0	17,373	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.071502	5,392,566	0	0	385,579	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.328495	1,755,511	0	0	576,677	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.138537	49,926,777	0	0	6,916,706	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.157389	38,792,595	432,679	0	6,105,528	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.240058	47,170,891	0	279,688	11,323,750	73.00	
73.01	07301	REHABILITATION SERVICES	0.250544	10,970,140	0	0	2,748,503	73.01	
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC						88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00	
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0.319281	1,804,038	0	0	575,995	90.01	
90.02	09002	GYN SURG ONCOLOGIST PBC	0.129755	221,975	0	0	28,802	90.02	
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0.249687	3,136,053	0	0	783,032	90.03	
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0.498643	473,850	0	0	236,282	90.04	
90.05	09005	CAPE CEN PBC	0.000000	0	0	0	0	90.05	
90.06	09006	CAPE NEUROSURGERY PBC	0.212824	316,803	0	0	67,423	90.06	
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0.228028	248,435	0	0	56,650	90.07	
91.00	09100	EMERGENCY	0.158279	18,773,703	0	600	2,971,483	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.505283	4,842,500	0	0	2,446,833	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00	
95.00	09500	AMBULANCE SERVICES	0.844348		0			95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00	
200.00		Subtotal (see instructions)		381,500,476	432,679	280,288	54,255,429	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		381,500,476	432,679	280,288	54,255,429	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0183		Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/24/2021 10:18 am
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,099	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	67,141		73.00
73.01	07301	REHABILITATION SERVICES	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	0		90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	0		90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	0		90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	0		90.04
90.05	09005	CAPE CEN PBC	0	0		90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	0		90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	0		90.07
91.00	09100	EMERGENCY	0	95		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Subtotal (see instructions)	68,099	67,236		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	68,099	67,236		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0183

Period:

Worksheet D

Component CCN: 26-T183

From 07/01/2020

Part II

To 06/30/2021

Date/Time Prepared:

11/24/2021 10:18 am

				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,630,013	114,437,668	0.031720	28,627	908	50.00	
51.00	05100	RECOVERY ROOM	138,619	19,068,130	0.007270	6,892	50	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	259,973	13,722,555	0.018945	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	39,141	53,063,351	0.000738	7,275	5	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,820,296	85,990,263	0.021169	65,091	1,378	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00	
56.00	05600	RADIOISOTOPE	96,019	15,671,559	0.006127	0	0	56.00	
57.00	05700	CT SCAN	347,543	98,119,701	0.003542	107,576	381	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	400,399	23,380,171	0.017126	57,489	985	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,329,645	75,914,745	0.017515	17,599	308	59.00	
60.00	06000	LABORATORY	878,925	178,440,277	0.004926	545,600	2,688	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	560,487	115,343,124	0.004859	630,310	3,063	65.00	
66.00	06600	PHYSICAL THERAPY	439,900	18,779,716	0.023424	1,395,342	32,684	66.00	
67.00	06700	OCCUPATIONAL THERAPY	56,814	8,792,200	0.006462	1,386,388	8,959	67.00	
68.00	06800	SPEECH PATHOLOGY	54,548	6,744,360	0.008088	448,527	3,628	68.00	
69.00	06900	ELECTROCARDIOLOGY	425,733	40,255,486	0.010576	6,432	68	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	504,342	9,429,322	0.053487	2,747	147	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	537,591	182,166,050	0.002951	194,114	573	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	574,062	182,166,049	0.003151	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	991,856	155,905,509	0.006362	1,597,478	10,163	73.00	
73.01	07301	REHABILITATION SERVICES	1,836,941	34,115,879	0.053844	211,848	11,407	73.01	
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00	
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00	
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	139,016	2,352,191	0.059101	0	0	90.01	
90.02	09002	GYN SURG ONCOLOGIST PBC	2,791	293,275	0.009517	0	0	90.02	
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	121,272	7,333,201	0.016537	0	0	90.03	
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	14,833	668,059	0.022203	0	0	90.04	
90.05	09005	CAPE CEN PBC	0	0	0.000000	0	0	90.05	
90.06	09006	CAPE NEUROSURGERY PBC	15,702	945,152	0.016613	0	0	90.06	
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	335,203	8,191,963	0.040919	0	0	90.07	
91.00	09100	EMERGENCY	2,071,929	124,232,835	0.016678	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,752,121	0.000000	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00	
200.00	Total (lines 50 through 199)		17,623,593	1,588,274,912		6,709,335	77,395	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0183 Component CCN: 26-T183		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/24/2021 10:18 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
73.01	07301	REHABILITATION SERVICES		0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC		0	0	0	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC		0	0	0	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC		0	0	0	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC		0	0	0	0	0	90.04
90.05	09005	CAPE CEN PBC		0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC		0	0	0	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC		0	0	0	0	0	90.07
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0183 Component CCN: 26-T183		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/24/2021 10:18 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	114,437,668	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	19,068,130	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	13,722,555	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53,063,351	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	85,990,263	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	15,671,559	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	98,119,701	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	23,380,171	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	75,914,745	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	178,440,277	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	115,343,124	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	18,779,716	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	8,792,200	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	6,744,360	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	40,255,486	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	9,429,322	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	182,166,050	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	182,166,049	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	155,905,509	0.000000	73.00
73.01	07301	REHABILITATION SERVICES	0	0	0	0	34,115,879	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0.000000	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0	0.000000	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	0	0	0	2,352,191	0.000000	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	0	0	0	293,275	0.000000	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	0	0	0	7,333,201	0.000000	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	0	0	0	668,059	0.000000	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	0.000000	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	0	0	0	945,152	0.000000	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	0	0	0	8,191,963	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	0	124,232,835	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	12,752,121	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,588,274,912		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0183 Component CCN: 26-T183		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/24/2021 10:18 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		0.000000	28,627		0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	6,892		0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0		0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	7,275		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	65,091		0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0		0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0		0	0	56.00
57.00	05700	CT SCAN		0.000000	107,576		0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	57,489		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	17,599		0	0	59.00
60.00	06000	LABORATORY		0.000000	545,600		0	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0		0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	0		0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0		0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0		0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	630,310		0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,395,342		0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,386,388		0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	448,527		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	6,432		0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	2,747		0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	194,114		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	1,597,478		0	0	73.00
73.01	07301	REHABILITATION SERVICES		0.000000	211,848		0	0	73.01
74.00	07400	RENAL DIALYSIS		0.000000	0		0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0		0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0.000000	0		0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0		0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0		0	0	89.00
90.00	09000	CLINIC		0.000000	0		0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC		0.000000	0		0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC		0.000000	0		0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC		0.000000	0		0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC		0.000000	0		0	0	90.04
90.05	09005	CAPE CEN PBC		0.000000	0		0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC		0.000000	0		0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC		0.000000	0		0	0	90.07
91.00	09100	EMERGENCY		0.000000	0		0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0		0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000	0		0	0	94.00
95.00	09500	AMBULANCE SERVICES							95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0.000000	0		0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000	0		0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0.000000	0		0	0	98.00
200.00		Total (lines 50 through 199)			6,709,335		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/24/2021 10:18 am

		Title XIX		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	4,838,033	0	4,838,033	38,507	125.64	30.00
31.00	INTENSIVE CARE UNIT	1,087,149		1,087,149	4,473	243.05	31.00
31.01	NEONATOLOGY/NICU	593,687		593,687	5,526	107.44	31.01
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	499,817	0	499,817	4,187	119.37	41.00
43.00	NURSERY	211,946		211,946	1,529	138.62	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	7,230,632		7,230,632	54,222		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	2,475	310,959				
31.00	INTENSIVE CARE UNIT	660	160,413				
31.01	NEONATOLOGY/NICU	1,014	108,944				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	626	74,726				
43.00	NURSERY	87	12,060				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	4,862	667,102				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			Title XIX		Hospital	PPS		
			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	3,630,013	114,437,668	0.031720	3,012,624	95,560	50.00
51.00	05100	RECOVERY ROOM	138,619	19,068,130	0.007270	-958	-7	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	259,973	13,722,555	0.018945	267,151	5,061	52.00
53.00	05300	ANESTHESIOLOGY	39,141	53,063,351	0.000738	-1,056	-1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,820,296	85,990,263	0.021169	1,022,841	21,653	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	96,019	15,671,559	0.006127	141,808	869	56.00
57.00	05700	CT SCAN	347,543	98,119,701	0.003542	2,085,154	7,386	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	400,399	23,380,171	0.017126	415,634	7,118	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,329,645	75,914,745	0.017515	1,961,633	34,358	59.00
60.00	06000	LABORATORY	878,925	178,440,277	0.004926	6,949,231	34,232	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	560,487	115,343,124	0.004859	9,383,279	45,593	65.00
66.00	06600	PHYSICAL THERAPY	439,900	18,779,716	0.023424	878,099	20,569	66.00
67.00	06700	OCCUPATIONAL THERAPY	56,814	8,792,200	0.006462	887,270	5,734	67.00
68.00	06800	SPEECH PATHOLOGY	54,548	6,744,360	0.008088	649,924	5,257	68.00
69.00	06900	ELECTROCARDIOLOGY	425,733	40,255,486	0.010576	359,325	3,800	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	504,342	9,429,322	0.053487	152,517	8,158	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	537,591	182,166,050	0.002951	12,489,637	36,857	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	574,062	182,166,049	0.003151	94,657	298	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	991,856	155,905,509	0.006362	11,113,934	70,707	73.00
73.01	07301	REHABILITATION SERVICES	1,836,941	34,115,879	0.053844	966,618	52,047	73.01
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	139,016	2,352,191	0.059101	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	2,791	293,275	0.009517	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	121,272	7,333,201	0.016537	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	14,833	668,059	0.022203	0	0	90.04
90.05	09005	CAPE CEN PBC	0	0	0.000000	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	15,702	945,152	0.016613	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	335,203	8,191,963	0.040919	0	0	90.07
91.00	09100	EMERGENCY	2,071,929	124,232,835	0.016678	2,261,029	37,709	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	887,524	12,752,121	0.069598	297,400	20,698	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	18,511,117	1,588,274,912		55,387,751	513,656	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0183		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/24/2021 10:18 am		
					Title XIX		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
31.01	02040	NEONATOLOGY/NICU		0	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT		0	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	0	0	0	34.00	
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	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY		0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	38,507	0.00	2,475		30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	4,473	0.00	660		31.00	
31.01	02040	NEONATOLOGY/NICU		0	0	5,526	0.00	1,014		31.01	
32.00	03200	CORONARY CARE UNIT		0	0	0	0.00	0		32.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	0.00	0		33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	0.00	0		34.00	
40.00	04000	SUBPROVIDER - IPF		0	0	0	0.00	0		40.00	
41.00	04100	SUBPROVIDER - IRF		0	0	4,187	0.00	626		41.00	
43.00	04300	NURSERY		0	0	1,529	0.00	87		43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0	0.00	0		44.00	
45.00	04500	NURSING FACILITY		0	0	0	0.00	0		45.00	
200.00		Total (lines 30 through 199)		0	0	54,222		4,862		200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
31.01	02040	NEONATOLOGY/NICU		0						31.01	
32.00	03200	CORONARY CARE UNIT		0						32.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0						33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0						34.00	
40.00	04000	SUBPROVIDER - IPF		0						40.00	
41.00	04100	SUBPROVIDER - IRF		0						41.00	
43.00	04300	NURSERY		0						43.00	
44.00	04400	SKILLED NURSING FACILITY		0						44.00	
45.00	04500	NURSING FACILITY		0						45.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0183		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/24/2021 10:18 am	
				Title XIX		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
73.01	07301	REHABILITATION SERVICES		0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC		0	0	0	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC		0	0	0	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC		0	0	0	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC		0	0	0	0	0	90.04
90.05	09005	CAPE CEN PBC		0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC		0	0	0	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC		0	0	0	0	0	90.07
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0183		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/24/2021 10:18 am	
				Title XIX		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	114,437,668	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	19,068,130	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	13,722,555	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53,063,351	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	85,990,263	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	15,671,559	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	98,119,701	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	23,380,171	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	75,914,745	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	178,440,277	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	115,343,124	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	18,779,716	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	8,792,200	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	6,744,360	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	40,255,486	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	9,429,322	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	182,166,050	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	182,166,049	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	155,905,509	0.000000	73.00
73.01	07301	REHABILITATION SERVICES	0	0	0	0	34,115,879	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0.000000	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0	0.000000	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	0	0	0	2,352,191	0.000000	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	0	0	0	293,275	0.000000	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	0	0	0	7,333,201	0.000000	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	0	0	0	668,059	0.000000	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	0.000000	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	0	0	0	945,152	0.000000	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	0	0	0	8,191,963	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	0	124,232,835	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	12,752,121	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,588,274,912		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/24/2021 10:18 am

			Title XIX			Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	3,012,624	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	-958	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	267,151	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	-1,056	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,022,841	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	141,808	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	2,085,154	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	415,634	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	1,961,633	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	6,949,231	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	9,383,279	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	878,099	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	887,270	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	649,924	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	359,325	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	152,517	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	12,489,637	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	94,657	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	11,113,934	0	0	0	0	73.00
73.01	07301	REHABILITATION SERVICES	0.000000	966,618	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	0	77.00
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0.000000	0	0	0	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0.000000	0	0	0	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0.000000	0	0	0	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0.000000	0	0	0	0	0	90.04
90.05	09005	CAPE CEN PBC	0.000000	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0.000000	0	0	0	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0.000000	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.000000	2,261,029	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	297,400	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES							95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		55,387,751	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/24/2021 10:18 am

			Title XIX		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	0.195988	0	7,400,275	0	0	50.00
51.00	05100	RECOVERY ROOM	0.098993	0	57,178	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.159887	0	503	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.017342	0	42,460	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153562	0	2,083,582	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.050879	0	664,473	0	0	56.00
57.00	05700	CT SCAN	0.024498	0	7,923,408	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066689	0	1,496,766	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102883	0	2,723,036	0	0	59.00
60.00	06000	LABORATORY	0.101549	0	6,399,358	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.062772	0	671,466	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.243028	0	203,213	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.158020	0	83,765	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.159928	0	83,929	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071502	0	442,695	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.328495	0	543,795	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.138537	0	15,427,013	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.157389	0	97,265	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.240058	0	8,418,896	0	0	73.00
73.01	07301	REHABILITATION SERVICES	0.250544	0	1,445,537	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0.319281	0	179,400	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0.129755	0	5,850	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0.249687	0	280,145	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0.498643	0	39,975	0	0	90.04
90.05	09005	CAPE CEN PBC	0.000000	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0.212824	0	156,000	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0.228028	0	387,566	0	0	90.07
91.00	09100	EMERGENCY	0.158279	0	6,449,334	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.505283	0	399,700	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0.844348	0	95,787			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		0	64,202,370	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	64,202,370	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0183		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/24/2021 10:18 am	
				Title XIX		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	1,450,365		0				50.00
51.00	05100	RECOVERY ROOM	5,660		0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	80		0				52.00
53.00	05300	ANESTHESIOLOGY	736		0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	319,959		0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0				55.00
56.00	05600	RADIOISOTOPE	33,808		0				56.00
57.00	05700	CT SCAN	194,108		0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	99,818		0				58.00
59.00	05900	CARDIAC CATHETERIZATION	280,154		0				59.00
60.00	06000	LABORATORY	649,848		0				60.00
60.01	06001	BLOOD LABORATORY	0		0				60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0				62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0				63.00
64.00	06400	INTRAVENOUS THERAPY	0		0				64.00
65.00	06500	RESPIRATORY THERAPY	42,149		0				65.00
66.00	06600	PHYSICAL THERAPY	49,386		0				66.00
67.00	06700	OCCUPATIONAL THERAPY	13,237		0				67.00
68.00	06800	SPEECH PATHOLOGY	13,423		0				68.00
69.00	06900	ELECTROCARDIOLOGY	31,654		0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	178,634		0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,137,212		0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,308		0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,021,023		0				73.00
73.01	07301	REHABILITATION SERVICES	362,171		0				73.01
74.00	07400	RENAL DIALYSIS	0		0				74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0				75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0				77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC	0		0				90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	57,279		0				90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	759		0				90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	69,949		0				90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	19,933		0				90.04
90.05	09005	CAPE CEN PBC	0		0				90.05
90.06	09006	CAPE NEUROSURGERY PBC	33,201		0				90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	88,376		0				90.07
91.00	09100	EMERGENCY	1,020,794		0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	201,962		0				92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0				94.00
95.00	09500	AMBULANCE SERVICES	80,878						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0				96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0				97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0				98.00
200.00		Subtotal (see instructions)	9,471,864		0				200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	9,471,864		0				202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/24/2021 10:18 am
				Component CCN: 26-T183		
				Title XIX	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	3,630,013	114,437,668	0.031720	0	0 50.00
51.00	05100 RECOVERY ROOM	138,619	19,068,130	0.007270	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	259,973	13,722,555	0.018945	0	0 52.00
53.00	05300 ANESTHESIOLOGY	39,141	53,063,351	0.000738	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,820,296	85,990,263	0.021169	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0 55.00
56.00	05600 RADIOISOTOPE	96,019	15,671,559	0.006127	0	0 56.00
57.00	05700 CT SCAN	347,543	98,119,701	0.003542	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	400,399	23,380,171	0.017126	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	1,329,645	75,914,745	0.017515	0	0 59.00
60.00	06000 LABORATORY	878,925	178,440,277	0.004926	0	0 60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0 60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0 61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0 62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	560,487	115,343,124	0.004859	0	0 65.00
66.00	06600 PHYSICAL THERAPY	439,900	18,779,716	0.023424	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	56,814	8,792,200	0.006462	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	54,548	6,744,360	0.008088	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	425,733	40,255,486	0.010576	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	504,342	9,429,322	0.053487	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	537,591	182,166,050	0.002951	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	574,062	182,166,049	0.003151	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	991,856	155,905,509	0.006362	0	0 73.00
73.01	07301 REHABILITATION SERVICES	1,836,941	34,115,879	0.053844	0	0 73.01
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0 77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000 CLINIC	0	0	0.000000	0	0 90.00
90.01	09001 CAPE MEDICAL ONCOLOGY PBC	139,016	2,352,191	0.059101	0	0 90.01
90.02	09002 GYN SURG ONCOLOGIST PBC	2,791	293,275	0.009517	0	0 90.02
90.03	09003 PHYSICIAN CARDIOLOGIST PBC	121,272	7,333,201	0.016537	0	0 90.03
90.04	09004 CAPE THORACIC & CARDIOVASCULAR PBC	14,833	668,059	0.022203	0	0 90.04
90.05	09005 CAPE CEN PBC	0	0	0.000000	0	0 90.05
90.06	09006 CAPE NEUROSURGERY PBC	15,702	945,152	0.016613	0	0 90.06
90.07	09007 CAPE PHYSICIAN ASSOCIATES PBC	335,203	8,191,963	0.040919	0	0 90.07
91.00	09100 EMERGENCY	2,071,929	124,232,835	0.016678	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,752,121	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0 96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0 98.00
200.00	Total (lines 50 through 199)	17,623,593	1,588,274,912		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0183 Component CCN: 26-T183		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/24/2021 10:18 am	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
73.01	07301	REHABILITATION SERVICES		0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC		0	0	0	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC		0	0	0	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC		0	0	0	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC		0	0	0	0	0	90.04
90.05	09005	CAPE CEN PBC		0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC		0	0	0	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC		0	0	0	0	0	90.07
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0183 Component CCN: 26-T183		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/24/2021 10:18 am	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	114,437,668	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	19,068,130	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	13,722,555	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53,063,351	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	85,990,263	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	15,671,559	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	98,119,701	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	23,380,171	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	75,914,745	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	178,440,277	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	115,343,124	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	18,779,716	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	8,792,200	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	6,744,360	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	40,255,486	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	9,429,322	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	182,166,050	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	182,166,049	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	155,905,509	0.000000	73.00
73.01	07301	REHABILITATION SERVICES	0	0	0	0	34,115,879	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0.000000	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0	0.000000	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	0	0	0	2,352,191	0.000000	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	0	0	0	293,275	0.000000	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	0	0	0	7,333,201	0.000000	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	0	0	0	668,059	0.000000	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	0.000000	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	0	0	0	945,152	0.000000	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	0	0	0	8,191,963	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	0	124,232,835	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	12,752,121	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,588,274,912		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0183 Component CCN: 26-T183		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/24/2021 10:18 am	
				Title XIX		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	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
73.01	07301	REHABILITATION SERVICES	0.000000	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0.000000	0	0	0	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0.000000	0	0	0	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0.000000	0	0	0	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0.000000	0	0	0	0	0	90.04
90.05	09005	CAPE CEN PBC	0.000000	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0.000000	0	0	0	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0.000000	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/24/2021 10:18 am
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,507	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,507	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)		31,443	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)		13,292	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)		35,124,207	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)		35,124,207	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)		35,124,207	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)		912.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,124,298	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		12,124,298	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0183

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

Worksheet D-1

Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	11,241,729	4,473	2,513.24	2,702	6,790,774
43.01	NEONATOLOGY/NICU	5,750,043	5,526	1,040.54	0	0
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					38,287,748
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					57,202,820
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,326,728
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,355,624
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,682,352
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					52,520,468
	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)					7,064
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					912.15
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,443,428

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0183

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

Worksheet D-1

Date/Time Prepared:
11/24/2021 10:18 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	4,838,033	35,124,207	0.137741	6,443,428	887,524
91.00	Nursing School cost	0	35,124,207	0.000000	6,443,428	0
92.00	Allied health cost	0	35,124,207	0.000000	6,443,428	0
93.00	All other Medical Education	0	35,124,207	0.000000	6,443,428	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0183 Component CCN: 26-T183	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/24/2021 10:18 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)		4,187	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,187	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)		4,187	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,976	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)		3,255,919	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)		3,255,919	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)		3,255,919	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)		777.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,536,597	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)		1,536,597	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0183 Component CCN: 26-T183	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/24/2021 10:18 am
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01 NEONATOLOGY/NICU	0	0	0.00	0	0
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,214,400
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,750,997
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					235,875
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					77,395
52.00 Total Program excludable cost (sum of lines 50 and 51)					313,270
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,437,727
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)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0183 Component CCN: 26-T183		Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/24/2021 10:18 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	499,817	3,255,919	0.153510	0	0	90.00
91.00 Nursing School cost	0	3,255,919	0.000000	0	0	91.00
92.00 Allied health cost	0	3,255,919	0.000000	0	0	92.00
93.00 All other Medical Education	0	3,255,919	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/24/2021 10:18 am
		Title XIX	Hospital	PPS
Cost Center Description				
PART I - ALL PROVIDER COMPONENTS				1.00
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,507	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,507	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)		31,443	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)		2,475	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)		1,529	15.00
16.00	Nursery days (title V or XIX only)		87	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)		35,124,207	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)		35,124,207	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)		35,124,207	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)		912.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,257,571	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)		2,257,571	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0183

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

Worksheet D-1

Date/Time Prepared:
11/24/2021 10:18 am

		Title XIX		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)	2,283,433	1,529	1,493.42	87	129,928	42.00	
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,241,729	4,473	2,513.24	660	1,658,738	43.00	
43.01	NEONATOLOGY/NICU	5,750,043	5,526	1,040.54	1,014	1,055,108	43.01	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
	Cost Center Description							
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						8,069,649	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						13,170,994	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)						592,376	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						513,656	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						1,106,032	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						12,064,962	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)						7,064	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						912.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						6,443,428	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0183

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

Worksheet D-1

Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description		Title XIX		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	4,838,033	35,124,207	0.137741	6,443,428	887,524
91.00	Nursing School cost	0	35,124,207	0.000000	6,443,428	0
92.00	Allied health cost	0	35,124,207	0.000000	6,443,428	0
93.00	All other Medical Education	0	35,124,207	0.000000	6,443,428	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0183 Component CCN: 26-T183	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/24/2021 10:18 am
		Title XIX	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)		4,187	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,187	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)		4,187	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)		626	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)		1,529	15.00
16.00	Nursery days (title V or XIX only)		87	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)		3,255,919	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)		3,255,919	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)		3,255,919	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)		777.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		486,796	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)		486,796	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0183 Component CCN: 26-T183	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/24/2021 10:18 am	
				Title XIX		Subprovider - IRF	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATOLOGY/NICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					486,796	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)					74,726	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)					74,726	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					412,070	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: 26-0183

Period:

Worksheet D-1

Component CCN: 26-T183

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

11/24/2021 10:18 am

Title XIX

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	499,817	3,255,919	0.153510	0	0	90.00
91.00	Nursing School cost	0	3,255,919	0.000000	0	0	91.00
92.00	Allied health cost	0	3,255,919	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,255,919	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/24/2021 10:18 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		27,163,209	30.00
31.00	03100	INTENSIVE CARE UNIT		12,084,484	31.00
31.01	02040	NEONATOLOGY/NICU		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.195988	17,192,696	3,369,562 50.00
51.00	05100	RECOVERY ROOM	0.098993	3,321,502	328,805 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.159887	77,056	12,320 52.00
53.00	05300	ANESTHESIOLOGY	0.017342	3,343,393	57,981 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153562	5,868,911	901,242 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.050879	1,025,314	52,167 56.00
57.00	05700	CT SCAN	0.024498	12,632,227	309,464 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066689	1,721,514	114,806 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102883	15,112,253	1,554,794 59.00
60.00	06000	LABORATORY	0.101549	36,573,773	3,714,030 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.062772	34,712,724	2,178,987 65.00
66.00	06600	PHYSICAL THERAPY	0.243028	2,259,768	549,187 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.158020	1,604,754	253,583 67.00
68.00	06800	SPEECH PATHOLOGY	0.159928	1,228,213	196,426 68.00
69.00	06900	ELECTROCARDIOLOGY	0.071502	2,069,118	147,946 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.328495	523,402	171,935 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.138537	33,610,916	4,656,355 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.157389	36,495,306	5,743,960 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.240058	48,062,592	11,537,810 73.00
73.01	07301	REHABILITATION SERVICES	0.250544	906,625	227,149 73.01
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0.319281	0	0 90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0.129755	0	0 90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0.249687	0	0 90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0.498643	0	0 90.04
90.05	09005	CAPE CEN PBC	0.000000	0	0 90.05
90.06	09006	CAPE NEUROSURGERY PBC	0.212824	0	0 90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0.228028	0	0 90.07
91.00	09100	EMERGENCY	0.158359	6,283,150	994,993 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.505283	2,403,100	1,214,246 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		267,028,307	38,287,748 200.00
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)		267,028,307	0 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0183 Component CCN: 26-T183	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/24/2021 10:18 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
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	02040 NEONATOLOGY/NICU				31.01
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF		2,926,548		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.195988	28,627	5,611	50.00
51.00	05100 RECOVERY ROOM	0.098993	6,892	682	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.159887	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.017342	7,275	126	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.153562	65,091	9,996	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.050879	0	0	56.00
57.00	05700 CT SCAN	0.024498	107,576	2,635	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.066689	57,489	3,834	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.102883	17,599	1,811	59.00
60.00	06000 LABORATORY	0.101549	545,600	55,405	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.062772	630,310	39,566	65.00
66.00	06600 PHYSICAL THERAPY	0.243028	1,395,342	339,107	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.158020	1,386,388	219,077	67.00
68.00	06800 SPEECH PATHOLOGY	0.159928	448,527	71,732	68.00
69.00	06900 ELECTROCARDIOLOGY	0.071502	6,432	460	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.328495	2,747	902	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.138537	194,114	26,892	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.157389	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.240058	1,597,478	383,487	73.00
73.01	07301 REHABILITATION SERVICES	0.250544	211,848	53,077	73.01
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 CAPE MEDICAL ONCOLOGY PBC	0.319281	0	0	90.01
90.02	09002 GYN SURG ONCOLOGIST PBC	0.129755	0	0	90.02
90.03	09003 PHYSICIAN CARDIOLOGIST PBC	0.249687	0	0	90.03
90.04	09004 CAPE THORACIC & CARDIOVASCULAR PBC	0.498643	0	0	90.04
90.05	09005 CAPE CEN PBC	0.000000	0	0	90.05
90.06	09006 CAPE NEUROSURGERY PBC	0.212824	0	0	90.06
90.07	09007 CAPE PHYSICIAN ASSOCIATES PBC	0.228028	0	0	90.07
91.00	09100 EMERGENCY	0.158359	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.505283	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,709,335	1,214,400	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)		6,709,335		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/24/2021 10:18 am	
			Title XIX	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		5,258,294		30.00
31.00	03100	INTENSIVE CARE UNIT		2,635,500		31.00
31.01	02040	NEONATOLOGY/NICU		5,319,935		31.01
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		182,352		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.195988	3,012,624	590,438	50.00
51.00	05100	RECOVERY ROOM	0.098993	-958	-95	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.159887	267,151	42,714	52.00
53.00	05300	ANESTHESIOLOGY	0.017342	-1,056	-18	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153562	1,022,841	157,070	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.050879	141,808	7,215	56.00
57.00	05700	CT SCAN	0.024498	2,085,154	51,082	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066689	415,634	27,718	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102883	1,961,633	201,819	59.00
60.00	06000	LABORATORY	0.101549	6,949,231	705,687	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.062772	9,383,279	589,007	65.00
66.00	06600	PHYSICAL THERAPY	0.243028	878,099	213,403	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.158020	887,270	140,206	67.00
68.00	06800	SPEECH PATHOLOGY	0.159928	649,924	103,941	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071502	359,325	25,692	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.328495	152,517	50,101	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.138537	12,489,637	1,730,277	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.157389	94,657	14,898	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.240058	11,113,934	2,667,989	73.00
73.01	07301	REHABILITATION SERVICES	0.250544	966,618	242,180	73.01
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0.319281	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0.129755	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0.249687	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0.498643	0	0	90.04
90.05	09005	CAPE CEN PBC	0.000000	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0.212824	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0.228028	0	0	90.07
91.00	09100	EMERGENCY	0.158359	2,261,029	358,054	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.505283	297,400	150,271	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		55,387,751	8,069,649	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)		55,387,751		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/24/2021 10:18 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)			8,988,995	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			26,966,986	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			0	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)			262.65	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)			7.75	30.00
31.00	Percentage of Medicaid patient days (see instructions)			26.91	31.00
32.00	Sum of lines 30 and 31			34.66	32.00
33.00	Allowable disproportionate share percentage (see instructions)			17.81	33.00
34.00	Disproportionate share adjustment (see instructions)			1,600,940	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/24/2021 10:18 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.000792417	0.000516511	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		6,617,157	4,281,883	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,663,328	3,202,613	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,865,941		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		42,422,862		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)			42,422,862	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,758,634	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			108,266	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			46,289,762	59.00
60.00	Primary payer payments			2,214	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			46,287,548	61.00
62.00	Deductibles billed to program beneficiaries			3,646,676	62.00
63.00	Coinsurance billed to program beneficiaries			88,130	63.00
64.00	Allowable bad debts (see instructions)			849,199	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			551,979	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			737,730	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			43,104,721	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			88,723	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/24/2021 10:18 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	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		43,193,444	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		42,916,373	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)		277,071	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		799,458	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/24/2021 10:18 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		135,335	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		54,255,429	2.00
3.00	OPPS payments		49,858,351	3.00
4.00	Outlier payment (see instructions)		510,377	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		135,335	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		712,967	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)		712,967	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)		712,967	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		577,632	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)		135,335	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)		50,368,728	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)		8,858,394	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)		41,645,669	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)		41,645,669	30.00
31.00	Primary payer payments		6,521	31.00
32.00	Subtotal (line 30 minus line 31)		41,639,148	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)		671,351	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		436,378	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		446,762	36.00
37.00	Subtotal (see instructions)		42,075,526	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	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)		42,075,526	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		42,273,698	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)		-198,172	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: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/24/2021 10:18 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		42,916,373		42,273,698	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)		42,916,373		42,273,698	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		277,071		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		198,172	6.02	
7.00	Total Medicare program liability (see instructions)		43,193,444		42,075,526	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: 26-0183

Period:

Worksheet E-1

Component CCN: 26-T183

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/24/2021 10:18 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		3,187,193		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)		3,187,193		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		26,607		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,213,800		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 11/24/2021 10:18 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0183 Component CCN: 26-T183	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part III Date/Time Prepared: 11/24/2021 10:18 am
		Title XVIII	Subprovider - IRF	PPS
			1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)		2,928,897	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0478	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		172,512	3.00
4.00	Outlier Payments		170,360	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)		11.471233	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)		3,271,769	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		3,271,769	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		3,271,769	19.00
20.00	Deductibles		21,424	20.00
21.00	Subtotal (line 19 minus line 20)		3,250,345	21.00
22.00	Coinsurance		38,347	22.00
23.00	Subtotal (line 21 minus line 22)		3,211,998	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		2,772	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		1,802	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,408	26.00
27.00	Subtotal (sum of lines 23 and 25)		3,213,800	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		3,213,800	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		3,187,193	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)		26,607	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		31,046	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		170,360	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

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

Provider CCN: 26-0183

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

Worksheet G

Date/Time Prepared:
11/24/2021 10:18 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	41,616,404	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	90,255,110	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-42,564,790	0	0	0	6.00
7.00	Inventory	9,681,584	0	0	0	7.00
8.00	Prepaid expenses	42,902,758	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	141,891,066	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,386,950	0	0	0	12.00
13.00	Land improvements	13,150,663	0	0	0	13.00
14.00	Accumulated depreciation	-9,662,156	0	0	0	14.00
15.00	Buildings	260,291,817	0	0	0	15.00
16.00	Accumulated depreciation	-119,129,831	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	153,127,067	0	0	0	19.00
20.00	Accumulated depreciation	-91,834,963	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	209,675,351	0	0	0	23.00
24.00	Accumulated depreciation	-149,768,305	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	274,236,593	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	842,235,402	0	0	0	31.00
32.00	Deposits on leases	1,086,724	0	0	0	32.00
33.00	Due from owners/officers	23,831,103	0	0	0	33.00
34.00	Other assets	1,648,916	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	868,802,145	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,284,929,804	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	25,541,086	0	0	0	37.00
38.00	Salaries, wages, and fees payable	29,407,353	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	108,443,422	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	163,391,861	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	157,016,229	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	157,016,229	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	320,408,090	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	964,521,714				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	964,521,714	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,284,929,804	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0183

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

Worksheet G-1

Date/Time Prepared:
11/24/2021 10:18 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		780,231,740		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		184,289,974				2.00
3.00	Total (sum of line 1 and line 2)		964,521,714		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		964,521,714		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		964,521,714		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			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	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	31,795,259		31,795,259	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	5,748,751		5,748,751	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	37,544,010		37,544,010	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,698,646		17,698,646	11.00
11.01	NEONATOLOGY/NICU	31,184,920		31,184,920	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	48,883,566		48,883,566	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	86,427,576		86,427,576	17.00
18.00	Ancillary services	717,117,423	0	717,117,423	18.00
19.00	Outpatient services	0	1,254,325,337	1,254,325,337	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,571,280	2,571,280	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	6,016,149	6,016,149	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	803,544,999	1,262,912,766	2,066,457,765	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		496,235,989		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	SUBSEQUENT EVENT	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)		496,235,989		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0183

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

Worksheet G-3

Date/Time Prepared:
11/24/2021 10:18 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,066,457,765	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,567,988,979	2.00
3.00	Net patient revenues (line 1 minus line 2)	498,468,786	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	496,235,989	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,232,797	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	98,167	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	879,219	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	169	17.00
18.00	Revenue from sale of medical records and abstracts	562,537	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER - FITNESS CENTER	167,915	24.00
24.01	OTHER - WELLNESS	0	24.01
24.02	OTHER - MISC	4,567,263	24.02
24.03	OTHER - RETAIL PHARMACY	17,603,564	24.03
24.04	OTHER - MEDICAL OFFICE BUILDING	625,826	24.04
24.05	OTHER - GAIN ON INVESTMENTS	169,005,575	24.05
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	193,510,235	25.00
26.00	Total (line 5 plus line 25)	195,743,032	26.00
27.00	OTHER EXPENSES GAIN ON SALE OF ASSET	-106,510	27.00
27.01	OTHER EXPENSES - MISC	11,559,568	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	11,453,058	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	184,289,974	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS					Provider CCN: 26-0183 HHA CCN: 26-7515	Period: From 07/01/2020 To 06/30/2021	Worksheet H Date/Time Prepared: 11/24/2021 10:18 am
						Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Pur- chased 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	48,336	9,895	0	0	65,200	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	374,423	76,030	11,626	0	462,079	6.00
7.00	Physical Therapy	269,963	54,834	8,231	0	333,028	7.00
8.00	Occupational Therapy	23,344	4,742	951	0	29,037	8.00
9.00	Speech Pathology	8,902	1,809	338	0	11,049	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	21,976	12.00
13.00	Drugs	0	0	0	0	0	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	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	724,968	147,310	21,146	0	87,176	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	123,431	0	123,431		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	462,079	0	462,079		6.00
7.00	Physical Therapy	0	333,028	0	333,028		7.00
8.00	Occupational Therapy	0	29,037	0	29,037		8.00
9.00	Speech Pathology	0	11,049	0	11,049		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Home Health Aide	0	0	0	0		11.00
12.00	Supplies (see instructions)	0	21,976	0	21,976		12.00
13.00	Drugs	0	0	0	0		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)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	980,600	0	980,600		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: 26-0183

Period:

Worksheet H-1

HHA CCN: 26-7515

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/24/2021 10:18 amHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	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	123,431	0	0	0	0	123,431	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	462,079	0	0	0	0	462,079	6.00
7.00	Physical Therapy	333,028	0	0	0	0	333,028	7.00
8.00	Occupational Therapy	29,037	0	0	0	0	29,037	8.00
9.00	Speech Pathology	11,049	0	0	0	0	11,049	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	21,976	0	0	0	0	21,976	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	980,600	0	0	0	0	980,600	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	123,431						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	66,539	528,618					6.00
7.00	Physical Therapy	47,955	380,983					7.00
8.00	Occupational Therapy	4,181	33,218					8.00
9.00	Speech Pathology	1,591	12,640					9.00
10.00	Medical Social Services	0	0					10.00
11.00	Home Health Aide	0	0					11.00
12.00	Supplies (see instructions)	3,165	25,141					12.00
13.00	Drugs	0	0					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)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		980,600					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 26-0183

Period:

Worksheet H-1

HHA CCN: 26-7515

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/24/2021 10:18 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	-123,431	857,169
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	462,079	6.00
7.00	Physical Therapy	0	0	0	0	333,028	7.00
8.00	Occupational Therapy	0	0	0	0	29,037	8.00
9.00	Speech Pathology	0	0	0	0	11,049	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	21,976	12.00
13.00	Drugs	0	0	0	0	0	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	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-123,431	857,169
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		123,431
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.143998

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0183

Period:

Worksheet H-2

HHA CCN: 26-7515

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/24/2021 10:18 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
			1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	47,155	2,204	1,251	1,261	299,522	1.00
2.00	Skilled Nursing Care	528,618	0	0	9,693	0	0	2.00
3.00	Physical Therapy	380,983	0	0	6,989	0	0	3.00
4.00	Occupational Therapy	33,218	0	0	604	0	0	4.00
5.00	Speech Pathology	12,640	0	0	230	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)	25,141	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)	980,600	47,155	2,204	18,767	1,261	299,522	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		PURCHASING RECEIVING AND STORES	ADMITTING	CREDIT & COLLECTIONS	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	231	6,271	8,316	366,211	70,351	34,542	1.00
2.00	Skilled Nursing Care	0	0	0	538,311	103,413	0	2.00
3.00	Physical Therapy	0	0	0	387,972	74,531	0	3.00
4.00	Occupational Therapy	0	0	0	33,822	6,497	0	4.00
5.00	Speech Pathology	0	0	0	12,870	2,472	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	25,141	4,830	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)	231	6,271	8,316	1,364,327	262,094	34,542	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: 26-0183

Period:

Worksheet H-2

HHA CCN: 26-7515

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/24/2021 10:18 amHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT	SPD SOILED PROCESSING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	7.01	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	0	0	10,731	0	7,444	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	10,731	0	7,444	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NURSING ADMINISTRATION	SPD STERILE PROCESSING	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
		13.00	13.01	16.00	17.00	18.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	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

(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: 26-0183

Period:

Worksheet H-2

HHA CCN: 26-7515

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/24/2021 10:18 amHome Health
Agency I

PPS

Cost Center Description		INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00	22.00	23.00	24.00	25.00	
1.00	Administrative and General	0	0	0	0	489,279	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	641,724	0	2.00
3.00	Physical Therapy	0	0	0	0	462,503	0	3.00
4.00	Occupational Therapy	0	0	0	0	40,319	0	4.00
5.00	Speech Pathology	0	0	0	0	15,342	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	29,971	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	1,679,138	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	489,279						1.00
2.00	Skilled Nursing Care	641,724	263,882	905,606				2.00
3.00	Physical Therapy	462,503	190,185	652,688				3.00
4.00	Occupational Therapy	40,319	16,579	56,898				4.00
5.00	Speech Pathology	15,342	6,309	21,651				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)	29,971	12,324	42,295				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) (2)	1,679,138	489,279	1,679,138				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.		0.411208					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: 26-0183

Period:

Worksheet H-2

HHA CCN: 26-7515

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/24/2021 10:18 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE SURVEY)	DATA PROCESSING (WORK ORDERS)	PURCHASING RECEIVING AND STORES (COSTED REQUISITION)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	2,642	2,166	48,337	15	35	35,279	1.00
2.00	Skilled Nursing Care	0	0	374,423	0	0	0	2.00
3.00	Physical Therapy	0	0	269,963	0	0	0	3.00
4.00	Occupational Therapy	0	0	23,344	0	0	0	4.00
5.00	Speech Pathology	0	0	8,902	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)	2,642	2,166	724,969	15	35	35,279	20.00
21.00	Total cost to be allocated	47,155	2,204	18,767	1,261	299,522	231	21.00
22.00	Unit cost multiplier	17.848221	1.017544	0.025887	84.066667	8,557.771429	0.006548	22.00
Cost Center Description		ADMITTING (GROSS REVENUE)	CREDIT & COLLECTIONS (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	2,571,280	2,571,280	0	366,211	2,642	2,642	1.00
2.00	Skilled Nursing Care	0	0	0	538,311	0	0	2.00
3.00	Physical Therapy	0	0	0	387,972	0	0	3.00
4.00	Occupational Therapy	0	0	0	33,822	0	0	4.00
5.00	Speech Pathology	0	0	0	12,870	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	25,141	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)	2,571,280	2,571,280		1,364,327	2,642	2,642	20.00
21.00	Total cost to be allocated	6,271	8,316		262,094	34,542	0	21.00
22.00	Unit cost multiplier	0.002439	0.003234		0.192105	13.074186	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0183
HHA CCN: 26-7515Period:
From 07/01/2020
To 06/30/2021Worksheet H-2
Part II
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description		SPD SOILED PROCESSING (HOURS)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL PAID HOURS)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
		7.01	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	0	0	2,642	0	19,440	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	2,642	0	19,440	0	20.00
21.00	Total cost to be allocated	0	0	10,731	0	7,444	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	4.061696	0.000000	0.382922	0.000000	22.00
Cost Center Description		SPD STERILE PROCESSING (INSTRUMENTS PROCESSED)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (SOCIAL WORKER VISITS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		13.01	16.00	17.00	18.00	19.00	20.00	
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)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0183

Period:

Worksheet H-2

HHA CCN: 26-7515

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/24/2021 10:18 amHome Health
Agency I

PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0183

Period:

Worksheet H-3

HHA CCN: 26-7515

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/24/2021 10:18 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	905,606		905,606	3,753	241.30	1.00	
2.00	Physical Therapy	3.00	652,688	0	652,688	2,657	245.65	2.00	
3.00	Occupational Therapy	4.00	56,898	0	56,898	307	185.34	3.00	
4.00	Speech Pathology	5.00	21,651	0	21,651	109	198.63	4.00	
5.00	Medical Social Services	6.00	0		0	0	0.00	5.00	
6.00	Home Health Aide	7.00	0		0	0	0.00	6.00	
7.00	Total (sum of lines 1-6)		1,636,843	0	1,636,843	6,826		7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
					Part B				
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	5.00		
	Limitation Cost Computation								
8.00	Skilled Nursing Care		99926	0	1,873			8.00	
9.00	Physical Therapy		99926	0	1,575			9.00	
10.00	Occupational Therapy		99926	0	159			10.00	
11.00	Speech Pathology		99926	0	45			11.00	
12.00	Medical Social Services		99926	0	0			12.00	
13.00	Home Health Aide		99926	0	122			13.00	
14.00	Total (sum of lines 8-13)			0	3,774			14.00	
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	42,295	0	42,295	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00	
Cost Center Description		Part A	Program Visits		Cost of Services				
			Part B						
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
	Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	1,873		0	451,955		1.00	
2.00	Physical Therapy	0	1,575		0	386,899		2.00	
3.00	Occupational Therapy	0	159		0	29,469		3.00	
4.00	Speech Pathology	0	45		0	8,938		4.00	
5.00	Medical Social Services	0	0		0	0		5.00	
6.00	Home Health Aide	0	122		0	0		6.00	
7.00	Total (sum of lines 1-6)	0	3,774		0	877,261		7.00	
Cost Center Description									
		6.00	7.00	8.00	9.00	10.00	11.00		
	Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0183

Period:

Worksheet H-3

HHA CCN: 26-7515

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/24/2021 10:18 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	191,182	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation								
1.00	Skilled Nursing Care	451,955						1.00
2.00	Physical Therapy	386,899						2.00
3.00	Occupational Therapy	29,469						3.00
4.00	Speech Pathology	8,938						4.00
5.00	Medical Social Services	0						5.00
6.00	Home Health Aide	0						6.00
7.00	Total (sum of lines 1-6)	877,261						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0183

Period:

Worksheet H-3

HHA CCN: 26-7515

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/24/2021 10:18 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	0.243028	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.158020	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.159928	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.138537	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.240058	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	0.250544	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0183 HHA CCN: 26-7515	Period: From 07/01/2020 To 06/30/2021	Worksheet H-4 Part I-II Date/Time Prepared: 11/24/2021 10:18 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
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
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			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
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	764,532
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	21,384
13.00	Total PPS Reimbursement - LUPA Episodes		0	23,692
14.00	Total PPS Reimbursement - PEP Episodes		0	5,137
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	7,238
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	821,983
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	821,983
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	821,983
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	821,983
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	821,983
31.01	Sequestration adjustment (see instructions)		0	0
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	821,983
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 26-0183
HHA CCN: 26-7515Period:
From 07/01/2020
To 06/30/2021

Worksheet H-5

Date/Time Prepared:
11/24/2021 10:18 am

		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		821,983	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		821,983	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		821,983	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: 26-0183

Period:

Worksheet 0

Hospice CCN: 26-1657

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/24/2021 10:18 am

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	100,949	100,949	0	100,949	3.00
4.00	ADMINISTRATIVE & GENERAL*	49,128	0	49,128	0	49,128	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	475	475	0	475	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	5,716	0	5,716	0	5,716	13.00
14.00	PHARMACY*	0	60,407	60,407	0	60,407	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	282,584	0	282,584	0	282,584	28.00
29.00	LPN/LVN**	47,873	0	47,873	0	47,873	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	23,684	0	23,684	0	23,684	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**	33,456	0	33,456	0	33,456	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	2,000	0	2,000	0	2,000	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	9,000	9,000	0	9,000	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	2,771	2,771	0	2,771	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	46,176	0	46,176	0	46,176	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	381,132	381,132	0	381,132	71.00
100.00	TOTAL	490,617	554,734	1,045,351	0	1,045,351	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 26-0183

Period:

Worksheet 0

Hospice CCN: 26-1657

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/24/2021 10:18 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	100,949	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	49,128	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	475	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	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	5,716	13.00
14.00	PHARMACY*	0	60,407	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	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	282,584	28.00
29.00	LPN/LVN**	0	47,873	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	23,684	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	33,456	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	2,000	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	9,000	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	2,771	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	46,176	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	381,132	71.00
100.00	TOTAL	0	1,045,351	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: 26-0183

Period:

Worksheet 0-2

Hospice CCN: 26-1657

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/24/2021 10:18 am

					Hospice I		
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	282,584	0	282,584	0	282,584	28.00
29.00	LPN/LVN	47,873	0	47,873	0	47,873	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	23,684	0	23,684	0	23,684	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	33,456	0	33,456	0	33,456	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	2,000	0	2,000	0	2,000	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	9,000	9,000	0	9,000	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	2,771	2,771	0	2,771	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	46,176	0	46,176	0	46,176	46.00
100.00	TOTAL *	435,773	11,771	447,544	0	447,544	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	282,584	28.00
29.00	LPN/LVN	0	47,873	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	23,684	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	33,456	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	2,000	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	9,000	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	2,771	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	46,176	46.00
100.00	TOTAL *	0	447,544	100.00

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

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

Provider CCN: 26-0183

Period:

Worksheet 0-5

Hospice CCN: 26-1657

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/24/2021 10:18 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	62,754	62,754	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	100,949	12,933	113,882	3.00
4.00	ADMINISTRATIVE & GENERAL	49,128	452,402	501,530	4.00
5.00	PLANT OPERATION & MAINTENANCE	475	0	475	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	14,281	14,281	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	5,716	0	5,716	13.00
14.00	PHARMACY	60,407	0	60,407	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	447,544	0	447,544	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	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	381,132	0	381,132	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	1,045,351	542,370	1,587,721	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:

Worksheet 0-6

Hospice CCN: 26-1657

From 07/01/2020
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Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	62,754	62,754					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	113,882	62,754	0	176,636			3.00
4.00	ADMINISTRATIVE & GENERAL	501,530	0	0	176,636	678,166		4.00
5.00	PLANT OPERATION & MAINTENANCE	475	0	0	0	475		5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0		6.00
7.00	HOUSEKEEPING	14,281	0	0	0	14,281		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0		10.00
11.00	MEDICAL RECORDS	0	0	0	0	0		11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	5,716	0	0	0	5,716		13.00
14.00	PHARMACY	60,407	0	0	0	60,407		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	447,544			0	447,544		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	381,132	0	0	0	381,132		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	1,587,721	62,754	0	176,636	1,587,721		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:

Worksheet 0-6

Hospice CCN: 26-1657

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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	678,166						4.00
5.00	PLANT OPERATION & MAINTENANCE	354	829					5.00
6.00	LAUNDRY & LINEN SERVICE	0	829		829			6.00
7.00	HOUSEKEEPING	10,648	0			24,929		7.00
8.00	DIETARY	0	0			24,929	24,929	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	4,262	0			0		13.00
14.00	PHARMACY	45,040	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	333,689						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	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)	284,173	0		829	0	24,929	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	678,166	829		829	24,929	24,929	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:

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Hospice CCN: 26-1657

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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		0			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	9,978	13.00
14.00	PHARMACY	0			0	9,978	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	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						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	0	0	9,978	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0183

Period:

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Hospice CCN: 26-1657

From 07/01/2020
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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	115,425					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	115,425	115,425				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	115,425	0		896,658	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	691,063	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	115,425	115,425	0	0	1,587,721	100.00

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

Provider CCN: 26-0183

Period:

Worksheet 0-6

Hospice CCN: 26-1657

From 07/01/2020
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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	3,516					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	3,516	0	499,617			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	499,617	-678,166	909,555	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	475	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	14,281	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	5,716	13.00
14.00	PHARMACY	0	0	0	0	60,407	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			0	0	447,544	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	381,132	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	62,754	0	176,636		678,166	100.00
101.00	UNIT COST MULTIPLIER	17.848123	0.000000	0.353543		0.745602	101.00

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

Provider CCN: 26-0183
Hospice CCN: 26-1657

Period:
From 07/01/2020
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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	3,516					5.00
6.00	LAUNDRY & LINEN SERVICE	3,516	100				6.00
7.00	HOUSEKEEPING	0		3,516			7.00
8.00	DIETARY	0		3,516	100		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	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	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	100	0	100	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	829	829	24,929	24,929	0	100.00
101.00	UNIT COST MULTIPLIER	0.235779	8.290000	7.090159	249.290000	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASISProvider CCN: 26-0183
Hospice CCN: 26-1657Period:
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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		0				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	100		13.00
14.00	PHARMACY			0	100	100	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	100	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	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	9,978	115,425	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	99.780000	1,154.250000	101.00

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

Provider CCN: 26-0183

Period:

Worksheet 0-6

Hospice CCN: 26-1657

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	9,028				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	9,028	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					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	115,425	0	0		100.00
101.00	UNIT COST MULTIPLIER	12.785224	0.000000	0.000000		101.00

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

Provider CCN: 26-0183

Period:

Worksheet 0-7

Hospice CCN: 26-1657

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

Date/Time Prepared:
11/24/2021 10:18 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	0.243028	0	0	0
2.00 OCCUPATIONAL THERAPY	67.00	0.158020	0	0	0
3.00 SPEECH PATHOLOGY	68.00	0.159928	0	0	0
4.00 DRUGS CHARGED TO PATIENTS	73.00	0.240058	0	0	0
4.01 REHABILITATION SERVICES	73.01	0.250544	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0	0
6.00 LABORATORY	60.00	0.101549	0	0	0
6.01 BLOOD LABORATORY	60.01	0.000000	0	0	0
7.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.138537	0	0	0
8.00 OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00 RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	0
10.00 OTHER ANCILLARY SERVICE COST CENTERS	76.00				10.00
11.00 Totals (sum of lines 1-11)					11.00
Cost Center Descriptions	Charges by LOC (from Provider Records)		Shared Service Costs by LOC		
	HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)
	5.00	6.00	7.00	8.00	9.00
ANCILLARY SERVICE COST CENTERS					
1.00 PHYSICAL THERAPY	0	0	0	0	0
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
4.01 REHABILITATION SERVICES	0	0	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
6.00 LABORATORY	0	0	0	0	0
6.01 BLOOD LABORATORY	0	0	0	0	0
7.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
8.00 OTHER OUTPATIENT SERVICE COST CENTER					8.00
9.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
10.00 OTHER ANCILLARY SERVICE COST CENTERS					10.00
11.00 Totals (sum of lines 1-11)		0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 26-0183

Period:

Worksheet 0-8

Hospice CCN: 26-1657

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/24/2021 10:18 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)			896,658 6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			9,028 7.00
8.00	Total average cost per diem (line 6 divided by line 7)			99.32 8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	8,603	225	9.00
10.00	Program cost (line 8 times line 9)	854,450	22,347	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)			0 11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0 12.00
13.00	Total average cost per diem (line 11 divided by line 12)			0.00 13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0	14.00
15.00	Program cost (line 13 times line 14)	0	0	15.00
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			0 16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0 17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00 18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0	19.00
20.00	Program cost (line 18 times line 19)	0	0	20.00
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			896,658 21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			9,028 22.00
23.00	Average cost per diem (line 21 divided by line 22)			99.32 23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0183	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/24/2021 10:18 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,056,999	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		479,391	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)		114.44	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)		7.75	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.91	8.00
9.00	Sum of lines 7 and 8		34.66	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.27	10.00
11.00	Disproportionate share adjustment (see instructions)		222,244	11.00
12.00	Total prospective capital payments (see instructions)		3,758,634	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

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet L-1
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			Extraordinary Capital Related Costs	Capital Related Costs		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				CAP REL COSTS-BLDG & FIXT	CAP REL COSTS-MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00540	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CREDIT & COLLECTIONS	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	SPD SOILED PROCESSING	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
13.01	01851	SPD STERILE PROCESSING	0	0	0	0	0	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02040	NEONATOLOGY/NICU	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	REHABILITATION SERVICES	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet L-1
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			Extraordinary Capital Related Costs	Capital Related Costs		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				CAP REL COSTS-BLDG & FIXT	CAP REL COSTS-MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	0	0	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	0	0	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	0	0	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	0	0	0	0	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	0	0	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	07952	PHYSICIANS CLINICS	0	0	0	0	0	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	0	0	0	194.04
194.05	07955	BEAUTY SHOP	0	0	0	0	0	194.05
194.06	07956	MARKETING COSTS	0	0	0	0	0	194.06
194.07	07957	CAPE PRIMARY CARE	0	0	0	0	0	194.07
194.08	07958	JACKSON FAMILY CLINIC	0	0	0	0	0	194.08
194.09	07959	CHARLESTON FAMILY CARE	0	0	0	0	0	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	0	0	0	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	0	0	0	0	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	0	0	0	0	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	0	0	0	0	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	0	0	0	0	0	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	0	0	0	0	0	194.18
194.19	07969	KNIEBERT CLINIC	0	0	0	0	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	0	0	0	0	0	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	0	0	0	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	0	0	0	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	0	0	0	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	0	0	0	0	194.25
194.26	07976	PPPC AUDIOLOGY	0	0	0	0	0	194.26
194.27	07977	ERC SOUTHWEST	0	0	0	0	0	194.27
194.28	07978	ERC NORTHEAST	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet L-1
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			Extraordinary Capital Related Costs	Capital Related Costs		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				CAP REL COSTS-BLDG & FIXT	CAP REL COSTS-MVBLE EQUIP			
				1.00	2.00	2A	4.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis		1,243,593	16,331,985	0	209,944,828	203.00
204.00		Unit Cost Multiplier		0.000000	0.000000	0	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet L-1
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CREDIT & COLLECTIONS	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMITTING	0	0	0	0		5.04
5.05	00580	CREDIT & COLLECTIONS	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	SPD SOILED PROCESSING	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
13.01	01851	SPD STERILE PROCESSING	0	0	0	0	0	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02040	NEONATOLOGY/NICU	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	REHABILITATION SERVICES	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet L-1
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CREDIT & COLLECTIONS	
			5.01	5.02	5.03	5.04	5.05	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	0	0	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	0	0	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	0	0	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	0	0	0	0	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	0	0	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	07952	PHYSICIANS CLINICS	0	0	0	0	0	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	0	0	0	194.04
194.05	07955	BEAUTY SHOP	0	0	0	0	0	194.05
194.06	07956	MARKETING COSTS	0	0	0	0	0	194.06
194.07	07957	CAPE PRIMARY CARE	0	0	0	0	0	194.07
194.08	07958	JACKSON FAMILY CLINIC	0	0	0	0	0	194.08
194.09	07959	CHARLESTON FAMILY CARE	0	0	0	0	0	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	0	0	0	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	0	0	0	0	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	0	0	0	0	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	0	0	0	0	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	0	0	0	0	0	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	0	0	0	0	0	194.18
194.19	07969	KNIEBERT CLINIC	0	0	0	0	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	0	0	0	0	0	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	0	0	0	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	0	0	0	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	0	0	0	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	0	0	0	0	194.25
194.26	07976	PPPC AUDIOLOGY	0	0	0	0	0	194.26
194.27	07977	ERC SOUTHWEST	0	0	0	0	0	194.27
194.28	07978	ERC NORTHEAST	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	3,282	3,617	102,976,964	1,780,459,903	1,780,459,903	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet L-1
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	SPD SOILED PROCESSING	LAUNDRY & LINEN SERVICE	
			5.06	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
7.01	00701	SPD SOILED PROCESSING	0	0	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
13.01	01851	SPD STERILE PROCESSING	0	0	0	0	0	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02040	NEONATOLOGY/NICU	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	REHABILITATION SERVICES	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet L-1
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	SPD SOILED PROCESSING	LAUNDRY & LINEN SERVICE	
			5.06	6.00	7.00	7.01	8.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	0	0	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	0	0	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	0	0	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	0	0	0	0	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	0	0	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	07952	PHYSICIANS CLINICS	0	0	0	0	0	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	0	0	0	194.04
194.05	07955	BEAUTY SHOP	0	0	0	0	0	194.05
194.06	07956	MARKETING COSTS	0	0	0	0	0	194.06
194.07	07957	CAPE PRIMARY CARE	0	0	0	0	0	194.07
194.08	07958	JACKSON FAMILY CLINIC	0	0	0	0	0	194.08
194.09	07959	CHARLESTON FAMILY CARE	0	0	0	0	0	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	0	0	0	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	0	0	0	0	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	0	0	0	0	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	0	0	0	0	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	0	0	0	0	0	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	0	0	0	0	0	194.18
194.19	07969	KNIEBERT CLINIC	0	0	0	0	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	0	0	0	0	0	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	0	0	0	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	0	0	0	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	0	0	0	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	0	0	0	0	194.25
194.26	07976	PPPC AUDIOLOGY	0	0	0	0	0	194.26
194.27	07977	ERC SOUTHWEST	0	0	0	0	0	194.27
194.28	07978	ERC NORTHEAST	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	410,192,239	949,650	949,650	100	1,314,791	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet L-1
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	SPD STERILE PROCESSING	
			9.00	10.00	11.00	13.00	13.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	SPD SOILED PROCESSING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	0					9.00
10.00	01000	DIETARY	0	0				10.00
11.00	01100	CAFETERIA	0	0	0			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0		13.00
13.01	01851	SPD STERILE PROCESSING	0	0	0	0	0	13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02040	NEONATOLOGY/NICU	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	REHABILITATION SERVICES	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00

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11/24/2021 10:18 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	SPD STERILE PROCESSING	
			9.00	10.00	11.00	13.00	13.01	
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	0	0	0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	0	0	0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	0	0	0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	0	0	0	0	90.04
90.05	09005	CAPE CEN PBC	0	0	0	0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	0	0	0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	07952	PHYSICIANS CLINICS	0	0	0	0	0	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	0	0	0	194.04
194.05	07955	BEAUTY SHOP	0	0	0	0	0	194.05
194.06	07956	MARKETING COSTS	0	0	0	0	0	194.06
194.07	07957	CAPE PRIMARY CARE	0	0	0	0	0	194.07
194.08	07958	JACKSON FAMILY CLINIC	0	0	0	0	0	194.08
194.09	07959	CHARLESTON FAMILY CARE	0	0	0	0	0	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	0	0	0	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	0	0	0	0	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	0	0	0	0	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	0	0	0	0	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	0	0	0	0	0	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	0	0	0	0	0	194.18
194.19	07969	KNIEBERT CLINIC	0	0	0	0	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	0	0	0	0	0	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	0	0	0	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	0	0	0	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	0	0	0	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	0	0	0	0	194.25
194.26	07976	PPPC AUDIOLOGY	0	0	0	0	0	194.26
194.27	07977	ERC SOUTHWEST	0	0	0	0	0	194.27
194.28	07978	ERC NORTHEAST	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	933,158	287,030	3,235,513	1,101,650	156,524	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Other General Service OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	SPD SOILED PROCESSING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	SPD STERILE PROCESSING						13.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0			31.00
31.01	02040	NEONATOLOGY/NICU	0	0	0			31.01
32.00	03200	CORONARY CARE UNIT	0	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0			41.00
43.00	04300	NURSERY	0	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0			44.00
45.00	04500	NURSING FACILITY	0	0	0			45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0			50.00
51.00	05100	RECOVERY ROOM	0	0	0			51.00
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	0	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0	0			56.00
57.00	05700	CT SCAN	0	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	06000	LABORATORY	0	0	0			60.00
60.01	06001	BLOOD LABORATORY	0	0	0			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0			73.00
73.01	07301	REHABILITATION SERVICES	0	0	0			73.01
74.00	07400	RENAL DIALYSIS	0	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0			75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0			77.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 26-0183

Period:
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To 06/30/2021Worksheet L-1
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11/24/2021 10:18 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Other General Service OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	18.00	19.00	20.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	0	0		90.01
90.02	09002	GYN SURG ONCOLOGIST PBC	0	0	0		90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	0	0		90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	0	0		90.04
90.05	09005	CAPE CEN PBC	0	0	0		90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	0	0		90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	0	0		90.07
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	0	0	0		194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	194.01
194.02	07952	PHYSICIANS CLINICS	0	0	0	0	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	0	0	194.04
194.05	07955	BEAUTY SHOP	0	0	0	0	194.05
194.06	07956	MARKETING COSTS	0	0	0	0	194.06
194.07	07957	CAPE PRIMARY CARE	0	0	0	0	194.07
194.08	07958	JACKSON FAMILY CLINIC	0	0	0	0	194.08
194.09	07959	CHARLESTON FAMILY CARE	0	0	0	0	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	0	0	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	0	0	0	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	0	0	0	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	0	0	0	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	0	0	0	0	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	0	0	0	0	194.18
194.19	07969	KNIEBERT CLINIC	0	0	0	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	0	0	0	0	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	0	0	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	0	0	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	0	0	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	0	0	0	194.25
194.26	07976	PPPC AUDIOLOGY	0	0	0	0	194.26
194.27	07977	ERC SOUTHWEST	0	0	0	0	194.27
194.28	07978	ERC NORTHEAST	0	0	0	0	194.28
200.00		Cross Foot Adjustments				0	200.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 26-0183

Period:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Other General Service OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	18.00	19.00	20.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00	Total Statistical Basis	10,000	8,981	0	0	0	203.00
204.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 26-0183

Period:
From 07/01/2020
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Cost Center Description			Intern & Res.			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED ED PRGM-(SPECIFY)			
			21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	SPD SOILED PROCESSING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	SPD STERILE PROCESSING						13.01
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				0	0	30.00
31.00	03100	INTENSIVE CARE UNIT				0	0	31.00
31.01	02040	NEONATOLOGY/NICU				0	0	31.01
32.00	03200	CORONARY CARE UNIT				0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT				0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
40.00	04000	SUBPROVIDER - IPF				0	0	40.00
41.00	04100	SUBPROVIDER - IRF				0	0	41.00
43.00	04300	NURSERY				0	0	43.00
44.00	04400	SKILLED NURSING FACILITY				0	0	44.00
45.00	04500	NURSING FACILITY				0	0	45.00
46.00	04600	OTHER LONG TERM CARE				0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				0	0	50.00
51.00	05100	RECOVERY ROOM				0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				0	0	52.00
53.00	05300	ANESTHESIOLOGY				0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				0	0	55.00
56.00	05600	RADIOISOTOPE				0	0	56.00
57.00	05700	CT SCAN				0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				0	0	59.00
60.00	06000	LABORATORY				0	0	60.00
60.01	06001	BLOOD LABORATORY				0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				0	0	63.00
64.00	06400	INTRAVENOUS THERAPY				0	0	64.00
65.00	06500	RESPIRATORY THERAPY				0	0	65.00
66.00	06600	PHYSICAL THERAPY				0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				0	0	67.00
68.00	06800	SPEECH PATHOLOGY				0	0	68.00
69.00	06900	ELECTROCARDIOLOGY				0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				0	0	73.00
73.01	07301	REHABILITATION SERVICES				0	0	73.01
74.00	07400	RENAL DIALYSIS				0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)				0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION				0	0	77.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 26-0183

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	Cost Center Description	Intern & Res.		PARAMED ED PRGM-(SPECIFY)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		I&R SERVICES-SALAR Y & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD					
		21.00	22.00					
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC				0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00	09000	CLINIC				0	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC				0	0	90.01
90.02	09002	GYN SURG ONCOLOGIST PBC				0	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC				0	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC				0	0	90.04
90.05	09005	CAPE CEN PBC				0	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC				0	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC				0	0	90.07
91.00	09100	EMERGENCY				0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS				0	0	94.00
95.00	09500	AMBULANCE SERVICES				0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED				0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD				0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS				0	0	98.00
99.00	09900	CMHC				0	0	99.00
99.10	09910	CORF				0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				0	0	100.00
101.00	10100	HOME HEALTH AGENCY				0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION				0	0	105.00
106.00	10600	HEART ACQUISITION				0	0	106.00
107.00	10700	LIVER ACQUISITION				0	0	107.00
108.00	10800	LUNG ACQUISITION				0	0	108.00
109.00	10900	PANCREAS ACQUISITION				0	0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	0	110.00
111.00	11100	ISLET ACQUISITION				0	0	111.00
113.00	11300	INTEREST EXPENSE				0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF				0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				0	0	115.00
116.00	11600	HOSPICE				0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	0	190.00
191.00	19100	RESEARCH				0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
193.00	19300	NONPAID WORKERS				0	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE				0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	07952	PHYSICIANS CLINICS	0	0	0	0	0	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	0	0	0	0	194.03
194.04	07954	NONPATIENT MEALS	0	0	0	0	0	194.04
194.05	07955	BEAUTY SHOP	0	0	0	0	0	194.05
194.06	07956	MARKETING COSTS	0	0	0	0	0	194.06
194.07	07957	CAPE PRIMARY CARE	0	0	0	0	0	194.07
194.08	07958	JACKSON FAMILY CLINIC	0	0	0	0	0	194.08
194.09	07959	CHARLESTON FAMILY CARE	0	0	0	0	0	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	0	0	0	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	0	0	0	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	0	0	0	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	0	0	0	0	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	0	0	0	0	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	0	0	0	0	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	0	0	0	0	0	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	0	0	0	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	0	0	0	0	0	194.18
194.19	07969	KNIEBERT CLINIC	0	0	0	0	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	0	0	0	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	0	0	0	0	0	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	0	0	0	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	0	0	0	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	0	0	0	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	0	0	0	0	194.25
194.26	07976	PPPC AUDIOLOGY	0	0	0	0	0	194.26
194.27	07977	ERC SOUTHWEST	0	0	0	0	0	194.27
194.28	07978	ERC NORTHEAST	0	0	0	0	0	194.28

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description		Intern & Res.		PARAMED ED PRGM-(SPECIFY)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		I&R SERVICES-SALAR Y & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD				
		21.00	22.00		24.00	25.00	
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00	Total Statistical Basis	0	0	0			203.00
204.00	Unit Cost Multiplier	0.000000	0.000000	0.000000			204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	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	CREDIT & COLLECTIONS		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	SPD SOILED PROCESSING		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
13.01	01851	SPD STERILE PROCESSING		13.01
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
31.01	02040	NEONATOLOGY/NICU	0	31.01
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	07301	REHABILITATION SERVICES	0	73.01
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	CAPE MEDICAL ONCOLOGY PBC	0	90.01

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 26-0183

Period:
From 07/01/2020
To 06/30/2021Worksheet L-1
Part I
Date/Time Prepared:
11/24/2021 10:18 am

Cost Center Description			Total	
			26.00	
90.02	09002	GYN SURG ONCOLOGIST PBC	0	90.02
90.03	09003	PHYSICIAN CARDIOLOGIST PBC	0	90.03
90.04	09004	CAPE THORACIC & CARDIOVASCULAR PBC	0	90.04
90.05	09005	CAPE CEN PBC	0	90.05
90.06	09006	CAPE NEUROSURGERY PBC	0	90.06
90.07	09007	CAPE PHYSICIAN ASSOCIATES PBC	0	90.07
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	FITNESS CTR & PLUS, KIDS PLUS, DEXTE	0	194.00
194.01	07951	RETAIL PHARMACY	0	194.01
194.02	07952	PHYSICIANS CLINICS	0	194.02
194.03	07953	MEDICAL OFFICE BLDG	0	194.03
194.04	07954	NONPATIENT MEALS	0	194.04
194.05	07955	BEAUTY SHOP	0	194.05
194.06	07956	MARKETING COSTS	0	194.06
194.07	07957	CAPE PRIMARY CARE	0	194.07
194.08	07958	JACKSON FAMILY CLINIC	0	194.08
194.09	07959	CHARLESTON FAMILY CARE	0	194.09
194.10	07960	AWL FAMILY HEALTHCARE SYSTEM	0	194.10
194.11	07961	CAPE MEDICAL GROUP	0	194.11
194.12	07962	IMMEDIATE CONVENIENT CARE - JACKSON	0	194.12
194.13	07963	JACKSON PHYSICIAN ASSOCIATES	0	194.13
194.14	07964	PHYSICIANS PARK PRIMARY CARE	0	194.14
194.15	07965	IMMEDIATE CONVENIENT CARE - BLACK RI	0	194.15
194.16	07966	PIEDMONT PHYSICIAN ASSOCIATES	0	194.16
194.17	07967	CAPE PEDIATRIC GROUP	0	194.17
194.18	07968	IMMEDIATE CONVENIENT CARE - CAPE	0	194.18
194.19	07969	KNIEBERT CLINIC	0	194.19
194.20	07970	SAINT FRANCIS OUPATIENT CLINIC	0	194.20
194.21	07971	POPLAR BLUFF PEDIATRICS	0	194.21
194.22	07972	FERGUSON MEDICAL GROUP SC	0	194.22
194.23	07973	FERGUSON MEDICAL GROUP CH	0	194.23
194.24	07974	FERGUSON MEDICAL GROUP EP	0	194.24
194.25	07975	FERGUSON MEDICAL GROUP SI	0	194.25
194.26	07976	PPPC AUDIOLOGY	0	194.26
194.27	07977	ERC SOUTHWEST	0	194.27
194.28	07978	ERC NORTHEAST	0	194.28
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	202.00
203.00		Total Statistical Basis		203.00
204.00		Unit Cost Multiplier		204.00