

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: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/24/2020 9:16 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/24/2020	Time: 9:16 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MERCY HOSPITAL - ST. LOUIS (26-0020) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY							
1.00	Hospital	0	2,447,743	122,836	0	0	1.00
2.00	Subprovider - IPF	0	-4,246	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
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
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	2,443,497	122,836	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: 26-0020		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 9:16 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 615 S. NEW BALLAS ROAD			PO Box:				1.00			
2.00	City: ST. LOUIS			State: MO		Zip Code: 63141-		County: ST. LOUIS			
		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			MERCY HOSPITAL - ST. LOUIS	260020	41180	1	07/01/1966	N	P	O
4.00	Subprovider - IPF			MERCY ST. LOUIS PSYCH CENTER	26S020	41180	4	07/01/1984	N	P	O
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
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)						07/01/2019	06/30/2020		20.00	
21.00	Type of Control (see instructions)						1			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		

Worksheet S-2
Part I
Date/Time Prepared:
11/24/2020 9:16 am

MCRIF32 - 16.4.169.4

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0020		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 9:16 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	N			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	Y				63.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.34	33.87	0.009939	64.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
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)	FAMILY MEDICINE	1350	0.25	16.52	0.014908	65.00
65.01		INTERNAL MEDICINE	1400	0.25	21.97	0.011251	65.01
65.02		OB/GYN	1750	0.00	20.51	0.000000	65.02
			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	37.08	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
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)	FAMILY MEDICINE	1350	3.33	13.39	0.199163	67.00
67.01		INTERNAL MEDICINE	1400	0.39	22.81	0.016810	67.01
67.02		OB/GYN	1750	0.00	24.00	0.000000	67.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 9:16 am	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			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)	Y	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	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.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			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)	N			107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
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.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	6,531,696	0	0		0	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 26-0020		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 9:16 am	
			1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	Removed and reserved							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)						Y	HB1812
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: MERCY HEALTH EAST COMMUNITIES		Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 05301			141.00
142.00	Street: 645 MARYVILLE CENTRE DRIVE STE. 100		PO Box: BOX 1602					142.00
143.00	City: ST. LOUIS MO 63141		State: WI		Zip Code: OMAHA			143.00
								1.00
144.00	Are provider based physicians' costs included in Worksheet A?						Y	144.00
								1.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.						Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N	146.00
								1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
			Part A	Part B	Title V	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		155.00
156.00	Subprovider - IPF		N	N	N	N		156.00
157.00	Subprovider - IRF		N	N	N	N		157.00
158.00	SUBPROVIDER							158.00
159.00	SNF		N	N	N	N		159.00
160.00	HOME HEALTH AGENCY		N	N	N	N		160.00
161.00	CMHC			N	N	N		161.00
161.10	CORF			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)						9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 9:16 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/24/2020 9:16 am
			Y/N 1.00	Date 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 1.00	Date 2.00	V/I 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 1.00	Type 2.00	Date 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	09/17/2020
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 1.00	Legal Oper. 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.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/15/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/24/2020 9:16 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JENNIFER	COHEN		41.00
42.00	Enter the employer/company name of the cost report preparer.	MERCY			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-364-2263	JENNIFER.COHEN@MERCY.NET		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/24/2020 9:16 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.	MANAGER, REIMBURSEMENT		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: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 9:16 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	654	239,364	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)		654	239,364	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	66	24,156	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,856	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	9	3,294	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	98	35,868	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		843	308,538	0.00		14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,856		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						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)		859				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: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 9:16 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)	32,257	9,736	143,699			1.00
2.00	HMO and other (see instructions)	32,810	37,004				2.00
3.00	HMO IPF Subprovider	1,927	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	32,257	9,736	143,699			7.00
8.00	INTENSIVE CARE UNIT	4,885	1,757	17,317			8.00
9.00	CORONARY CARE UNIT	1,061	157	3,533			9.00
10.00	BURN INTENSIVE CARE UNIT	752	276	3,159			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	3,180	33,405			12.00
13.00	NURSERY		5,447	17,584			13.00
14.00	Total (see instructions)	38,955	20,553	218,697	99.89	4,957.49	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,383	278	4,585	0.51	33.52	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			9			24.10
25.00	CMHC - CMHC						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)				100.40	4,991.01	27.00
28.00	Observation Bed Days		1,760	20,200			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	1,050	3,244			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: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 9:16 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	7,058	2,024	35,957	1.00
2.00 HMO and other (see instructions)			5,570	3,266		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	7,058	2,024	35,957	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	232	37	529	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						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: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/24/2020 9:16 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	349,119,378	296,810	349,416,188	10,389,891.00	33.63
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		4,475,869	0	4,475,869	29,867.00	149.86
4.01	Physicians - Part A - Teaching		2,701,562	0	2,701,562	20,093.00	134.45
5.00	Physician and Non Physician-Part B		47,389,145	0	47,389,145	359,833.00	131.70
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	5,639,006	0	5,639,006	197,523.00	28.55
7.01	Contracted interns and residents (in an approved programs)		585,854	0	585,854	21,419.00	27.35
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		8,572,453	-1,634,091	6,938,362	238,245.00	29.12
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,521,907	0	1,521,907	21,743.00	70.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,949,518	0	1,949,518	13,870.00	140.56
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		93,403,916	0	93,403,916	2,050,225.00	45.56
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		75,371,497	0	75,371,497		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,149,534	0	2,149,534		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		971,945	0	971,945		
22.01	Physician Part A - Teaching		677,414	0	677,414		
23.00	Physician Part B		6,956,979	0	6,956,979		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,413,975	0	1,413,975		
25.50	Home office wage-related (core)		14,205,363	0	14,205,363		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/24/2020 9:16 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	0	296,810	296,810	0.00	0.00	26.00
27.00	Administrative & General	5.00	25,148,264	-942,966	24,205,298	661,179.00	36.61	27.00
28.00	Administrative & General under contract (see inst.)		417,739	0	417,739	25,098.00	16.64	28.00
29.00	Maintenance & Repairs	6.00	3,163,441	0	3,163,441	115,842.00	27.31	29.00
30.00	Operation of Plant	7.00	1,740,401	0	1,740,401	88,142.00	19.75	30.00
31.00	Laundry & Linen Service	8.00	598,955	0	598,955	37,915.00	15.80	31.00
32.00	Housekeeping	9.00	6,403,938	0	6,403,938	394,173.00	16.25	32.00
33.00	Housekeeping under contract (see instructions)		91,145	0	91,145	4,051.00	22.50	33.00
34.00	Dietary	10.00	7,916,025	-113,778	7,802,247	432,954.00	18.02	34.00
35.00	Dietary under contract (see instructions)		5,048	0	5,048	282.00	17.90	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	7,339,849	-1,602,159	5,737,690	202,893.00	28.28	38.00
39.00	Central Services and Supply	14.00	3,482,267	0	3,482,267	193,608.00	17.99	39.00
40.00	Pharmacy	15.00	10,872,440	0	10,872,440	252,557.00	43.05	40.00
41.00	Medical Records & Medical Records Library	16.00	311,955	0	311,955	12,193.00	25.58	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/24/2020 9:16 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)	293,317,743	296,810	293,614,553	9,820,454.00	29.90	1.00
2.00	Excluded area salaries (see instructions)	8,572,453	-1,634,091	6,938,362	238,245.00	29.12	2.00
3.00	Subtotal salaries (line 1 minus line 2)	284,745,290	1,930,901	286,676,191	9,582,209.00	29.92	3.00
4.00	Subtotal other wages & related costs (see inst.)	96,875,341	0	96,875,341	2,085,838.00	46.44	4.00
5.00	Subtotal wage-related costs (see inst.)	90,548,805	0	90,548,805	0.00	31.59	5.00
6.00	Total (sum of lines 3 thru 5)	472,169,436	1,930,901	474,100,337	11,668,047.00	40.63	6.00
7.00	Total overhead cost (see instructions)	67,491,467	-2,362,093	65,129,374	2,420,887.00	26.90	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 11/24/2020 9:16 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		8,005,062	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		0	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)		39,929,847	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,812,233	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		278,235	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		718,221	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		7,577,593	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		19,845,554	17.00
18.00	Medicare Taxes - Employers Portion Only		5,076,937	18.00
19.00	Unemployment Insurance		79,235	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		4,218,427	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		87,541,344	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: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/24/2020 9:16 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	1,521,907	87,541,345	1.00
2.00	Hospital	1,521,907	87,541,345	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			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			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			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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet S-10

Date/Time Prepared:
11/24/2020 9:16 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)	0.235212	1.00
Medicaid (see instructions for each line)			
2.00	Net revenue from Medicaid	85,917,618	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?	N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	-175,760	5.00
6.00	Medicaid charges	377,796,137	6.00
7.00	Medicaid cost (line 1 times line 6)	88,862,185	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)	3,120,327	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)			
9.00	Net revenue from stand-alone CHIP	757,862	9.00
10.00	Stand-alone CHIP charges	2,964,905	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	697,381	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)	42,184	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	172,569	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	40,590	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)	3,120,327	19.00
		Uninsured patients	Insured patients
		1.00	2.00
		Total (col. 1 + col. 2)	
		3.00	
Uncompensated Care (see instructions for each line)			
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	107,789,116	11,301,335
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	25,353,294	11,301,335
22.00	Payments received from patients for amounts previously written off as charity care	382	0
23.00	Cost of charity care (line 21 minus line 22)	25,352,912	11,301,335
		36,654,247	
		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)	56,143,491	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,278,631	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,967,125	27.01
28.00	Non-Medicare bad debt expense (see instructions)	54,176,366	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	13,431,425	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	50,085,672	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	53,205,999	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/24/2020 9:16 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		0	0	20,129,562	20,129,562	1.00
1.01	00101	OTHER BUILDING-MOB		0	0	5,819,935	5,819,935	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	13,017,437	13,017,437	2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB		0	0	3,435,587	3,435,587	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	74,693,103	74,693,103	-904,370	73,788,733	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00550	ADMITTING	4,309,964	207,369	4,517,333	-201,249	4,316,084	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	20,838,300	214,875,469	235,713,769	3,879,239	239,593,008	5.04
6.00	00600	MAINTENANCE & REPAIRS	3,163,441	11,210,309	14,373,750	-5,664,741	8,709,009	6.00
7.00	00700	OPERATION OF PLANT	1,740,401	13,448,761	15,189,162	-1,166,217	14,022,945	7.00
7.01	00701	OTHER BUILDING-MOB	0	-480,960	-480,960	-1,679,605	-2,160,565	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	598,955	361,890	960,845	2,526,721	3,487,566	8.00
9.00	00900	HOUSEKEEPING	6,403,938	-36,234	6,367,704	2,879,875	9,247,579	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
10.00	01000	DIETARY	7,916,025	6,726,356	14,642,381	-622,427	14,019,954	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,339,849	3,570,254	10,910,103	-5,082,411	5,827,692	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,482,267	1,286,480	4,768,747	-678,750	4,089,997	14.00
15.00	01500	PHARMACY	10,872,440	88,041,679	98,914,119	-86,226,094	12,688,025	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	311,955	134,679	446,634	-7,092	439,542	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,639,006	1,259,587	6,898,593	-129,598	6,768,995	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,495,529	2,666,206	13,161,735	-6,016,799	7,144,936	22.00
23.00	02300	PARAMED ED PRGM	229,456	9,930	239,386	0	239,386	23.00
23.01	02301	RADIOLOGY SCHOOL	205,143	6,618	211,761	-518	211,243	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,298,357	16,619,441	95,917,798	-2,581,852	93,335,946	30.00
31.00	03100	INTENSIVE CARE UNIT	14,983,493	5,322,218	20,305,711	-1,786,077	18,519,634	31.00
32.00	03200	CORONARY CARE UNIT	2,850,409	905,183	3,755,592	-90,736	3,664,856	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,040,338	625,065	2,665,403	-509,213	2,156,190	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	16,374,454	3,170,773	19,545,227	-1,332,169	18,213,058	35.00
40.00	04000	SUBPROVIDER - IPF	4,085,991	3,728,648	7,814,639	-2,818,146	4,996,493	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	111,223	112,392	223,615	4,290,525	4,514,140	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,928,597	64,156,732	81,085,329	-58,903,465	22,181,864	50.00
51.00	05100	RECOVERY ROOM	2,045,146	127,239	2,172,385	-77,065	2,095,320	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,077,974	4,177,738	16,255,712	-2,849,330	13,406,382	52.00
53.00	05300	ANESTHESIOLOGY	598,176	4,089,890	4,688,066	-2,988,293	1,699,773	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,865,391	10,060,621	18,926,012	-9,022,083	9,903,929	54.00
54.01	05401	ULTRASOUND	1,962,558	741,442	2,704,000	-569,020	2,134,980	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,380,191	5,030,791	7,410,982	-1,582,004	5,828,978	55.00
56.00	05600	RADIOISOTOPE	968,574	2,639,945	3,608,519	-2,431,595	1,176,924	56.00
57.00	05700	CT SCAN	1,064,415	1,193,613	2,258,028	-872,646	1,385,382	57.00
58.00	05800	MRI	755,993	783,096	1,539,089	-695,633	843,456	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,295,209	5,392,637	7,687,846	-5,802,499	1,885,347	59.00
60.00	06000	LABORATORY	11,049,691	24,135,417	35,185,108	-1,168,492	34,016,616	60.00
60.01	06001	COVID19	1,999,537	3,885,791	5,885,328	-53,728	5,831,600	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,380,199	3,165,021	5,545,220	-170,744	5,374,476	62.00
65.00	06500	RESPIRATORY THERAPY	8,548,717	4,266,497	12,815,214	-3,686,910	9,128,304	65.00
66.00	06600	PHYSICAL THERAPY	13,856,206	3,823,413	17,679,619	-2,251,090	15,428,529	66.00
69.00	06900	ELECTROCARDIOLOGY	6,029,058	15,187,313	21,216,371	-13,394,561	7,821,810	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	43,988,706	43,988,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	51,282,767	51,282,767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	123,001,600	123,001,600	73.00
74.00	07400	RENAL DIALYSIS	1,063,714	407,775	1,471,489	-321,655	1,149,834	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,509,890	6,642,003	11,151,893	-5,939,957	5,211,936	75.00
76.00	03020	CARDIAC REHAB	760,469	50,147	810,616	-27,595	783,021	76.00
76.01	03030	GI LAB	3,721,198	4,626,672	8,347,870	-3,552,184	4,795,686	76.01
76.02	03040	ECT	114,991	30,620	145,611	-29,443	116,168	76.02
76.03	03050	OP PSYCH	636,108	69,412	705,520	-39,915	665,605	76.03
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	6,613,458	35,368,504	41,981,962	-33,764,654	8,217,308	90.00
90.01	09001	HYPERBARIC/OP WOUND	1,288,251	390,210	1,678,461	-508,583	1,169,878	90.01
91.00	09100	EMERGENCY	27,915,552	7,702,143	35,617,695	-5,123,877	30,493,818	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/24/2020 9:16 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	
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	1,347,318	350,104	1,697,422	-479,700	1,217,722	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	70,930	70,930	-70,930	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	345,067,515	657,030,932	1,002,098,447	376,239	1,002,474,686	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	293,118	1,227,471	1,520,589	-96,765	1,423,824	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	515,993	156,488	672,481	-111,160	561,321	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	817,746	107,304	925,050	57,654	982,704	192.00
193.00	19300	NONPAID WORKERS	110,427	115,229	225,656	-48,842	176,814	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	303,001	-19,886	283,115	-1,955	281,160	194.00
194.01	07951	HOSPICE	0	24,231	24,231	0	24,231	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	2,011,578	399,532	2,411,110	-175,171	2,235,939	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	349,119,378	659,041,301	1,008,160,679	0	1,008,160,679	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/24/2020 9:16 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	9,197,836	29,327,398	1.00
1.01	00101	OTHER BUILDING-MOB	0	5,819,935	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,866,712	18,884,149	2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	3,435,587	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,671,070	77,459,803	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	5.02
5.03	00550	ADMITTING	20	4,316,104	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	-22,752,992	216,840,016	5.04
6.00	00600	MAINTENANCE & REPAIRS	12,490,151	21,199,160	6.00
7.00	00700	OPERATION OF PLANT	713,043	14,735,988	7.00
7.01	00701	OTHER BUILDING-MOB	4,908,480	2,747,915	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,487,566	8.00
9.00	00900	HOUSEKEEPING	0	9,247,579	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	9.02
10.00	01000	DIETARY	-5,526,657	8,493,297	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	5,827,692	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,089,997	14.00
15.00	01500	PHARMACY	-260,113	12,427,912	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,081,401	1,520,943	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-7,678	6,761,317	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,237,650	5,907,286	22.00
23.00	02300	PARAMED ED PRGM	-44,605	194,781	23.00
23.01	02301	RADIOLOGY SCHOOL	-81,057	130,186	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-18,112,657	75,223,289	30.00
31.00	03100	INTENSIVE CARE UNIT	4,419,608	22,939,242	31.00
32.00	03200	CORONARY CARE UNIT	0	3,664,856	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	2,156,190	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	-63,738	18,149,320	35.00
40.00	04000	SUBPROVIDER - IPF	-2,562,247	2,434,246	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-163	4,513,977	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,097,487	21,084,377	50.00
51.00	05100	RECOVERY ROOM	0	2,095,320	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-597,730	12,808,652	52.00
53.00	05300	ANESTHESIOLOGY	0	1,699,773	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-6,814	9,897,115	54.00
54.01	05401	ULTRASOUND	0	2,134,980	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-635,705	5,193,273	55.00
56.00	05600	RADIOISOTOPE	0	1,176,924	56.00
57.00	05700	CT SCAN	-10,160	1,375,222	57.00
58.00	05800	MRI	-2,200	841,256	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,885,347	59.00
60.00	06000	LABORATORY	-105,591	33,911,025	60.00
60.01	06001	COVID19	-67,623	5,763,977	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-41,513	5,332,963	62.00
65.00	06500	RESPIRATORY THERAPY	-12,868	9,115,436	65.00
66.00	06600	PHYSICAL THERAPY	-1,038,898	14,389,631	66.00
69.00	06900	ELECTROCARDIOLOGY	-1,134,107	6,687,703	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	43,988,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	51,282,767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	123,001,600	73.00
74.00	07400	RENAL DIALYSIS	0	1,149,834	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-902,783	4,309,153	75.00
76.00	03020	CARDIAC REHAB	0	783,021	76.00
76.01	03030	GI LAB	-3,118	4,792,568	76.01
76.02	03040	ECT	0	116,168	76.02
76.03	03050	OP PSYCH	-25,101	640,504	76.03
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	-465,095	7,752,213	90.00
90.01	09001	HYPERBARIC/OP WOUND	-222,919	946,959	90.01
91.00	09100	EMERGENCY	-15,259,863	15,233,955	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	91.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	AMBULATORY CARE UNIT	0	1,217,722	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-29,930,811	972,543,875	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,423,824	190.00
190.01	19001	VENDING MACHINES	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	190.02
191.00	19100	RESEARCH	0	561,321	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	-4,629	978,075	192.00
193.00	19300	NONPAID WORKERS	0	176,814	193.00
193.01	19301	MEALS ON WHEELS	0	0	193.01
193.03	19303	CONVENT	0	0	193.03
193.06	19306	VACANT SPACE	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	281,160	194.00
194.01	07951	HOSPICE	0	24,231	194.01
194.02	07952	SHARED SERVICES	0	0	194.02
194.03	07953	MERCY	0	2,235,939	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-29,935,440	978,225,239	200.00

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/24/2020 9:16 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - NURSERY COSTS					
1.00	NURSERY _____	43.00	3,482,558	809,371		1.00
	0		3,482,558	809,371		
	B - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	1,177,045	0		1.00
	COSTS APPRV _____		1,177,045	0		
	0					
	C - CONFIDENTIAL PAYROLL					
1.00	ADULTS & PEDIATRICS	30.00	2,130,970	627,698		1.00
2.00	INTENSIVE CARE UNIT	31.00	3,754,900	0		2.00
3.00	OPERATING ROOM	50.00	50,000	0		3.00
4.00	CLINIC	90.00	84,313	0		4.00
5.00	PHYSICIANS PRIVATE OFFICES	192.00	92,991	0		5.00
6.00	OTHER ADMINISTRATIVE AND	5.04	234,079	0		6.00
	GENERAL _____					
	0		6,347,253	627,698		
	D - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	18,550,371		1.00
2.00	OTHER BUILDING-MOB	1.01	0	4,895,849		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
	0		0	23,446,220		
	E - HOUSEKEEPING SERVICES					
1.00	HOUSEKEEPING	9.00	0	2,973,729		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/24/2020 9:16 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
0				2,973,729		
F - COST OF DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	123,001,600		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/24/2020 9:16 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
0			0	123,001,600		
G - PLANT MAINTENANCE						
1.00	MAINTENANCE & REPAIRS	6.00	0	332,354		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
0			0	332,354		
I - PROPERTY TAX						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,365,743		1.00
2.00	OTHER BUILDING-MOB	1.01	0	924,086		2.00
3.00		0.00	0	0		3.00
0			0	2,289,829		
J - PENSION RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,638,514		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	8,167,227		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
			0	14,805,741		
	K - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	213,448		1.00
2.00		0.00	0	0		2.00
			0	213,448		
	L - DIETARY TECH SALARY					
1.00	SUBPROVIDER - IPF	40.00	56,842	0		1.00
2.00	CLINIC	90.00	56,936	0		2.00
			113,778	0		
	M - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,017,437		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01	0	3,435,587		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00

RECLASSIFICATIONS

Provider CCN: 26-0020

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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
51.00	0.00	0	0		51.00
52.00	0.00	0	0		52.00
53.00	0.00	0	0		53.00
54.00	0.00	0	0		54.00
0		0	16,453,024		
N - CRITICAL CARE FELLOWSHIP PROGRAM					
1.00	INTENSIVE CARE UNIT	31.00	923,767	1,414	1.00
2.00	CORONARY CARE UNIT	32.00	216,508	331	2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	230,942	353	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	230,942	353	4.00
0			1,602,159	2,451	
O - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	44,867	1.00
2.00	OTHER BUILDING-MOB	7.01	0	8,076	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
0			0	52,943	
R - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	2,544,896	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
0			0	2,544,896	
T - INTERVENTIONAL CARE HH					
1.00	CORONARY CARE UNIT	32.00	77,432	13,693	1.00
0			77,432	13,693	
U - PACU RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	5,219	142	1.00
0			5,219	142	
V - EMERGENCY DEPARTMENT ROUTINE REVENUE					
1.00	ADULTS & PEDIATRICS	30.00	1,161,583	260,678	1.00
0			1,161,583	260,678	

RECLASSIFICATIONS

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	W - AMBULATORY CARE UNIT					
1.00	ADULTS & PEDIATRICS	30.00	241,202	17,878		1.00
	0		241,202	17,878		
	Y - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	43,988,706		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
	0		0	43,988,706		
	Z - IMPLANT SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	51,282,767		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
	0		0	51,282,767		
	BB - BENEFITS/SALARY RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	141,235	0		1.00
	0		141,235	0		
	CC - AMBULANCE					
1.00	EMERGENCY	91.00	0	70,930		1.00
	TOTALS		0	70,930		
	DD - ED CLINICAL DECISION UNIT					
1.00	ADULTS & PEDIATRICS	30.00	90,344	2,363		1.00
	0		90,344	2,363		
	EE - PSYCH ADMIN RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	1,783,924	1,014,938		1.00
	0		1,783,924	1,014,938		

RECLASSIFICATIONS

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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
FF - PEDS/PICU					
1.00 ADULTS & PEDIATRICS	30.00	3,114,590	208,244		1.00
2.00 NEONATAL INTENSIVE CARE UNIT	35.00	247,786	16,567		2.00
3.00 NURSERY	43.00	606	41		3.00
0		3,362,982	224,852		
GG - SIGN-ON BONUSES					
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	155,575	0		1.00
TOTALS		155,575	0		
HH - INTERCOMPANY RENT					
1.00 OPERATION OF PLANT	7.00	0	5,543,068		1.00
2.00 OTHER BUILDING-MOB	7.01	0	997,737		2.00
3.00 OTHER ADMINISTRATIVE AND GENERAL	5.04	0	355,238		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
TOTALS		0	6,896,043		
500.00 Grand Total: Increases		19,742,289	291,326,294		500.00

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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 - NURSERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	3,482,558	809,371	0		1.00
	0		3,482,558	809,371			
	B - INTERNS AND RESIDENTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,177,045	0	0		1.00
	0		1,177,045	0			
	C - CONFIDENTIAL PAYROLL						
1.00	HYPERBARIC/OP WOUND	90.01	250,462	0	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	6,096,791	627,698	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
	0		6,347,253	627,698			
	D - BUILDING DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	675	9		1.00
2.00	ADMITTING	5.03	0	32,936	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,483,973	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	5,643,784	0		4.00
5.00	OPERATION OF PLANT	7.00	0	5,312,596	0		5.00
6.00	OTHER BUILDING-MOB	7.01	0	342,733	0		6.00
7.00	HOUSEKEEPING	9.00	0	6,056	0		7.00
8.00	DIETARY	10.00	0	118,769	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	256,433	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	300,187	0		10.00
11.00	PHARMACY	15.00	0	231,254	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	43,040	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	2,935,247	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	828,960	0		14.00
15.00	CORONARY CARE UNIT	32.00	0	27,637	0		15.00
16.00	BURN INTENSIVE CARE UNIT	33.00	0	23,121	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	595,697	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	24,190	0		18.00
19.00	OPERATING ROOM	50.00	0	518,830	0		19.00
20.00	RECOVERY ROOM	51.00	0	681	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	967,041	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	465,332	0		22.00
23.00	ULTRASOUND	54.01	0	183,347	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	440,173	0		24.00
25.00	RADIOISOTOPE	56.00	0	5,114	0		25.00
26.00	CT SCAN	57.00	0	43,362	0		26.00
27.00	MRI	58.00	0	144,343	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	47,953	0		28.00
29.00	LABORATORY	60.00	0	127,453	0		29.00
30.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	67,594	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	113,339	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	181,696	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	43,654	0		33.00
34.00	RENAL DIALYSIS	74.00	0	881	0		34.00
35.00	ASC (NON-DISTINCT PART)	75.00	0	491,775	0		35.00
36.00	GI LAB	76.01	0	128,760	0		36.00
37.00	OP PSYCH	76.03	0	31,572	0		37.00
38.00	CLINIC	90.00	0	367,154	0		38.00
39.00	HYPERBARIC/OP WOUND	90.01	0	5,118	0		39.00
40.00	EMERGENCY	91.00	0	633,425	0		40.00
41.00	AMBULATORY CARE UNIT	92.01	0	5,954	0		41.00
42.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	61,225	0		42.00
43.00	RESEARCH	191.00	0	107,096	0		43.00
44.00	NONPAID WORKERS	193.00	0	42,527	0		44.00
45.00	MERCY	194.03	0	13,533	0		45.00
	0		0	23,446,220			
	E - HOUSEKEEPING SERVICES						
1.00	ADMITTING	5.03	0	1,967	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,527	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	64	0		3.00
4.00	OPERATION OF PLANT	7.00	0	1,020,613	0		4.00
5.00	OTHER BUILDING-MOB	7.01	0	1,413,684	0		5.00

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
6.00	LAUNDRY & LINEN SERVICE	8.00	0	772	0		6.00
7.00	DIETARY	10.00	0	30,161	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	980	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	25,825	0		9.00
10.00	PHARMACY	15.00	0	61,270	0		10.00
11.00	I&R SERVICES-OTHER PRGM	22.00	0	423	0		11.00
	COSTS APPRV						
12.00	ADULTS & PEDIATRICS	30.00	0	82,811	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	20,023	0		13.00
14.00	CORONARY CARE UNIT	32.00	0	2,891	0		14.00
15.00	BURN INTENSIVE CARE UNIT	33.00	0	2,749	0		15.00
16.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	23,606	0		16.00
17.00	SUBPROVIDER - IPF	40.00	0	5,485	0		17.00
18.00	NURSERY	43.00	0	139	0		18.00
19.00	OPERATING ROOM	50.00	0	68,502	0		19.00
20.00	RECOVERY ROOM	51.00	0	2,875	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	13,548	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	8,508	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,795	0		23.00
24.00	ULTRASOUND	54.01	0	4,094	0		24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,376	0		25.00
26.00	RADIOISOTOPE	56.00	0	3,362	0		26.00
27.00	CT SCAN	57.00	0	2,139	0		27.00
28.00	MRI	58.00	0	2,315	0		28.00
29.00	CARDIAC CATHETERIZATION	59.00	0	3,185	0		29.00
30.00	LABORATORY	60.00	0	10,339	0		30.00
31.00	COVID19	60.01	0	728	0		31.00
32.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	2,312	0		32.00
33.00	RESPIRATORY THERAPY	65.00	0	3,512	0		33.00
34.00	PHYSICAL THERAPY	66.00	0	10,420	0		34.00
35.00	ELECTROCARDIOLOGY	69.00	0	7,061	0		35.00
36.00	RENAL DIALYSIS	74.00	0	1,099	0		36.00
37.00	ASC (NON-DISTINCT PART)	75.00	0	7,580	0		37.00
38.00	CARDIAC REHAB	76.00	0	961	0		38.00
39.00	GI LAB	76.01	0	36,539	0		39.00
40.00	ECT	76.02	0	440	0		40.00
41.00	OP PSYCH	76.03	0	392	0		41.00
42.00	CLINIC	90.00	0	21,040	0		42.00
43.00	HYPERBARIC/OP WOUND	90.01	0	3,332	0		43.00
44.00	EMERGENCY	91.00	0	43,709	0		44.00
45.00	AMBULATORY CARE UNIT	92.01	0	3,301	0		45.00
46.00	PHYSICIANS PRIVATE OFFICES	192.00	0	121	0		46.00
47.00	NONPAID WORKERS	193.00	0	399	0		47.00
48.00	MERCY	194.03	0	755	0		48.00
	0		0	2,973,729			
	F - COST OF DRUGS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	136,557	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	54	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	372	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,470	0		4.00
5.00	PHARMACY	15.00	0	84,847,879	0		5.00
6.00	I&R SERVICES-OTHER PRGM	22.00	0	40	0		6.00
	COSTS APPRV						
7.00	ADULTS & PEDIATRICS	30.00	0	149,736	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	38,331	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	8,103	0		9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	24,709	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	20,304	0		11.00
12.00	SUBPROVIDER - IPF	40.00	0	83	0		12.00
13.00	OPERATING ROOM	50.00	0	227,630	0		13.00
14.00	RECOVERY ROOM	51.00	0	3,991	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	42,354	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	687,601	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	179,718	0		17.00
18.00	ULTRASOUND	54.01	0	668	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	122	0		19.00
20.00	RADIOISOTOPE	56.00	0	2,174,011	0		20.00
21.00	CT SCAN	57.00	0	177,449	0		21.00
22.00	MRI	58.00	0	43,837	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	51,152	0		23.00
24.00	LABORATORY	60.00	0	303	0		24.00
25.00	COVID19	60.01	0	27	0		25.00

RECLASSIFICATIONS					Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet A-6 Date/Time Prepared: 11/24/2020 9:16 am
	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other	6.00	7.00	
	6.00	7.00	8.00	9.00	10.00		
26.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	10,444	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	1,033,266	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	1,569	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	885,599	0		29.00
30.00	RENAL DIALYSIS	74.00	0	236	0		30.00
31.00	ASC (NON-DISTINCT PART)	75.00	0	33,523	0		31.00
32.00	CARDIAC REHAB	76.00	0	23	0		32.00
33.00	GI LAB	76.01	0	73,218	0		33.00
34.00	ECT	76.02	0	69	0		34.00
35.00	CLINIC	90.00	0	31,992,839	0		35.00
36.00	HYPERBARIC/OP WOUND	90.01	0	60,511	0		36.00
37.00	EMERGENCY	91.00	0	83,923	0		37.00
38.00	AMBULATORY CARE UNIT	92.01	0	8,320	0		38.00
39.00	PHYSICIANS PRIVATE OFFICES	192.00	0	279	0		39.00
40.00	NEIGHBORHOOD MINISTRIES	194.00	0	911	0		40.00
41.00	MERCY	194.03	0	369	0		41.00
	0		0	123,001,600			
G - PLANT MAINTENANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	792	0		1.00
2.00	OPERATION OF PLANT	7.00	0	91,228	0		2.00
3.00	OTHER BUILDING-MOB	7.01	0	195,845	0		3.00
4.00	HOUSEKEEPING	9.00	0	272	0		4.00
5.00	DIETARY	10.00	0	361	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	4	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	18	0		7.00
8.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	4	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	572	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	697	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	68	0		11.00
12.00	NURSERY	43.00	0	4	0		12.00
13.00	OPERATING ROOM	50.00	0	51	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16	0		15.00
16.00	ULTRASOUND	54.01	0	16	0		16.00
17.00	MRI	58.00	0	9	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	348	0		18.00
19.00	LABORATORY	60.00	0	7	0		19.00
20.00	COVID19	60.01	0	41,318	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	106	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	361	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	22	0		23.00
24.00	ASC (NON-DISTINCT PART)	75.00	0	27	0		24.00
25.00	CARDIAC REHAB	76.00	0	3	0		25.00
26.00	CLINIC	90.00	0	2	0		26.00
27.00	EMERGENCY	91.00	0	19	0		27.00
28.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	174	0		28.00
29.00	PHYSICIANS PRIVATE OFFICES	192.00	0	6	0		29.00
	0		0	332,354			
I - PROPERTY TAX							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,356,851	13		1.00
2.00	OPERATION OF PLANT	7.00	0	215,867	13		2.00
3.00	OTHER BUILDING-MOB	7.01	0	717,111	0		3.00
	0		0	2,289,829			
J - PENSION RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,537,267	0		1.00
2.00	ADMITTING	5.03	0	14,031	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	253,278	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	6,395	0		4.00
5.00	HOUSEKEEPING	9.00	0	250	0		5.00
6.00	DIETARY	10.00	0	2,361	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	2,365,632	0		7.00
8.00	PHARMACY	15.00	0	15	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,092	0		9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	82,554	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	383,072	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	2,223,053	0		12.00

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:
From 07/01/2019
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00	INTENSIVE CARE UNIT	31.00	0	178,008	0		13.00
14.00	CORONARY CARE UNIT	32.00	0	10,950	0		14.00
15.00	BURN INTENSIVE CARE UNIT	33.00	0	5,608	0		15.00
16.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	26,310	0		16.00
17.00	SUBPROVIDER - IPF	40.00	0	21,444	0		17.00
18.00	OPERATING ROOM	50.00	0	25,224	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19,792	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,913	0		20.00
21.00	ULTRASOUND	54.01	0	14,516	0		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	750	0		22.00
23.00	CT SCAN	57.00	0	2,500	0		23.00
24.00	MRI	58.00	0	3,500	0		24.00
25.00	LABORATORY	60.00	0	32,946	0		25.00
26.00	COVID19	60.01	0	3,842	0		26.00
27.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	6,000	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	32,207	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	75,122	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	32,866	0		30.00
31.00	ASC (NON-DISTINCT PART)	75.00	0	3,320	0		31.00
32.00	GI LAB	76.01	0	13,514	0		32.00
33.00	OP PSYCH	76.03	0	2,000	0		33.00
34.00	CLINIC	90.00	0	42,035	0		34.00
35.00	HYPERBARIC/OP WOUND	90.01	0	32,503	0		35.00
36.00	EMERGENCY	91.00	0	1,258,340	0		36.00
37.00	AMBULATORY CARE UNIT	92.01	0	113	0		37.00
38.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	1,454	0		38.00
39.00	PHYSICIANS PRIVATE OFFICES	192.00	0	2,536	0		39.00
40.00	NEIGHBORHOOD MINISTRIES	194.00	0	1,044	0		40.00
41.00	MERCY	194.03	0	57,384	0		41.00
	0		0	14,805,741			
K - INTEREST EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	165,210	11		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	48,238	0		2.00
	0		0	213,448			
L - DIETARY TECH SALARY							
1.00	DIETARY	10.00	113,778	0	0		1.00
2.00		0.00	0	0	0		2.00
	0		113,778	0			
M - EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,464	9		1.00
2.00	ADMITTING	5.03	0	5,832	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	291,848	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	346,798	0		4.00
5.00	OPERATION OF PLANT	7.00	0	113,848	0		5.00
6.00	OTHER BUILDING-MOB	7.01	0	16,045	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	17,403	0		7.00
8.00	HOUSEKEEPING	9.00	0	86,987	0		8.00
9.00	DIETARY	10.00	0	160,513	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	853,997	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	351,060	0		11.00
12.00	PHARMACY	15.00	0	1,005,950	0		12.00
13.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	46,664	0		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	38,504	0		14.00
15.00	RADIOLOGY SCHOOL	23.01	0	518	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	1,187,553	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	276,460	0		17.00
18.00	CORONARY CARE UNIT	32.00	0	48,894	0		18.00
19.00	BURN INTENSIVE CARE UNIT	33.00	0	51,428	0		19.00
20.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	605,943	0		20.00
21.00	SUBPROVIDER - IPF	40.00	0	20,181	0		21.00
22.00	NURSERY	43.00	0	1,908	0		22.00
23.00	OPERATING ROOM	50.00	0	2,505,565	0		23.00
24.00	RECOVERY ROOM	51.00	0	26,465	0		24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	0	764,473	0		25.00
26.00	ANESTHESIOLOGY	53.00	0	376,033	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,107,836	0		27.00
28.00	ULTRASOUND	54.01	0	266,476	0		28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	0	475,437	0		29.00

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

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Date/Time Prepared:
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		Decreases					11/24/2020 9:16 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
30.00	RADIOISOTOPE	56.00	0	42,619	0		30.00	
31.00	CT SCAN	57.00	0	235,057	0		31.00	
32.00	MRI	58.00	0	405,500	0		32.00	
33.00	CARDIAC CATHETERIZATION	59.00	0	432,558	0		33.00	
34.00	LABORATORY	60.00	0	600,450	0		34.00	
35.00	COVID19	60.01	0	7,813	0		35.00	
36.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	61,819	0		36.00	
37.00	RESPIRATORY THERAPY	65.00	0	279,987	0		37.00	
38.00	PHYSICAL THERAPY	66.00	0	187,092	0		38.00	
39.00	ELECTROCARDIOLOGY	69.00	0	357,291	0		39.00	
40.00	RENAL DIALYSIS	74.00	0	60,437	0		40.00	
41.00	ASC (NON-DISTINCT PART)	75.00	0	289,974	0		41.00	
42.00	CARDIAC REHAB	76.00	0	25,653	0		42.00	
43.00	GI LAB	76.01	0	676,208	0		43.00	
44.00	ECT	76.02	0	3,042	0		44.00	
45.00	OP PSYCH	76.03	0	5,951	0		45.00	
46.00	CLINIC	90.00	0	157,496	0		46.00	
47.00	HYPERBARIC/OP WOUND	90.01	0	19,033	0		47.00	
48.00	EMERGENCY	91.00	0	451,487	0		48.00	
49.00	AMBULATORY CARE UNIT	92.01	0	84,929	0		49.00	
50.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	273	0		50.00	
51.00	RESEARCH	191.00	0	4,064	0		51.00	
52.00	PHYSICIANS PRIVATE OFFICES	192.00	0	3,193	0		52.00	
53.00	NONPAID WORKERS	193.00	0	5,916	0		53.00	
54.00	MERCY	194.03	0	2,099	0		54.00	
			0	16,453,024				
N - CRITICAL CARE FELLOWSHIP PROGRAM								
1.00	NURSING ADMINISTRATION	13.00	1,602,159	2,451	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	
			1,602,159	2,451				
O - UTILITIES								
1.00	SUBPROVIDER - IPF	40.00	0	717	0		1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,848	0		2.00	
3.00	ULTRASOUND	54.01	0	8,553	0		3.00	
4.00	LABORATORY	60.00	0	225	0		4.00	
5.00	GI LAB	76.01	0	284	0		5.00	
6.00	CLINIC	90.00	0	16	0		6.00	
7.00	MERCY	194.03	0	41,300	0		7.00	
			0	52,943				
R - LAUNDRY								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,478	0		1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	288	0		2.00	
3.00	HOUSEKEEPING	9.00	0	289	0		3.00	
4.00	DIETARY	10.00	0	2,335	0		4.00	
5.00	NURSING ADMINISTRATION	13.00	0	337	0		5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	190	0		6.00	
7.00	PHARMACY	15.00	0	456	0		7.00	
8.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	380	0		8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	1,203,163	0		9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	323,774	0		10.00	
11.00	CORONARY CARE UNIT	32.00	0	66,766	0		11.00	
12.00	BURN INTENSIVE CARE UNIT	33.00	0	57,788	0		12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	80,890	0		13.00	
14.00	SUBPROVIDER - IPF	40.00	0	4,026	0		14.00	
15.00	OPERATING ROOM	50.00	0	72,933	0		15.00	
16.00	RECOVERY ROOM	51.00	0	11,578	0		16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	163,917	0		17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	41,044	0		18.00	
19.00	ULTRASOUND	54.01	0	19,873	0		19.00	
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,702	0		20.00	
21.00	RADIOISOTOPE	56.00	0	6,220	0		21.00	
22.00	CT SCAN	57.00	0	29,684	0		22.00	
23.00	MRI	58.00	0	15,110	0		23.00	
24.00	CARDIAC CATHETERIZATION	59.00	0	38,003	0		24.00	
25.00	LABORATORY	60.00	0	97	0		25.00	
26.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	1,672	0		26.00	
27.00	RESPIRATORY THERAPY	65.00	0	8,109	0		27.00	

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
28.00	PHYSICAL THERAPY	66.00	0	12,524	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	20,382	0		29.00
30.00	RENAL DIALYSIS	74.00	0	10,200	0		30.00
31.00	ASC (NON-DISTINCT PART)	75.00	0	54,988	0		31.00
32.00	CARDIAC REHAB	76.00	0	875	0		32.00
33.00	GI LAB	76.01	0	49,748	0		33.00
34.00	ECT	76.02	0	2,157	0		34.00
35.00	CLINIC	90.00	0	10,554	0		35.00
36.00	HYPERBARIC/OP WOUND	90.01	0	13,323	0		36.00
37.00	EMERGENCY	91.00	0	187,674	0		37.00
38.00	AMBULATORY CARE UNIT	92.01	0	20,907	0		38.00
39.00	PHYSICIANS PRIVATE OFFICES	192.00	0	3,297	0		39.00
40.00	MERCY	194.03	0	165	0		40.00
			0	2,544,896			
T - INTERVENTIONAL CARE HH							
1.00	CARDIAC CATHETERIZATION	59.00	77,432	13,693	0		1.00
			77,432	13,693			
U - PACU RECLASS							
1.00	RECOVERY ROOM	51.00	5,219	142	0		1.00
			5,219	142			
V - EMERGENCY DEPARTMENT ROUTINE REVENUE							
1.00	EMERGENCY	91.00	1,161,583	260,678	0		1.00
			1,161,583	260,678			
W - AMBULATORY CARE UNIT							
1.00	AMBULATORY CARE UNIT	92.01	241,202	17,878	0		1.00
			241,202	17,878			
Y - MEDICAL SUPPLIES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	9,936	0		1.00
2.00	DIETARY	10.00	0	117,656	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	46	0		3.00
4.00	PHARMACY	15.00	0	44,239	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,165,357	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	1,205,957	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	232,746	0		7.00
8.00	BURN INTENSIVE CARE UNIT	33.00	0	575,105	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	468,391	0		9.00
10.00	OPERATING ROOM	50.00	0	19,735,370	0		10.00
11.00	RECOVERY ROOM	51.00	0	25,254	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	680,770	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	1,916,151	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,725,073	0		14.00
15.00	ULTRASOUND	54.01	0	5,015	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	68,583	0		16.00
17.00	RADIOISOTOPE	56.00	0	14,005	0		17.00
18.00	CT SCAN	57.00	0	379,835	0		18.00
19.00	MRI	58.00	0	81,019	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,588,313	0		20.00
21.00	LABORATORY	60.00	0	258	0		21.00
22.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	16,725	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	2,168,859	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	246,776	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	5,518,859	0		25.00
26.00	RENAL DIALYSIS	74.00	0	248,802	0		26.00
27.00	ASC (NON-DISTINCT PART)	75.00	0	1,351,057	0		27.00
28.00	CARDIAC REHAB	76.00	0	80	0		28.00
29.00	GI LAB	76.01	0	2,067,503	0		29.00
30.00	ECT	76.02	0	23,735	0		30.00
31.00	CLINIC	90.00	0	744,287	0		31.00
32.00	HYPERBARIC/OP WOUND	90.01	0	97,881	0		32.00
33.00	EMERGENCY	91.00	0	367,991	0		33.00
34.00	AMBULATORY CARE UNIT	92.01	0	97,072	0		34.00
			0	43,988,706			
Z - IMPLANT SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	2,204	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	6,114	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	713	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	6,608	0		4.00
5.00	OPERATING ROOM	50.00	0	35,799,360	0		5.00
6.00	RECOVERY ROOM	51.00	0	860	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	197,431	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,251,162	0		8.00
9.00	CT SCAN	57.00	0	2,620	0		9.00

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/24/2020 9:16 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00	CARDIAC CATHETERIZATION	59.00	0	3,549,862	0		10.00
11.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	4,178	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	10,601	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	6,323,702	0		13.00
14.00	ASC (NON-DISTINCT PART)	75.00	0	2,579,886	0		14.00
15.00	GI LAB	76.01	0	506,410	0		15.00
16.00	HYPERBARIC/OP WOUND	90.01	0	26,420	0		16.00
17.00	EMERGENCY	91.00	0	14,612	0		17.00
18.00	AMBULATORY CARE UNIT	92.01	0	24	0		18.00
	0		0	51,282,767			
BB - BENEFITS/SALARY RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	141,235	0		1.00
	0		0	141,235			
CC - AMBULANCE							
1.00	AMBULANCE SERVICES	95.00	0	70,930	0		1.00
	TOTALS		0	70,930			
DD - ED CLINICAL DECISION UNIT							
1.00	EMERGENCY	91.00	90,344	2,363	0		1.00
	0		90,344	2,363			
EE - PSYCH ADMIN RECLASS							
1.00	SUBPROVIDER - IPF	40.00	1,783,924	1,014,938	0		1.00
	0		1,783,924	1,014,938			
FF - PEDS/PICU							
1.00	INTENSIVE CARE UNIT	31.00	3,362,982	224,852	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		3,362,982	224,852			
GG - SIGN-ON BONUSES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	155,575	0		1.00
	TOTALS		0	155,575			
HH - INTERCOMPANY RENT							
1.00	ADMITTING	5.03	0	146,483	0		1.00
2.00	DIETARY	10.00	0	76,493	0		2.00
3.00	PHARMACY	15.00	0	35,031	0		3.00
4.00	I&R SERVICES-OTHER PRGM	22.00	0	4,272	0		4.00
	COSTS APPRV						
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,210,346	0		5.00
6.00	ULTRASOUND	54.01	0	66,462	0		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	540,623	0		7.00
8.00	RADIOISOTOPE	56.00	0	186,264	0		8.00
9.00	LABORATORY	60.00	0	396,414	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	36,924	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	1,535,530	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	205,125	0		12.00
13.00	ASC (NON-DISTINCT PART)	75.00	0	1,127,827	0		13.00
14.00	CLINIC	90.00	0	570,480	0		14.00
15.00	EMERGENCY	91.00	0	638,659	0		15.00
16.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	33,639	0		16.00
17.00	PHYSICIANS PRIVATE OFFICES	192.00	0	25,905	0		17.00
18.00	MERCY	194.03	0	59,566	0		18.00
	TOTALS		0	6,896,043			
500.00	Grand Total: Decreases		19,445,479	291,623,104			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/24/2020 9:16 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,950,344	1,104,118	0	1,104,118	0	1.00	
2.00	Land Improvements	11,930,664	0	0	0	0	2.00	
3.00	Buildings and Fixtures	835,011,724	11,001,761	0	11,001,761	38,619	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	9,959,575	355,057	0	355,057	0	5.00	
6.00	Movable Equipment	295,173,843	19,370,556	0	19,370,556	1,635,102	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	1,159,026,150	31,831,492	0	31,831,492	1,673,721	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	1,159,026,150	31,831,492	0	31,831,492	1,673,721	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,054,462	0					1.00
2.00	Land Improvements	11,930,664	6,041,761					2.00
3.00	Buildings and Fixtures	845,974,866	279,588,992					3.00
4.00	Building Improvements	0	5,049,385					4.00
5.00	Fixed Equipment	10,314,632	0					5.00
6.00	Movable Equipment	312,909,297	189,734,851					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	1,189,183,921	480,414,989					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	1,189,183,921	480,414,989					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	OTHER BUILDING-MOB	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0				2.01
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	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	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	27,961,655	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	4,895,849	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	18,884,149	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	3,435,587	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	55,177,240	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)	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1,365,743	0	29,327,398	1.00
1.01	OTHER BUILDING-MOB	0	0	924,086	0	5,819,935	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	18,884,149	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0	3,435,587	2.01
3.00	Total (sum of lines 1-2)	0	0	2,289,829	0	57,467,069	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		A	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-213,448	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - OTHER BUILDING-MOB (chapter 2)			0 OTHER BUILDING-MOB	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - NEW CAP REL COSTS-MVBLE EQUIP-MOB (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01	0	2.01
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-52,973,822			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	-28,616,047			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-5,172,351	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		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 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0 CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - OTHER BUILDING-MOB			0 OTHER BUILDING-MOB	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0 CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP-MOB			0 NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01	0	27.01
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		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	*** Cost Center Deleted ***		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	A&G NON-ALLOWABLE COSTS	A	-14,239	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	33.00
33.02	TELEVISION ELIMINATION	A	-153,466	OPERATION OF PLANT		7.00	0	33.02
33.03	TELEVISION ELIMINATION	A	-771	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.03
33.04	TELEVISION ELIMINATION	A	-76,845	MAINTENANCE & REPAIRS		6.00	9	33.04
34.00	TELEPHONE ADJUSTMENT	A	-70,589	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	34.00
35.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	35.00
36.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	36.00
37.00	FRA ADJUSTMENT	A	54,770,044	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	37.00
38.00	AHA/MHA/CHA DUES	A	-96,505	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	38.00
39.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	42.00
42.01	NON-ALLOWABLE MARKETING/PROMOTION	A	-20,925	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	42.01
42.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	42.02
42.03	NON-ALLOWABLE MARKETING/PROMOTION	A	-7,678	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0	42.03
42.04	NON-ALLOWABLE MARKETING/PROMOTION	A	-4,623	NEONATAL INTENSIVE CARE UNIT		35.00	0	42.04
42.05	NON-ALLOWABLE MARKETING/PROMOTION	A	0			0.00	0	42.05
42.06	NON-ALLOWABLE MARKETING/PROMOTION	A	-4,698	DELIVERY ROOM & LABOR ROOM		52.00	0	42.06
42.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	42.07
42.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	42.08
42.09	NON-ALLOWABLE MARKETING/PROMOTION	A	-41,513	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0	42.09
42.10	NON-ALLOWABLE MARKETING/PROMOTION	A	-8,734	PHYSICAL THERAPY		66.00	0	42.10
42.11	NON-ALLOWABLE MARKETING/PROMOTION	A	-587	GI LAB		76.01	0	42.11
42.12	NON-ALLOWABLE MARKETING/PROMOTION	A	-1,059	HYPERBARIC/OP WOUND		90.01	0	42.12
42.13	NON-ALLOWABLE MARKETING/PROMOTION	A	-7,191	EMERGENCY		91.00	0	42.13
42.14	INTERNAL RENT ADD BACK	B	866,509	OPERATION OF PLANT		7.00	0	42.14
42.15	INTERNAL RENT ADD BACK	B	4,908,480	OTHER BUILDING-MOB		7.01	0	42.15
43.00	MISCELLANEOUS INCOME	B	1,963	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	43.00
43.01	MISCELLANEOUS INCOME	B	20	ADMITTING		5.03	0	43.01
43.02	MISCELLANEOUS INCOME	B	-251,590	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	43.02
43.03	MISCELLANEOUS INCOME	B	-77	MAINTENANCE & REPAIRS		6.00	0	43.03
43.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	43.04
43.05	MISCELLANEOUS INCOME	B	-354,306	DIETARY		10.00	0	43.05
43.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	43.06

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
43.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.07
43.08	MISCELLANEOUS INCOME	B	-80,919	PHARMACY	15.00	0	43.08
43.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.09
43.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.10
43.11	MISCELLANEOUS INCOME	B	-44,605	PARAMED ED PRGM	23.00	0	43.11
43.12	MISCELLANEOUS INCOME	B	-81,057	RADIOLOGY SCHOOL	23.01	0	43.12
43.13	MISCELLANEOUS INCOME	B	-146,958	ADULTS & PEDIATRICS	30.00	0	43.13
43.14	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.14
43.15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.15
43.16	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.16
43.17	MISCELLANEOUS INCOME	B	12	NURSERY	43.00	0	43.17
43.18	MISCELLANEOUS INCOME	B	-92	OPERATING ROOM	50.00	0	43.18
43.19	MISCELLANEOUS INCOME	B	-854	DELIVERY ROOM & LABOR ROOM	52.00	0	43.19
43.20	MISCELLANEOUS INCOME	B	-262	RADIOLOGY-DIAGNOSTIC	54.00	0	43.20
43.21	MISCELLANEOUS INCOME	B	-128	RADIOLOGY-THERAPEUTIC	55.00	0	43.21
43.22	MISCELLANEOUS INCOME	B	-8,415	LABORATORY	60.00	0	43.22
43.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.23
43.24	MISCELLANEOUS INCOME	B	-59,761	PHYSICAL THERAPY	66.00	0	43.24
43.25	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.25
43.26	MISCELLANEOUS INCOME	B	-25,101	OP PSYCH	76.03	0	43.26
43.27	MISCELLANEOUS INCOME	B	-81,670	CLINIC	90.00	0	43.27
43.28	MISCELLANEOUS INCOME	B	105,128	EMERGENCY	91.00	0	43.28
43.29	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.29
43.30	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.30
43.31	MISCELLANEOUS INCOME		0		0.00	0	43.31
43.32	MISCELLANEOUS INCOME		0		0.00	0	43.32
43.33	MISCELLANEOUS INCOME		0		0.00	0	43.33
43.34	MISCELLANEOUS INCOME		0		0.00	0	43.34
43.35	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.35
43.36	MISCELLANEOUS INCOME		0		0.00	0	43.36
43.37	MISCELLANEOUS INCOME		0		0.00	0	43.37
43.38	MISCELLANEOUS INCOME		0		0.00	0	43.38
44.00	PHYSICIAN TEACHING RCE ELIMINATION	A	-979,030	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	44.00
44.01	PART B PHYSICIAN BENEFITS	A	-987,680	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-29,935,440				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: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:

11/24/2020 9:16 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	5.04	OTHER ADMINISTRATIVE AND GEN	DIRECT - NETWORK SUPPORT	0	165,000	1.00
2.00	5.04	OTHER ADMINISTRATIVE AND GEN	DIRECT - SHARED SERVICE FEE	0	202,396,611	2.00
3.00	15.00	PHARMACY	DIRECT - SHARED SERVICE FEE	0	179,194	3.00
3.01	22.00	I&R SERVICES-OTHER PRGM COST	DIRECT - SHARED SERVICE FEE	0	258,620	3.01
4.00	30.00	ADULTS & PEDIATRICS	DIRECT - SHARED SERVICE FEE	0	1,199,370	4.00
4.01	31.00	INTENSIVE CARE UNIT	DIRECT - SHARED SERVICE FEE	0	59,396	4.01
4.02	35.00	NEONATAL INTENSIVE CARE UNIT	DIRECT - SHARED SERVICE FEE	0	37,600	4.02
4.03	40.00	SUBPROVIDER - IPF	DIRECT - SHARED SERVICE FEE	0	8,613	4.03
4.04	52.00	DELIVERY ROOM & LABOR ROOM	DIRECT - SHARED SERVICE FEE	0	13,445	4.04
4.05	66.00	PHYSICAL THERAPY	DIRECT - SHARED SERVICE FEE	0	16,237	4.05
4.06	90.00	CLINIC	DIRECT - SHARED SERVICE FEE	0	2,366	4.06
4.07	90.01	HYPERBARIC/OP WOUND	DIRECT - SHARED SERVICE FEE	0	15,057	4.07
4.08	91.00	EMERGENCY	DIRECT - SHARED SERVICE FEE	0	364,809	4.08
4.09	192.00	PHYSICIANS PRIVATE OFFICES	DIRECT - SHARED SERVICE FEE	0	4,629	4.09
4.10	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT - BLDG DEPRECIATION	310,250	0	4.10
4.11	2.00	CAP REL COSTS-MVBLE EQUIP	DIRECT - E.H.R. DEPRECIATION	652,863	0	4.11
4.12	4.00	EMPLOYEE BENEFITS DEPARTMENT	DIRECT - HR	2,641,936	0	4.12
4.13	6.00	MAINTENANCE & REPAIRS	DIRECT - MCES	12,567,073	0	4.13
4.14	5.04	OTHER ADMINISTRATIVE AND GEN	DIRECT - A & G	3,748,031	0	4.14
4.15	30.00	ADULTS & PEDIATRICS	DIRECT - VSEPSIS, VALERT & V	4,427,454	0	4.15
4.16	31.00	INTENSIVE CARE UNIT	DIRECT - VICU	9,176,573	0	4.16
4.17	1.00	CAP REL COSTS-BLDG & FIXT	POOLED - BUILDING DEPRECIATION	2,213,497	0	4.17
4.18	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED - EQUIPMENT DEPRECIATION	5,213,849	0	4.18
4.19	5.04	OTHER ADMINISTRATIVE AND GEN	POOLED - NON CAPITAL	121,022,370	0	4.19
4.20	5.04	OTHER ADMINISTRATIVE AND GEN	FUNCTIONAL - PURCHASING	354,396	0	4.20
4.21	4.00	EMPLOYEE BENEFITS DEPARTMENT	FUNCTIONAL - H.R.	2,015,622	0	4.21
4.22	1.00	CAP REL COSTS-BLDG & FIXT	FUNCTIONAL - BUILDING	6,887,537	0	4.22
4.23	5.04	OTHER ADMINISTRATIVE AND GEN	FUNCTIONAL - CENTRAL TEST	2,760,859	0	4.23
4.24	5.04	OTHER ADMINISTRATIVE AND GEN	FUNCTIONAL - MGD. MENTAL	1,031,189	0	4.24
4.25	16.00	MEDICAL RECORDS & LIBRARY	FUNCTIONAL - CENTRAL CODE	1,081,401	0	4.25
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			176,104,900	204,720,947	5.00

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

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

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

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

6.00	B	0.00	MHEC	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: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/24/2020 9:16 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	-165,000	0		1.00
2.00	-202,396,611	0		2.00
3.00	-179,194	0		3.00
3.01	-258,620	0		3.01
4.00	-1,199,370	0		4.00
4.01	-59,396	0		4.01
4.02	-37,600	0		4.02
4.03	-8,613	0		4.03
4.04	-13,445	0		4.04
4.05	-16,237	0		4.05
4.06	-2,366	0		4.06
4.07	-15,057	0		4.07
4.08	-364,809	0		4.08
4.09	-4,629	0		4.09
4.10	310,250	9		4.10
4.11	652,863	9		4.11
4.12	2,641,936	0		4.12
4.13	12,567,073	0		4.13
4.14	3,748,031	0		4.14
4.15	4,427,454	0		4.15
4.16	9,176,573	0		4.16
4.17	2,213,497	9		4.17
4.18	5,213,849	9		4.18
4.19	121,022,370	0		4.19
4.20	354,396	0		4.20
4.21	2,015,622	0		4.21
4.22	6,887,537	9		4.22
4.23	2,760,859	0		4.23
4.24	1,031,189	0		4.24
4.25	1,081,401	0		4.25
5.00	-28,616,047			5.00

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

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

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

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

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

6.00	HOME OFFICE		6.00
7.00			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: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
11/24/2020 9:16 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	17.00	SOCIAL SERVICE	0	0	0	179,000	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	164,293	164,293	0	237,100	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	463,405	463,405	0	169,700	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	66,265	1,265	65,000	179,000	520	4.00
5.00	40.00	SUBPROVIDER - IPF	2,228,570	2,228,570	0	181,300	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	29,140	0	29,140	237,100	167	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	6,552	6,552	0	260,300	0	7.00
8.00	54.01	ULTRASOUND	0	0	0	260,300	0	8.00
9.00	57.00	CT SCAN	10,160	10,160	0	271,900	0	9.00
10.00	58.00	MRI	2,200	2,200	0	271,900	0	10.00
11.00	60.00	LABORATORY	97,176	97,176	0	260,300	0	11.00
12.00	66.00	PHYSICAL THERAPY	8,510	0	8,510	179,000	122	12.00
13.00	90.00	CLINIC	146,958	0	146,958	179,000	1,470	13.00
14.00	40.00	SUBPROVIDER - IPF	136,790	0	136,790	169,700	958	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	1,490,904	0	1,490,904	179,000	9,939	15.00
16.00	90.00	CLINIC	72,216	0	72,216	181,300	694	16.00
17.00	30.00	ADULTS & PEDIATRICS	0	0	0	237,100	0	17.00
18.00	30.00	ADULTS & PEDIATRICS	0	0	0	197,500	0	18.00
19.00	30.00	ADULTS & PEDIATRICS	0	0	0	179,000	0	19.00
20.00	31.00	INTENSIVE CARE UNIT	915	915	0	179,000	0	20.00
21.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	179,000	0	21.00
22.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	179,000	0	22.00
23.00	40.00	SUBPROVIDER - IPF	0	0	0	181,300	0	23.00
24.00	43.00	NURSERY	175	175	0	179,000	0	24.00
25.00	50.00	OPERATING ROOM	1,072,983	1,072,983	0	246,400	0	25.00
26.00	51.00	RECOVERY ROOM	0	0	0	239,400	0	26.00
27.00	52.00	DELIVERY ROOM & LABOR ROOM	481,897	481,897	0	237,100	0	27.00
28.00	54.01	ULTRASOUND	0	0	0	260,300	0	28.00
29.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	260,300	0	29.00
30.00	59.00	CARDIAC CATHETERIZATION	0	0	0	208,100	0	30.00
31.00	60.01	COVID19	13,319	13,319	0	179,000	0	31.00
32.00	65.00	RESPIRATORY THERAPY	12,868	12,868	0	179,000	0	32.00
33.00	66.00	PHYSICAL THERAPY	410,237	410,237	0	179,000	0	33.00
34.00	69.00	ELECTROCARDIOLOGY	210,150	210,150	0	179,000	0	34.00
35.00	75.00	ASC (NON-DISTINCT PART)	68,410	68,410	0	246,400	0	35.00
36.00	76.01	GI LAB	0	0	0	179,000	0	36.00
37.00	90.00	CLINIC	110,416	110,416	0	179,000	0	37.00
38.00	90.01	HYPERBARIC/OP WOUND	67,415	67,415	0	179,000	0	38.00
39.00	91.00	EMERGENCY	1,962,545	1,962,545	0	179,000	0	39.00
40.00	92.01	AMBULATORY CARE UNIT	0	0	0	179,000	0	40.00
41.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	4,942,996	2,404,617	2,538,379	179,000	17,646	41.00
42.00	13.00	NURSING ADMINISTRATION	0	0	0	179,000	0	42.00
43.00	17.00	SOCIAL SERVICE	0	0	0	179,000	0	43.00
44.00	30.00	ADULTS & PEDIATRICS	19,263	19,263	0	179,000	0	44.00
45.00	30.00	ADULTS & PEDIATRICS	15,234,794	14,566,130	668,664	197,500	4,449	45.00
46.00	30.00	ADULTS & PEDIATRICS	1,505,012	1,415,466	89,546	237,100	374	46.00
47.00	30.00	ADULTS & PEDIATRICS	37,500	0	37,500	179,000	150	47.00
48.00	30.00	ADULTS & PEDIATRICS	4,331,287	4,171,095	160,192	169,700	1,027	48.00
49.00	31.00	INTENSIVE CARE UNIT	4,735,638	4,649,402	86,236	179,000	453	49.00
50.00	40.00	SUBPROVIDER - IPF	288,283	266,434	21,849	181,300	284	50.00
51.00	50.00	OPERATING ROOM	50,000	0	50,000	246,400	216	51.00
52.00	52.00	DELIVERY ROOM & LABOR ROOM	111,810	73,310	38,500	237,100	220	52.00
53.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	260,300	0	53.00
54.00	60.01	COVID19	59,037	48,037	11,000	179,000	55	54.00
55.00	65.00	RESPIRATORY THERAPY	0	0	0	179,000	0	55.00
56.00	66.00	PHYSICAL THERAPY	552,363	542,363	10,000	179,000	98	56.00
57.00	69.00	ELECTROCARDIOLOGY	937,210	898,830	38,380	179,000	154	57.00
58.00	75.00	ASC (NON-DISTINCT PART)	834,373	834,373	0	246,400	0	58.00
59.00	76.00	CARDIAC REHAB	0	0	0	179,000	0	59.00
60.00	76.01	GI LAB	8,125	0	8,125	179,000	65	60.00
61.00	90.00	CLINIC	311,786	201,086	110,699	179,000	852	61.00
62.00	90.01	HYPERBARIC/OP WOUND	151,888	139,388	12,500	179,000	200	62.00
63.00	91.00	EMERGENCY	13,342,319	12,748,021	594,298	179,000	3,624	63.00
200.00			56,788,153	50,362,766	6,425,386		43,737	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	17.00	SOCIAL SERVICE	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
11/24/2020 9:16 am

								11/24/2020 9:16 am
	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	
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	44,750	2,238	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	19,036	952	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	54.01	ULTRASOUND	0	0	0	0	0	8.00
9.00	57.00	CT SCAN	0	0	0	0	0	9.00
10.00	58.00	MRI	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	0	0	0	0	0	11.00
12.00	66.00	PHYSICAL THERAPY	10,499	525	0	0	0	12.00
13.00	90.00	CLINIC	126,505	6,325	0	0	0	13.00
14.00	40.00	SUBPROVIDER - IPF	78,160	3,908	0	0	0	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	855,327	42,766	0	0	0	15.00
16.00	90.00	CLINIC	60,491	3,025	0	0	0	16.00
17.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	17.00
18.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	18.00
19.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	19.00
20.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	20.00
21.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	21.00
22.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	22.00
23.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	23.00
24.00	43.00	NURSERY	0	0	0	0	0	24.00
25.00	50.00	OPERATING ROOM	0	0	0	0	0	25.00
26.00	51.00	RECOVERY ROOM	0	0	0	0	0	26.00
27.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	27.00
28.00	54.01	ULTRASOUND	0	0	0	0	0	28.00
29.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	29.00
30.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	30.00
31.00	60.01	COVID19	0	0	0	0	0	31.00
32.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	32.00
33.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	33.00
34.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	34.00
35.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	35.00
36.00	76.01	GI LAB	0	0	0	0	0	36.00
37.00	90.00	CLINIC	0	0	0	0	0	37.00
38.00	90.01	HYPERBARIC/OP WOUND	0	0	0	0	0	38.00
39.00	91.00	EMERGENCY	0	0	0	0	0	39.00
40.00	92.01	AMBULATORY CARE UNIT	0	0	0	0	0	40.00
41.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	1,518,574	75,929	0	0	0	41.00
42.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	42.00
43.00	17.00	SOCIAL SERVICE	0	0	0	0	0	43.00
44.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	44.00
45.00	30.00	ADULTS & PEDIATRICS	422,441	21,122	0	0	0	45.00
46.00	30.00	ADULTS & PEDIATRICS	42,632	2,132	0	0	0	46.00
47.00	30.00	ADULTS & PEDIATRICS	12,909	645	0	0	0	47.00
48.00	30.00	ADULTS & PEDIATRICS	83,789	4,189	0	0	0	48.00
49.00	31.00	INTENSIVE CARE UNIT	38,984	1,949	0	0	0	49.00
50.00	40.00	SUBPROVIDER - IPF	24,754	1,238	0	0	0	50.00
51.00	50.00	OPERATING ROOM	25,588	1,279	0	0	0	51.00
52.00	52.00	DELIVERY ROOM & LABOR ROOM	25,078	1,254	0	0	0	52.00
53.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	53.00
54.00	60.01	COVID19	4,733	237	0	0	0	54.00
55.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	55.00
56.00	66.00	PHYSICAL THERAPY	8,434	422	0	0	0	56.00
57.00	69.00	ELECTROCARDIOLOGY	13,253	663	0	0	0	57.00
58.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	58.00
59.00	76.00	CARDIAC REHAB	0	0	0	0	0	59.00
60.00	76.01	GI LAB	5,594	280	0	0	0	60.00
61.00	90.00	CLINIC	73,321	3,666	0	0	0	61.00
62.00	90.01	HYPERBARIC/OP WOUND	17,212	861	0	0	0	62.00
63.00	91.00	EMERGENCY	311,873	15,594	0	0	0	63.00
200.00			3,823,937	191,199	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	17.00	SOCIAL SERVICE	0	0	0	0	1.00	
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	164,293	2.00	
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	463,405	3.00	
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	44,750	20,250	21,515	4.00	
5.00	40.00	SUBPROVIDER - IPF	0	0	0	2,228,570	5.00	

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
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	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		
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	19,036	10,104	10,104		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	6,552		7.00
8.00	54.01	ULTRASOUND	0	0	0	0		8.00
9.00	57.00	CT SCAN	0	0	0	10,160		9.00
10.00	58.00	MRI	0	0	0	2,200		10.00
11.00	60.00	LABORATORY	0	0	0	97,176		11.00
12.00	66.00	PHYSICAL THERAPY	0	10,499	0	0		12.00
13.00	90.00	CLINIC	0	126,505	20,453	20,453		13.00
14.00	40.00	SUBPROVIDER - IPF	0	78,160	58,630	58,630		14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	0	855,327	635,577	635,577		15.00
16.00	90.00	CLINIC	0	60,491	11,725	11,725		16.00
17.00	30.00	ADULTS & PEDIATRICS	0	0	0	0		17.00
18.00	30.00	ADULTS & PEDIATRICS	0	0	0	0		18.00
19.00	30.00	ADULTS & PEDIATRICS	0	0	0	0		19.00
20.00	31.00	INTENSIVE CARE UNIT	0	0	0	915		20.00
21.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	0		21.00
22.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0		22.00
23.00	40.00	SUBPROVIDER - IPF	0	0	0	0		23.00
24.00	43.00	NURSERY	0	0	0	175		24.00
25.00	50.00	OPERATING ROOM	0	0	0	1,072,983		25.00
26.00	51.00	RECOVERY ROOM	0	0	0	0		26.00
27.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	481,897		27.00
28.00	54.01	ULTRASOUND	0	0	0	0		28.00
29.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		29.00
30.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0		30.00
31.00	60.01	COVID19	0	0	0	13,319		31.00
32.00	65.00	RESPIRATORY THERAPY	0	0	0	12,868		32.00
33.00	66.00	PHYSICAL THERAPY	0	0	0	410,237		33.00
34.00	69.00	ELECTROCARDIOLOGY	0	0	0	210,150		34.00
35.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	68,410		35.00
36.00	76.01	GI LAB	0	0	0	0		36.00
37.00	90.00	CLINIC	0	0	0	110,416		37.00
38.00	90.01	HYPERBARIC/OP WOUND	0	0	0	67,415		38.00
39.00	91.00	EMERGENCY	0	0	0	1,962,545		39.00
40.00	92.01	AMBULATORY CARE UNIT	0	0	0	0		40.00
41.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	1,518,574	1,019,805	3,424,422		41.00
42.00	13.00	NURSING ADMINISTRATION	0	0	0	0		42.00
43.00	17.00	SOCIAL SERVICE	0	0	0	0		43.00
44.00	30.00	ADULTS & PEDIATRICS	0	0	0	19,263		44.00
45.00	30.00	ADULTS & PEDIATRICS	0	422,441	246,223	14,812,353		45.00
46.00	30.00	ADULTS & PEDIATRICS	0	42,632	46,914	1,462,380		46.00
47.00	30.00	ADULTS & PEDIATRICS	0	12,909	24,591	24,591		47.00
48.00	30.00	ADULTS & PEDIATRICS	0	83,789	76,403	4,247,498		48.00
49.00	31.00	INTENSIVE CARE UNIT	0	38,984	47,252	4,696,654		49.00
50.00	40.00	SUBPROVIDER - IPF	0	24,754	0	266,434		50.00
51.00	50.00	OPERATING ROOM	0	25,588	24,412	24,412		51.00
52.00	52.00	DELIVERY ROOM & LABOR ROOM	0	25,078	13,422	86,732		52.00
53.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0		53.00
54.00	60.01	COVID19	0	4,733	6,267	54,304		54.00
55.00	65.00	RESPIRATORY THERAPY	0	0	0	0		55.00
56.00	66.00	PHYSICAL THERAPY	0	8,434	1,566	543,929		56.00
57.00	69.00	ELECTROCARDIOLOGY	0	13,253	25,127	923,957		57.00
58.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	834,373		58.00
59.00	76.00	CARDIAC REHAB	0	0	0	0		59.00
60.00	76.01	GI LAB	0	5,594	2,531	2,531		60.00
61.00	90.00	CLINIC	0	73,321	37,378	238,465		61.00
62.00	90.01	HYPERBARIC/OP WOUND	0	17,212	0	139,388		62.00
63.00	91.00	EMERGENCY	0	311,873	282,425	13,030,446		63.00
200.00			0	3,823,937	2,611,055	52,973,822		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	OTHER BUILDING-MOB	MVBLE EQUIP	NEW MVBLE EQUIP-MOB	
		0	1.00	1.01	2.00	2.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	29,327,398	29,327,398			1.00
1.01	00101	OTHER BUILDING-MOB	5,819,935	0	5,819,935		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	18,884,149		18,884,149		2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	3,435,587			3,435,587	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	77,459,803	206,739	10,756	2,566	213
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	0	0	0
5.03	00550	ADMITTING	4,316,104	88,694	34,739	4,272	2,657
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	216,840,016	1,517,720	167,094	310,104	54,236
6.00	00600	MAINTENANCE & REPAIRS	21,199,160	4,091,174	0	403,195	0
7.00	00700	OPERATION OF PLANT	14,735,988	110,665	0	126,813	0
7.01	00701	OTHER BUILDING-MOB	2,747,915	0	0	17,871	0
8.00	00800	LAUNDRY & LINEN SERVICE	3,487,566	154,406	0	19,385	0
9.00	00900	HOUSEKEEPING	9,247,579	244,953	1,356	96,186	846
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0
10.00	01000	DIETARY	8,493,297	690,158	50,031	164,303	18,922
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	5,827,692	173,277	0	951,256	0
14.00	01400	CENTRAL SERVICES & SUPPLY	4,089,997	408,373	0	391,041	0
15.00	01500	PHARMACY	12,427,912	293,445	6,119	1,090,292	36,102
16.00	01600	MEDICAL RECORDS & LIBRARY	1,520,943	102,628	0	0	0
17.00	01700	SOCIAL SERVICE	0	80,640	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,761,317	11,895	0	51,978	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,907,286	115,080	100,872	19,803	27,577
23.00	02300	PARAMED ED PRGM	194,781	15,265	0	0	0
23.01	02301	RADIOLOGY SCHOOL	130,186	4,280	0	577	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	75,223,289	6,907,435	67,501	2,389,145	37,088
31.00	03100	INTENSIVE CARE UNIT	22,939,242	637,336	11,339	676,741	19,121
32.00	03200	CORONARY CARE UNIT	3,664,856	16,866	0	151,835	0
33.00	03300	BURN INTENSIVE CARE UNIT	2,156,190	152,064	0	129,566	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	18,149,320	1,085,388	0	676,325	0
40.00	04000	SUBPROVIDER - IPF	2,434,246	212,906	0	22,896	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	4,513,977	573,225	4,510	2,104	27
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,084,377	1,489,582	0	4,056,006	0
51.00	05100	RECOVERY ROOM	2,095,320	95,518	0	29,620	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,808,652	1,194,705	0	851,828	0
53.00	05300	ANESTHESIOLOGY	1,699,773	81,011	0	418,858	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,897,115	432,956	569,378	854,086	1,784,352
54.01	05401	ULTRASOUND	2,134,980	211,305	60,103	215,361	97,308
55.00	05500	RADIOLOGY-THERAPEUTIC	5,193,273	335,635	117,836	361,019	201,350
56.00	05600	RADIOISOTOPE	1,176,924	215,888	47,041	36,805	12,741
57.00	05700	CT SCAN	1,375,222	112,738	0	261,827	0
58.00	05800	MRI	841,256	189,671	0	451,681	0
59.00	05900	CARDIAC CATHETERIZATION	1,885,347	322,846	0	482,346	0
60.00	06000	LABORATORY	33,911,025	633,747	113,934	539,780	154,155
60.01	06001	COVID19	5,763,977	0	0	67,832	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,332,963	116,428	0	86,954	0
65.00	06500	RESPIRATORY THERAPY	9,115,436	255,635	55,516	478,261	165,014
66.00	06600	PHYSICAL THERAPY	14,389,631	209,755	644,290	40,984	199,979
69.00	06900	ELECTROCARDIOLOGY	6,687,703	270,395	77,548	288,100	131,261
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	43,988,706	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	51,282,767	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	123,001,600	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,149,834	45,358	0	81,355	0
75.00	07500	ASC (NON-DISTINCT PART)	4,309,153	401,886	225,955	204,360	182,530
76.00	03020	CARDIAC REHAB	783,021	87,009	0	28,575	0
76.01	03030	GI LAB	4,792,568	348,423	0	767,758	0
76.02	03040	ECT	116,168	27,784	0	3,388	0
76.03	03050	OP PSYCH	640,504	236,815	0	6,629	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	OTHER BUILDING-MOB	MVBLE EQUIP	NEW MVBLE EQUIP-MOB	
			0	1.00	1.01	2.00	2.01	
90.00	09000	CLINIC	7,752,213	507,008	170,894	121,675	65,153	90.00
90.01	09001	HYPERBARIC/OP WOUND	946,959	0	54,832	0	29,193	90.01
91.00	09100	EMERGENCY	15,233,955	776,071	307,113	340,112	213,819	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	1,217,722	146,520	0	94,949	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	972,543,875	26,639,301	2,898,757	18,868,403	3,433,644	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,423,824	137,961	8,032	335	31	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	561,321	0	0	4,527	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	978,075	84,027	0	3,557	0	192.00
193.00	19300	NONPAID WORKERS	176,814	97,843	0	6,590	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	555,668	18,978	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	281,160	28,054	0	0	0	194.00
194.01	07951	HOSPICE	24,231	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	2,235,939	1,771,536	2,894,168	737	1,912	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	13,008	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	978,225,239	29,327,398	5,819,935	18,884,149	3,435,587	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			4.00	5.02	5.03	5A.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	77,680,077					4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0				5.02
5.03	00550	ADMITTING	958,980	0	5,405,446			5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	4,426,772	0	0	223,315,942	223,315,942	5.04
6.00	00600	MAINTENANCE & REPAIRS	703,875	0	0	26,397,404	7,808,827	6.00
7.00	00700	OPERATION OF PLANT	387,244	0	0	15,360,710	4,543,975	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	2,765,786	818,169	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	133,269	0	0	3,794,626	1,122,519	8.00
9.00	00900	HOUSEKEEPING	1,424,895	0	0	11,015,815	3,258,676	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
10.00	01000	DIETARY	1,736,023	0	0	11,152,734	3,299,179	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,276,653	0	0	8,228,878	2,434,250	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	774,815	0	0	5,664,226	1,675,580	14.00
15.00	01500	PHARMACY	2,419,151	0	0	16,273,021	4,813,853	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	69,411	0	0	1,692,982	500,815	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	80,640	23,855	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,254,696	0	0	8,079,886	2,390,176	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,240,628	0	0	7,411,246	2,192,380	22.00
23.00	02300	PARAMED ED PRGM	51,055	0	0	261,101	77,238	23.00
23.01	02301	RADIOLOGY SCHOOL	45,645	0	0	180,688	53,451	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,766,677	0	432,854	103,823,989	30,713,005	30.00
31.00	03100	INTENSIVE CARE UNIT	3,626,616	0	119,935	28,030,330	8,291,876	31.00
32.00	03200	CORONARY CARE UNIT	699,627	0	17,313	4,550,497	1,346,119	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	505,367	0	17,030	2,960,217	875,685	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	3,749,884	0	214,923	23,875,840	7,062,903	35.00
40.00	04000	SUBPROVIDER - IPF	524,864	0	14,006	3,208,918	949,256	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	799,762	0	27,578	5,921,183	1,751,593	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,777,789	0	342,921	30,750,675	9,096,603	50.00
51.00	05100	RECOVERY ROOM	453,890	0	86,899	2,761,247	816,827	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,687,385	0	70,244	17,612,814	5,210,187	52.00
53.00	05300	ANESTHESIOLOGY	133,096	0	117,625	2,450,363	724,861	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,972,576	0	139,562	15,650,025	4,629,559	54.00
54.01	05401	ULTRASOUND	436,675	0	71,257	3,226,989	954,601	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	529,600	0	139,458	6,878,171	2,034,687	55.00
56.00	05600	RADIOISOTOPE	215,511	0	60,693	1,765,603	522,297	56.00
57.00	05700	CT SCAN	236,836	0	293,234	2,279,857	674,423	57.00
58.00	05800	MRI	168,211	0	130,667	1,781,486	526,996	58.00
59.00	05900	CARDIAC CATHETERIZATION	493,462	0	118,131	3,302,132	976,830	59.00
60.00	06000	LABORATORY	2,458,589	0	525,277	38,336,507	11,340,629	60.00
60.01	06001	COVID19	444,903	0	574	6,277,286	1,856,934	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	529,601	0	31,505	6,097,451	1,803,736	62.00
65.00	06500	RESPIRATORY THERAPY	1,902,115	0	98,140	12,070,117	3,570,558	65.00
66.00	06600	PHYSICAL THERAPY	3,083,047	0	85,416	18,653,102	5,517,923	66.00
69.00	06900	ELECTROCARDIOLOGY	1,341,483	0	207,880	9,004,370	2,663,655	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	281,851	44,270,557	13,096,028	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	156,118	51,438,885	15,216,548	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,108,545	124,110,145	36,714,196	73.00
74.00	07400	RENAL DIALYSIS	236,680	0	12,672	1,525,899	451,388	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,003,464	0	33,157	6,360,505	1,881,552	75.00
76.00	03020	CARDIAC REHAB	169,207	0	2,802	1,070,614	316,707	76.00
76.01	03030	GI LAB	827,978	0	96,825	6,833,552	2,021,488	76.01
76.02	03040	ECT	25,586	0	1,790	174,716	51,684	76.02
76.03	03050	OP PSYCH	141,536	0	9,601	1,035,085	306,197	76.03
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	1,502,943	0	24,466	10,144,352	3,000,882	90.00
90.01	09001	HYPERBARIC/OP WOUND	230,911	0	5,274	1,267,169	374,851	90.01
91.00	09100	EMERGENCY	5,932,737	0	299,469	23,103,276	6,834,365	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			4.00	5.02	5.03	5A.03	5.04	
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	AMBULATORY CARE UNIT	246,114	0	6,092	1,711,397	506,262	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	76,757,834	0	5,401,784	965,991,006	219,696,834	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	65,220	0	0	1,635,403	483,782	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	114,810	0	0	680,658	201,351	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	202,642	0	3,662	1,271,963	376,270	192.00
193.00	19300	NONPAID WORKERS	24,570	0	0	305,817	90,466	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	574,646	169,991	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	67,419	0	0	376,633	111,415	194.00
194.01	07951	HOSPICE	0	0	0	24,231	7,168	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	447,582	0	0	7,351,874	2,174,817	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	0	13,008	3,848	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	77,680,077	0	5,405,446	978,225,239	223,315,942	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
From 07/01/2019
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Part I
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	7.00	7.01	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS	34,206,231					6.00
7.00	00700	OPERATION OF PLANT	161,612	20,066,297				7.00
7.01	00701	OTHER BUILDING-MOB	0	0	3,583,955			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	225,488	132,906	0	5,275,539		8.00
9.00	00900	HOUSEKEEPING	357,721	210,845	866	621	14,844,544	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	12,855,358	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	1,989,186	9.02
10.00	01000	DIETARY	1,007,882	594,058	31,977	5,019	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	253,047	149,149	0	725	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	596,373	351,509	0	409	0	14.00
15.00	01500	PHARMACY	428,536	252,584	3,911	581	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	149,875	88,338	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	117,764	69,411	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	17,372	10,239	0	817	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	168,058	99,056	64,473	0	0	22.00
23.00	02300	PARAMED ED PRGM	22,293	13,140	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	6,250	3,684	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,087,380	5,945,619	43,144	2,698,246	0	30.00
31.00	03100	INTENSIVE CARE UNIT	930,743	548,591	7,247	503,252	0	31.00
32.00	03200	CORONARY CARE UNIT	24,631	14,518	0	145,514	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	222,068	130,890	0	124,260	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	1,585,063	934,254	0	168,984	0	35.00
40.00	04000	SUBPROVIDER - IPF	310,920	183,260	0	8,657	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	837,117	493,407	2,883	34	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,175,333	1,282,167	0	156,551	0	50.00
51.00	05100	RECOVERY ROOM	139,491	82,218	0	24,868	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,744,706	1,028,350	0	349,122	0	52.00
53.00	05300	ANESTHESIOLOGY	118,305	69,730	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	632,273	372,669	363,920	88,153	0	54.00
54.01	05401	ULTRASOUND	308,583	181,882	38,415	42,733	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	490,149	288,900	75,315	14,381	0	55.00
56.00	05600	RADIOISOTOPE	315,275	185,827	30,066	12,841	0	56.00
57.00	05700	CT SCAN	164,638	97,040	0	63,829	0	57.00
58.00	05800	MRI	276,989	163,260	0	32,461	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	471,474	277,892	0	79,771	0	59.00
60.00	06000	LABORATORY	925,502	545,501	72,821	209	0	60.00
60.01	06001	COVID19	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	170,027	100,216	0	3,415	0	62.00
65.00	06500	RESPIRATORY THERAPY	373,321	220,040	35,483	17,308	0	65.00
66.00	06600	PHYSICAL THERAPY	306,319	180,548	411,800	26,801	0	66.00
69.00	06900	ELECTROCARDIOLOGY	394,875	232,744	49,565	43,470	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	66,239	39,042	0	21,933	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	586,900	345,926	144,420	115,408	0	75.00
76.00	03020	CARDIAC REHAB	127,065	74,894	0	1,881	0	76.00
76.01	03030	GI LAB	508,825	299,908	0	84,811	0	76.01
76.02	03040	ECT	40,575	23,915	0	4,638	0	76.02
76.03	03050	OP PSYCH	345,836	203,840	0	0	0	76.03
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	740,416	436,410	109,228	22,425	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	35,046	0	0	90.01
91.00	09100	EMERGENCY	1,133,348	668,008	196,292	366,047	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	7.00	7.01	8.00	9.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	213,973	126,118	0	39,898	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,280,630	17,752,503	1,716,872	5,270,073	14,844,544	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	201,473	118,751	5,134	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	122,710	72,326	0	5,434	0	192.00
193.00	19300	NONPAID WORKERS	142,886	84,219	0	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	811,478	478,295	12,130	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	40,969	24,147	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	2,587,089	1,524,860	1,849,819	32	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	18,996	11,196	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	34,206,231	20,066,297	3,583,955	5,275,539	14,844,544	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
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Cost Center Description			HOUSEKEEPING-M ED CENTER	HOUSEKEEPING-M OB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-MED CENTER	12,855,358					9.01
9.02	00902	HOUSEKEEPING-MOB	0	1,989,186				9.02
10.00	01000	DIETARY	387,213	17,752	16,495,814			10.00
11.00	01100	CAFETERIA	0	0	8,052,331	8,052,331		11.00
13.00	01300	NURSING ADMINISTRATION	97,217	0	0	188,293	11,351,559	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	229,117	0	0	181,675	0	14.00
15.00	01500	PHARMACY	164,637	2,171	0	234,103	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	57,579	0	0	12,544	0	16.00
17.00	01700	SOCIAL SERVICE	45,243	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,674	0	0	183,090	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	64,565	35,793	0	63,924	0	22.00
23.00	02300	PARAMED ED PRGM	8,565	0	0	5,275	0	23.00
23.01	02301	RADIOLOGY SCHOOL	2,401	0	0	4,078	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,875,415	23,952	5,632,293	2,198,950	5,136,200	30.00
31.00	03100	INTENSIVE CARE UNIT	357,577	4,023	493,508	340,802	796,027	31.00
32.00	03200	CORONARY CARE UNIT	9,463	0	126,368	92,533	216,135	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	85,315	0	116,763	58,770	137,272	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	608,957	0	0	457,977	1,069,718	35.00
40.00	04000	SUBPROVIDER - IPF	119,451	0	159,733	64,875	151,531	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	321,608	1,600	0	95,883	223,959	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	835,730	0	0	482,917	1,127,971	50.00
51.00	05100	RECOVERY ROOM	53,590	0	0	51,417	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	670,289	0	0	323,126	754,741	52.00
53.00	05300	ANESTHESIOLOGY	45,451	0	0	30,016	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	242,910	202,033	0	265,700	0	54.00
54.01	05401	ULTRASOUND	118,553	21,326	0	51,584	120,488	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	188,308	41,812	0	61,804	0	55.00
56.00	05600	RADIOISOTOPE	121,124	16,692	0	23,933	0	56.00
57.00	05700	CT SCAN	63,251	0	0	30,958	0	57.00
58.00	05800	MRI	106,415	0	0	23,181	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	181,133	0	0	55,119	128,744	59.00
60.00	06000	LABORATORY	355,563	40,427	0	420,849	0	60.00
60.01	06001	COVID19	0	0	0	56,345	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	65,322	0	0	72,522	0	62.00
65.00	06500	RESPIRATORY THERAPY	143,424	19,699	0	245,317	0	65.00
66.00	06600	PHYSICAL THERAPY	117,683	228,615	0	374,281	0	66.00
69.00	06900	ELECTROCARDIOLOGY	151,705	27,517	0	134,210	313,480	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	25,448	0	0	22,781	53,211	74.00
75.00	07500	ASC (NON-DISTINCT PART)	225,478	80,176	0	124,849	0	75.00
76.00	03020	CARDIAC REHAB	48,816	0	0	20,132	0	76.00
76.01	03030	GI LAB	195,483	0	0	117,470	0	76.01
76.02	03040	ECT	15,588	0	0	3,599	0	76.02
76.03	03050	OP PSYCH	132,865	0	0	19,995	0	76.03
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	284,456	60,639	0	203,073	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	19,456	0	27,336	0	90.01
91.00	09100	EMERGENCY	435,415	108,974	0	452,143	1,056,091	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03

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Cost Center Description			HOUSEKEEPING-M ED CENTER	HOUSEKEEPING-M OB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	82,205	0	0	28,253	65,991	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,347,202	952,657	14,580,996	7,905,682	11,351,559	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	77,403	2,850	1,882,203	18,813	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	10,568	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	47,143	0	0	20,406	0	192.00
193.00	19300	NONPAID WORKERS	54,895	0	0	4,106	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	32,615	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	311,757	6,734	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	15,740	0	0	9,459	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	993,920	1,026,945	0	83,297	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	7,298	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	12,855,358	1,989,186	16,495,814	8,052,331	11,351,559	202.00

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-MED CENTER						9.01
9.02	00902	HOUSEKEEPING-MOB						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,698,889					14.00
15.00	01500	PHARMACY	0					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	22,173,397	2,502,133			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	336,913		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	10,688,254	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	200,271	245,754	5,027,540	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	55,491	25,462	802,750	31.00
32.00	03200	CORONARY CARE UNIT	0	0	8,010	5,195	573,977	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	7,880	4,645	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	99,440	49,116	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	6,480	6,741	157,789	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	12,760	0	85,606	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	158,661	0	1,271,643	50.00
51.00	05100	RECOVERY ROOM	0	0	40,206	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	32,500	0	811,752	52.00
53.00	05300	ANESTHESIOLOGY	0	0	54,422	0	369,157	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	64,572	0	16,805	54.00
54.01	05401	ULTRASOUND	0	0	32,969	0	81,241	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	64,524	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	28,081	0	0	56.00
57.00	05700	CT SCAN	0	0	135,672	0	0	57.00
58.00	05800	MRI	0	0	60,456	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	54,656	0	0	59.00
60.00	06000	LABORATORY	0	0	243,033	0	0	60.00
60.01	06001	COVID19	0	0	265	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	14,577	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	45,407	0	105,520	65.00
66.00	06600	PHYSICAL THERAPY	0	0	39,520	0	86,533	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	96,181	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,016,433	0	130,406	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,682,456	0	72,232	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,173,397	514,063	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	5,863	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	15,341	0	0	75.00
76.00	03020	CARDIAC REHAB	0	0	1,296	0	0	76.00
76.01	03030	GI LAB	0	0	44,799	0	91,825	76.01
76.02	03040	ECT	0	0	828	0	0	76.02
76.03	03050	OP PSYCH	0	0	4,442	0	0	76.03
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	11,320	0	343,950	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	2,440	0	0	90.01

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			14.00	15.00	16.00	17.00	21.00	
91.00	09100	EMERGENCY	0	0	138,557	0	298,446	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	2,818	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,698,889	22,173,397	2,500,439	336,913	10,124,534	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	1,694	0	563,720	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	0	0	0	0	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	8,698,889	22,173,397	2,502,133	336,913	10,688,254	202.00

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00					
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-MED CENTER						9.01
9.02	00902	HOUSEKEEPING-MOB						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,099,495					22.00
23.00	02300	PARAMED ED PRGM		387,612				23.00
23.01	02301	RADIOLOGY SCHOOL			250,552			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,750,598	0	0	180,402,356	-9,778,138	30.00
31.00	03100	INTENSIVE CARE UNIT	758,531	0	0	41,946,210	-1,561,281	31.00
32.00	03200	CORONARY CARE UNIT	542,360	0	0	7,655,320	-1,116,337	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	4,723,765	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	35,912,252	0	35.00
40.00	04000	SUBPROVIDER - IPF	149,097	0	0	5,476,708	-306,886	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	80,890	0	0	9,828,523	-166,496	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,201,595	0	0	48,539,846	-2,473,238	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,969,864	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	767,037	0	0	29,304,624	-1,578,789	52.00
53.00	05300	ANESTHESIOLOGY	348,822	0	0	4,211,127	-717,979	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,879	0	250,552	22,795,050	-32,684	54.00
54.01	05401	ULTRASOUND	76,766	0	0	5,256,130	-158,007	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	10,138,051	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,021,739	0	56.00
57.00	05700	CT SCAN	0	0	0	3,509,668	0	57.00
58.00	05800	MRI	0	0	0	2,971,244	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,527,751	0	59.00
60.00	06000	LABORATORY	0	0	0	52,281,041	0	60.00
60.01	06001	COVID19	0	0	0	8,190,830	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	8,327,266	0	62.00
65.00	06500	RESPIRATORY THERAPY	99,708	0	0	16,945,902	-205,228	65.00
66.00	06600	PHYSICAL THERAPY	81,766	0	0	26,024,891	-168,299	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,111,772	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	61,513,424	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	71,410,121	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	183,511,801	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,211,804	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	9,880,555	0	75.00
76.00	03020	CARDIAC REHAB	0	0	0	1,661,405	0	76.00
76.01	03030	GI LAB	86,767	0	0	10,284,928	-178,592	76.01
76.02	03040	ECT	0	0	0	315,543	0	76.02
76.03	03050	OP PSYCH	0	0	0	2,048,260	0	76.03
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

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	23.01	24.00	25.00	
90.00	09000	CLINIC	325,004	0	0	15,682,155	-668,954	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	1,726,298	0	90.01
91.00	09100	EMERGENCY	282,007	387,612	0	35,460,581	-580,453	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	2,776,915	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,566,827	387,612	250,552	948,555,720	-19,691,361	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	4,425,812	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	892,577	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	532,668	0	0	3,014,334	-1,096,388	192.00
193.00	19300	NONPAID WORKERS	0	0	0	682,389	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	32,615	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	2,365,031	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	578,363	0	194.00
194.01	07951	HOSPICE	0	0	0	31,399	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	0	0	0	17,592,653	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	0	54,346	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,099,495	387,612	250,552	978,225,239	-20,787,749	202.00

COST ALLOCATION - GENERAL SERVICE 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
1.01	00101	OTHER BUILDING-MOB	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.02	00500	PURCHASING RECEIVING AND STORES	5.02
5.03	00550	ADMITTING	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	5.04
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OTHER BUILDING-MOB	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	9.01
9.02	00902	HOUSEKEEPING-MOB	9.02
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM	23.00
23.01	02301	RADIOLOGY SCHOOL	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
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
35.00	02040	NEONATAL INTENSIVE CARE UNIT	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ULTRASOUND	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	COVID19	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03020	CARDIAC REHAB	76.00
76.01	03030	GI LAB	76.01
76.02	03040	ECT	76.02
76.03	03050	OP PSYCH	76.03
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	HYPERBARIC/OP WOUND	90.01
91.00	09100	EMERGENCY	91.00
91.02	09101	NATURAL FAMILY PLANNING	91.02
91.03	09102	PAIN THERAPY CENTER	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
92.01	09201 AMBULATORY CARE UNIT	2,776,915	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
99.10	09910 CORF	0	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	928,864,359	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	4,425,812	190.00
190.01	19001 VENDING MACHINES	0	190.01
190.02	19002 VISITOR MEALS	0	190.02
191.00	19100 RESEARCH	892,577	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	1,917,946	192.00
193.00	19300 NONPAID WORKERS	682,389	193.00
193.01	19301 MEALS ON WHEELS	32,615	193.01
193.03	19303 CONVENT	0	193.03
193.06	19306 VACANT SPACE	2,365,031	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	578,363	194.00
194.01	07951 HOSPICE	31,399	194.01
194.02	07952 SHARED SERVICES	0	194.02
194.03	07953 MERCY	17,592,653	194.03
194.04	07954 SJMH SHARED SERVICES	0	194.04
194.06	07956 OTHER NONREIMBURSABLE	0	194.06
194.08	07958 REHAB HOSPITAL	54,346	194.08
194.09	07960 MERCY SAFEWATCH	0	194.09
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	957,437,490	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	OTHER BUILDING-MOB	MOVBLE EQUIP	NEW MOVBLE EQUIP-MOB	
		0	1.00	1.01	2.00	2.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	206,739	10,756	2,566	213
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	0	0	0
5.03	00550	ADMITTING	0	88,694	34,739	4,272	2,657
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	18,036,454	1,517,720	167,094	310,104	54,236
6.00	00600	MAINTENANCE & REPAIRS	15,174	4,091,174	0	403,195	0
7.00	00700	OPERATION OF PLANT	476,414	110,665	0	126,813	0
7.01	00701	OTHER BUILDING-MOB	505,304	0	0	17,871	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	154,406	0	19,385	0
9.00	00900	HOUSEKEEPING	0	244,953	1,356	96,186	846
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0
10.00	01000	DIETARY	1,212	690,158	50,031	164,303	18,922
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	173,277	0	951,256	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	408,373	0	391,041	0
15.00	01500	PHARMACY	17,014	293,445	6,119	1,090,292	36,102
16.00	01600	MEDICAL RECORDS & LIBRARY	0	102,628	0	0	0
17.00	01700	SOCIAL SERVICE	0	80,640	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	11,895	0	51,978	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	115,080	100,872	19,803	27,577
23.00	02300	PARAMED ED PRGM	0	15,265	0	0	0
23.01	02301	RADIOLOGY SCHOOL	0	4,280	0	577	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	985,191	6,907,435	67,501	2,389,145	37,088
31.00	03100	INTENSIVE CARE UNIT	345,460	637,336	11,339	676,741	19,121
32.00	03200	CORONARY CARE UNIT	87,417	16,866	0	151,835	0
33.00	03300	BURN INTENSIVE CARE UNIT	64,891	152,064	0	129,566	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	1,232	1,085,388	0	676,325	0
40.00	04000	SUBPROVIDER - IPF	374	212,906	0	22,896	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	573,225	4,510	2,104	27
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,135,736	1,489,582	0	4,056,006	0
51.00	05100	RECOVERY ROOM	127	95,518	0	29,620	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	263	1,194,705	0	851,828	0
53.00	05300	ANESTHESIOLOGY	0	81,011	0	418,858	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,334	432,956	569,378	854,086	1,784,352
54.01	05401	ULTRASOUND	86,216	211,305	60,103	215,361	97,308
55.00	05500	RADIOLOGY-THERAPEUTIC	0	335,635	117,836	361,019	201,350
56.00	05600	RADIOISOTOPE	0	215,888	47,041	36,805	12,741
57.00	05700	CT SCAN	0	112,738	0	261,827	0
58.00	05800	MRI	0	189,671	0	451,681	0
59.00	05900	CARDIAC CATHETERIZATION	472	322,846	0	482,346	0
60.00	06000	LABORATORY	95,680	633,747	113,934	539,780	154,155
60.01	06001	COVID19	53,084	0	0	67,832	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	16,244	116,428	0	86,954	0
65.00	06500	RESPIRATORY THERAPY	273,395	255,635	55,516	478,261	165,014
66.00	06600	PHYSICAL THERAPY	294,216	209,755	644,290	40,984	199,979
69.00	06900	ELECTROCARDIOLOGY	7	270,395	77,548	288,100	131,261
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	12,600	45,358	0	81,355	0
75.00	07500	ASC (NON-DISTINCT PART)	30,677	401,886	225,955	204,360	182,530
76.00	03020	CARDIAC REHAB	0	87,009	0	28,575	0
76.01	03030	GI LAB	438,321	348,423	0	767,758	0
76.02	03040	ECT	0	27,784	0	3,388	0
76.03	03050	OP PSYCH	0	236,815	0	6,629	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	82,878	507,008	170,894	121,675	65,153

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	OTHER BUILDING-MOB	MVBLE EQUIP	NEW MVBLE EQUIP-MOB	
				1.00	1.01	2.00	2.01	
90.01	09001	HYPERBARIC/OP WOUND	2,907	0	54,832	0	29,193	90.01
91.00	09100	EMERGENCY	140,819	776,071	307,113	340,112	213,819	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	312	146,520	0	94,949	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,224,425	26,639,301	2,898,757	18,868,403	3,433,644	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	52	137,961	8,032	335	31	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	4,527	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	18,836	84,027	0	3,557	0	192.00
193.00	19300	NONPAID WORKERS	0	97,843	0	6,590	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	555,668	18,978	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	74,896	28,054	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	11,847	1,771,536	2,894,168	737	1,912	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	13,008	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	23,330,056	29,327,398	5,819,935	18,884,149	3,435,587	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	
			2A	4.00	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	220,274	220,274				4.00
5.02	00500	PURCHASING RECEIVING AND STORES	0	0	0			5.02
5.03	00550	ADMITTING	130,362	2,720	0	133,082		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	20,085,608	12,554	0	0	20,098,162	5.04
6.00	00600	MAINTENANCE & REPAIRS	4,509,543	1,996	0	0	702,778	6.00
7.00	00700	OPERATION OF PLANT	713,892	1,098	0	0	408,948	7.00
7.01	00701	OTHER BUILDING-MOB	523,175	0	0	0	73,634	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	173,791	378	0	0	101,024	8.00
9.00	00900	HOUSEKEEPING	343,341	4,041	0	0	293,274	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
10.00	01000	DIETARY	924,626	4,923	0	0	296,919	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,124,533	3,620	0	0	219,077	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	799,414	2,197	0	0	150,799	14.00
15.00	01500	PHARMACY	1,442,972	6,861	0	0	433,237	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	102,628	197	0	0	45,072	16.00
17.00	01700	SOCIAL SERVICE	80,640	0	0	0	2,147	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	63,873	3,558	0	0	215,111	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	263,332	3,518	0	0	197,310	22.00
23.00	02300	PARAMED ED PRGM	15,265	145	0	0	6,951	23.00
23.01	02301	RADIOLOGY SCHOOL	4,857	129	0	0	4,810	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,386,360	53,204	0	10,557	2,764,106	30.00
31.00	03100	INTENSIVE CARE UNIT	1,689,997	10,285	0	2,925	746,251	31.00
32.00	03200	CORONARY CARE UNIT	256,118	1,984	0	422	121,148	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	346,521	1,433	0	415	78,810	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	1,762,945	10,634	0	5,242	635,646	35.00
40.00	04000	SUBPROVIDER - IPF	236,176	1,488	0	342	85,431	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	579,866	2,268	0	673	157,640	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,681,324	10,713	0	8,364	818,675	50.00
51.00	05100	RECOVERY ROOM	125,265	1,287	0	2,119	73,513	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,046,796	7,621	0	1,713	468,906	52.00
53.00	05300	ANESTHESIOLOGY	499,869	377	0	2,869	65,236	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,665,106	5,594	0	3,404	416,651	54.00
54.01	05401	ULTRASOUND	670,293	1,238	0	1,738	85,912	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,015,840	1,502	0	3,401	183,118	55.00
56.00	05600	RADIOISOTOPE	312,475	611	0	1,480	47,006	56.00
57.00	05700	CT SCAN	374,565	672	0	7,152	60,697	57.00
58.00	05800	MRI	641,352	477	0	3,187	47,429	58.00
59.00	05900	CARDIAC CATHETERIZATION	805,664	1,399	0	2,881	87,913	59.00
60.00	06000	LABORATORY	1,537,296	6,972	0	12,812	1,020,633	60.00
60.01	06001	COVID19	120,916	1,262	0	14	167,120	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	219,626	1,502	0	768	162,332	62.00
65.00	06500	RESPIRATORY THERAPY	1,227,821	5,394	0	2,394	321,343	65.00
66.00	06600	PHYSICAL THERAPY	1,389,224	8,743	0	2,083	496,602	66.00
69.00	06900	ELECTROCARDIOLOGY	767,311	3,804	0	5,070	239,723	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,874	1,178,615	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,808	1,369,457	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	28,281	3,304,395	73.00
74.00	07400	RENAL DIALYSIS	139,313	671	0	309	40,624	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,045,408	2,846	0	809	169,336	75.00
76.00	03020	CARDIAC REHAB	115,584	480	0	68	28,503	76.00
76.01	03030	GI LAB	1,554,502	2,348	0	2,362	181,930	76.01
76.02	03040	ECT	31,172	73	0	44	4,651	76.02
76.03	03050	OP PSYCH	243,444	401	0	234	27,557	76.03
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	947,608	4,262	0	597	270,073	90.00
90.01	09001	HYPERBARIC/OP WOUND	86,932	655	0	129	33,736	90.01
91.00	09100	EMERGENCY	1,777,934	16,825	0	7,304	615,079	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	
			2A	4.00	5.02	5.03	5.04	
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
92.01	09201	AMBULATORY CARE UNIT	241,781	698	0	149	45,563	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	75,064,530	217,658	0	132,993	19,772,451	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	146,411	185	0	0	43,539	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	4,527	326	0	0	18,121	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	106,420	575	0	89	33,863	192.00
193.00	19300	NONPAID WORKERS	104,433	70	0	0	8,142	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	574,646	0	0	0	15,299	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	102,950	191	0	0	10,027	194.00
194.01	07951	HOSPICE	0	0	0	0	645	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	4,680,200	1,269	0	0	195,729	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	13,008	0	0	0	346	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	80,797,125	220,274	0	133,082	20,098,162	202.00

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	7.00	7.01	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS	5,214,317					6.00
7.00	00700	OPERATION OF PLANT	24,636	1,148,574				7.00
7.01	00701	OTHER BUILDING-MOB	0	0	596,809			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	34,373	7,607	0	317,173		8.00
9.00	00900	HOUSEKEEPING	54,530	12,069	144	37	707,436	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	612,639	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	94,797	9.02
10.00	01000	DIETARY	153,639	34,003	5,325	302	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	38,574	8,537	0	44	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	90,910	20,120	0	25	0	14.00
15.00	01500	PHARMACY	65,325	14,458	651	35	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,847	5,056	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	17,952	3,973	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,648	586	0	49	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	25,618	5,670	10,736	0	0	22.00
23.00	02300	PARAMED ED PRGM	3,398	752	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	953	211	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,537,696	340,321	7,184	162,221	0	30.00
31.00	03100	INTENSIVE CARE UNIT	141,880	31,401	1,207	30,256	0	31.00
32.00	03200	CORONARY CARE UNIT	3,755	831	0	8,749	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33,852	7,492	0	7,471	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	241,623	53,476	0	10,160	0	35.00
40.00	04000	SUBPROVIDER - IPF	47,396	10,490	0	520	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	127,608	28,242	480	2	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	331,603	73,390	0	9,412	0	50.00
51.00	05100	RECOVERY ROOM	21,264	4,706	0	1,495	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	265,959	58,862	0	20,990	0	52.00
53.00	05300	ANESTHESIOLOGY	18,034	3,991	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,382	21,331	60,601	5,300	0	54.00
54.01	05401	ULTRASOUND	47,040	10,411	6,397	2,569	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	74,717	16,536	12,542	865	0	55.00
56.00	05600	RADIOISOTOPE	48,060	10,637	5,007	772	0	56.00
57.00	05700	CT SCAN	25,097	5,554	0	3,837	0	57.00
58.00	05800	MRI	42,223	9,345	0	1,952	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	71,870	15,906	0	4,796	0	59.00
60.00	06000	LABORATORY	141,081	31,224	12,126	13	0	60.00
60.01	06001	COVID19	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	25,918	5,736	0	205	0	62.00
65.00	06500	RESPIRATORY THERAPY	56,908	12,595	5,909	1,041	0	65.00
66.00	06600	PHYSICAL THERAPY	46,695	10,334	68,574	1,611	0	66.00
69.00	06900	ELECTROCARDIOLOGY	60,194	13,322	8,254	2,613	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	10,097	2,235	0	1,319	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	89,466	19,800	24,049	6,938	0	75.00
76.00	03020	CARDIAC REHAB	19,369	4,287	0	113	0	76.00
76.01	03030	GI LAB	77,564	17,166	0	5,099	0	76.01
76.02	03040	ECT	6,185	1,369	0	279	0	76.02
76.03	03050	OP PSYCH	52,718	11,668	0	0	0	76.03
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	112,867	24,980	18,189	1,348	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	5,836	0	0	90.01
91.00	09100	EMERGENCY	172,765	38,236	32,687	22,007	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	7.00	7.01	8.00	9.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	32,618	7,219	0	2,399	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,615,907	1,016,135	285,898	316,844	707,436	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	30,712	6,797	855	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	18,706	4,140	0	327	0	192.00
193.00	19300	NONPAID WORKERS	21,781	4,821	0	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	123,700	27,377	2,020	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	6,245	1,382	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	394,370	87,281	308,036	2	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	2,896	641	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	5,214,317	1,148,574	596,809	317,173	707,436	202.00

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Provider CCN: 26-0020

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Cost Center Description		HOUSEKEEPING-M ED CENTER	HOUSEKEEPING-M OB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.01	9.02	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMITTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER	612,639				9.01
9.02	00902	HOUSEKEEPING-MOB	0	94,797			9.02
10.00	01000	DIETARY	18,453	846	1,439,036		10.00
11.00	01100	CAFETERIA	0	702,456	702,456		11.00
13.00	01300	NURSING ADMINISTRATION	4,633	0	0	16,426	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,919	0	0	15,849	14.00
15.00	01500	PHARMACY	7,846	103	0	20,422	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,744	0	0	1,094	16.00
17.00	01700	SOCIAL SERVICE	2,156	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	318	0	0	15,972	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,077	1,706	0	5,576	22.00
23.00	02300	PARAMED ED PRGM	408	0	0	460	23.00
23.01	02301	RADIOLOGY SCHOOL	114	0	0	356	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	184,687	1,141	491,341	191,831	30.00
31.00	03100	INTENSIVE CARE UNIT	17,041	192	43,052	29,730	31.00
32.00	03200	CORONARY CARE UNIT	451	0	11,024	8,072	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,066	0	10,186	5,127	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	29,021	0	0	39,952	35.00
40.00	04000	SUBPROVIDER - IPF	5,693	0	13,935	5,659	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	15,327	76	0	8,365	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,828	0	0	42,128	50.00
51.00	05100	RECOVERY ROOM	2,554	0	0	4,485	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,944	0	0	28,188	52.00
53.00	05300	ANESTHESIOLOGY	2,166	0	0	2,618	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,576	9,628	0	23,179	54.00
54.01	05401	ULTRASOUND	5,650	1,016	0	4,500	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,974	1,993	0	5,392	55.00
56.00	05600	RADIOISOTOPE	5,772	795	0	2,088	56.00
57.00	05700	CT SCAN	3,014	0	0	2,701	57.00
58.00	05800	MRI	5,071	0	0	2,022	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,632	0	0	4,808	59.00
60.00	06000	LABORATORY	16,945	1,927	0	36,713	60.00
60.01	06001	COVID19	0	0	0	4,915	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,113	0	0	6,327	62.00
65.00	06500	RESPIRATORY THERAPY	6,835	939	0	21,401	65.00
66.00	06600	PHYSICAL THERAPY	5,608	10,895	0	32,651	66.00
69.00	06900	ELECTROCARDIOLOGY	7,230	1,311	0	11,708	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,213	0	0	1,987	74.00
75.00	07500	ASC (NON-DISTINCT PART)	10,745	3,821	0	10,891	75.00
76.00	03020	CARDIAC REHAB	2,326	0	0	1,756	76.00
76.01	03030	GI LAB	9,316	0	0	10,248	76.01
76.02	03040	ECT	743	0	0	314	76.02
76.03	03050	OP PSYCH	6,332	0	0	1,744	76.03
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	13,556	2,890	0	17,715	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	927	0	2,385	90.01
91.00	09100	EMERGENCY	20,750	5,193	0	39,443	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	91.03

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			HOUSEKEEPING-M ED CENTER	HOUSEKEEPING-M OB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	3,918	0	0	2,465	8,229	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	540,765	45,399	1,271,994	689,663	1,415,444	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	3,689	136	164,197	1,641	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	922	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,247	0	0	1,780	0	192.00
193.00	19300	NONPAID WORKERS	2,616	0	0	358	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	2,845	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	14,857	321	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	750	0	0	825	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	47,367	48,941	0	7,267	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	348	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	612,639	94,797	1,439,036	702,456	1,415,444	202.00

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-MED CENTER						9.01
9.02	00902	HOUSEKEEPING-MOB						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,090,233					14.00
15.00	01500	PHARMACY	0	1,991,910				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	179,638			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	106,868		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	302,115	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	14,396	77,953		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,989	8,076		31.00
32.00	03200	CORONARY CARE UNIT	0	0	576	1,648		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	566	1,473		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	7,148	15,580		35.00
40.00	04000	SUBPROVIDER - IPF	0	0	466	2,138		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	917	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	11,405	0		50.00
51.00	05100	RECOVERY ROOM	0	0	2,890	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,336	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,912	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,642	0		54.00
54.01	05401	ULTRASOUND	0	0	2,370	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	4,638	0		55.00
56.00	05600	RADIOISOTOPE	0	0	2,019	0		56.00
57.00	05700	CT SCAN	0	0	9,753	0		57.00
58.00	05800	MRI	0	0	4,346	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,929	0		59.00
60.00	06000	LABORATORY	0	0	17,470	0		60.00
60.01	06001	COVID19	0	0	19	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	1,048	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,264	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,841	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	6,914	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	503,363	0	9,374	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	586,870	0	5,192	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,991,910	36,728	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	421	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	1,103	0		75.00
76.00	03020	CARDIAC REHAB	0	0	93	0		76.00
76.01	03030	GI LAB	0	0	3,220	0		76.01
76.02	03040	ECT	0	0	60	0		76.02
76.03	03050	OP PSYCH	0	0	319	0		76.03
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	814	0		90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	175	0		90.01

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			14.00	15.00	16.00	17.00	21.00	
91.00	09100	EMERGENCY	0	0	9,960	0		91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0		91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	203	0		92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
99.10	09910	CORF	0	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,090,233	1,991,910	179,516	106,868	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001	VENDING MACHINES	0	0	0	0		190.01
190.02	19002	VISITOR MEALS	0	0	0	0		190.02
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	122	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0		193.01
193.03	19303	CONVENT	0	0	0	0		193.03
193.06	19306	VACANT SPACE	0	0	0	0		193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0		193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0		194.00
194.01	07951	HOSPICE	0	0	0	0		194.01
194.02	07952	SHARED SERVICES	0	0	0	0		194.02
194.03	07953	MERCY	0	0	0	0		194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0		194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0		194.06
194.08	07958	REHAB HOSPITAL	0	0	0	0		194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0		194.09
200.00		Cross Foot Adjustments					302,115	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,090,233	1,991,910	179,638	106,868	302,115	202.00

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Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMITTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER					9.01
9.02	00902	HOUSEKEEPING-MOB					9.02
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	516,543				22.00
23.00	02300	PARAMED ED PRGM		27,379			23.00
23.01	02301	RADIOLOGY SCHOOL			11,430		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			16,863,437	0	30.00
31.00	03100	INTENSIVE CARE UNIT			2,855,540	0	31.00
32.00	03200	CORONARY CARE UNIT			441,728	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT			514,529	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT			2,944,812	0	35.00
40.00	04000	SUBPROVIDER - IPF			428,629	0	40.00
41.00	04100	SUBPROVIDER - IRF			0	0	41.00
42.00	04200	SUBPROVIDER			0	0	42.00
43.00	04300	NURSERY			949,390	0	43.00
44.00	04400	SKILLED NURSING FACILITY			0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			8,167,491	0	50.00
51.00	05100	RECOVERY ROOM			239,578	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			3,027,425	0	52.00
53.00	05300	ANESTHESIOLOGY			599,072	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			4,323,394	0	54.00
54.01	05401	ULTRASOUND			854,158	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC			1,329,518	0	55.00
56.00	05600	RADIOISOTOPE			436,722	0	56.00
57.00	05700	CT SCAN			493,042	0	57.00
58.00	05800	MRI			757,404	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			1,023,851	0	59.00
60.00	06000	LABORATORY			2,835,212	0	60.00
60.01	06001	COVID19			294,246	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL			426,575	0	62.00
65.00	06500	RESPIRATORY THERAPY			1,665,844	0	65.00
66.00	06600	PHYSICAL THERAPY			2,075,861	0	66.00
69.00	06900	ELECTROCARDIOLOGY			1,166,542	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			1,698,226	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			1,965,327	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			5,361,314	0	73.00
74.00	07400	RENAL DIALYSIS			204,824	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)			1,385,212	0	75.00
76.00	03020	CARDIAC REHAB			172,579	0	76.00
76.01	03030	GI LAB			1,863,755	0	76.01
76.02	03040	ECT			44,890	0	76.02
76.03	03050	OP PSYCH			344,417	0	76.03
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

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	23.01	24.00	25.00	
90.00	09000	CLINIC				1,414,899	0	90.00
90.01	09001	HYPERBARIC/OP WOUND				130,775	0	90.01
91.00	09100	EMERGENCY				2,889,869	0	91.00
91.02	09101	NATURAL FAMILY PLANNING				0	0	91.02
91.03	09102	PAIN THERAPY CENTER				0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	AMBULATORY CARE UNIT				345,242	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				0	0	95.00
99.10	09910	CORF				0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	72,535,329	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN				398,162	0	190.00
190.01	19001	VENDING MACHINES				0	0	190.01
190.02	19002	VISITOR MEALS				0	0	190.02
191.00	19100	RESEARCH				23,896	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES				168,269	0	192.00
193.00	19300	NONPAID WORKERS				142,221	0	193.00
193.01	19301	MEALS ON WHEELS				2,845	0	193.01
193.03	19303	CONVENT				0	0	193.03
193.06	19306	VACANT SPACE				758,220	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE				0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES				122,370	0	194.00
194.01	07951	HOSPICE				645	0	194.01
194.02	07952	SHARED SERVICES				0	0	194.02
194.03	07953	MERCY				5,770,462	0	194.03
194.04	07954	SJMH SHARED SERVICES				0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE				0	0	194.06
194.08	07958	REHAB HOSPITAL				17,239	0	194.08
194.09	07960	MERCY SAFEWATCH				0	0	194.09
200.00		Cross Foot Adjustments	516,543	27,379	11,430	857,467	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	516,543	27,379	11,430	80,797,125	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	OTHER BUILDING-MOB	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.02	00500	PURCHASING RECEIVING AND STORES	5.02
5.03	00550	ADMITTING	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	5.04
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OTHER BUILDING-MOB	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	9.01
9.02	00902	HOUSEKEEPING-MOB	9.02
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM	23.00
23.01	02301	RADIOLOGY SCHOOL	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
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
35.00	02040	NEONATAL INTENSIVE CARE UNIT	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ULTRASOUND	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	COVID19	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03020	CARDIAC REHAB	76.00
76.01	03030	GI LAB	76.01
76.02	03040	ECT	76.02
76.03	03050	OP PSYCH	76.03
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	HYPERBARIC/OP WOUND	90.01
91.00	09100	EMERGENCY	91.00
91.02	09101	NATURAL FAMILY PLANNING	91.02
91.03	09102	PAIN THERAPY CENTER	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Total	
			26.00	
92.01	09201	AMBULATORY CARE UNIT	345,242	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
99.10	09910	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	72,535,329	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	398,162	190.00
190.01	19001	VENDING MACHINES	0	190.01
190.02	19002	VISITOR MEALS	0	190.02
191.00	19100	RESEARCH	23,896	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	168,269	192.00
193.00	19300	NONPAID WORKERS	142,221	193.00
193.01	19301	MEALS ON WHEELS	2,845	193.01
193.03	19303	CONVENT	0	193.03
193.06	19306	VACANT SPACE	758,220	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	122,370	194.00
194.01	07951	HOSPICE	645	194.01
194.02	07952	SHARED SERVICES	0	194.02
194.03	07953	MERCY	5,770,462	194.03
194.04	07954	SJMH SHARED SERVICES	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	194.06
194.08	07958	REHAB HOSPITAL	17,239	194.08
194.09	07960	MERCY SAFEWATCH	0	194.09
200.00		Cross Foot Adjustments	857,467	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	80,797,125	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	
		BLDG & FIXT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	NEW MVBLE EQUIP-MOB (DOLLAR VALUE)		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,740,587				1.00
1.01	00101	OTHER BUILDING-MOB	0	459,378			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			16,953,376		2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB			0	2,582,096	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,270	849	2,304	160	349,119,378
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	0	0	0
5.03	00550	ADMITTING	5,264	2,742	3,835	1,997	4,309,964
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	90,077	13,189	278,398	40,762	19,895,334
6.00	00600	MAINTENANCE & REPAIRS	242,812	0	361,971	0	3,163,441
7.00	00700	OPERATION OF PLANT	6,568	0	113,847	0	1,740,401
7.01	00701	OTHER BUILDING-MOB	0	0	16,044	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	9,164	0	17,403	0	598,955
9.00	00900	HOUSEKEEPING	14,538	107	86,352	636	6,403,938
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0
10.00	01000	DIETARY	40,961	3,949	147,504	14,221	7,802,247
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	10,284	0	853,997	0	5,737,690
14.00	01400	CENTRAL SERVICES & SUPPLY	24,237	0	351,060	0	3,482,267
15.00	01500	PHARMACY	17,416	483	978,817	27,133	10,872,440
16.00	01600	MEDICAL RECORDS & LIBRARY	6,091	0	0	0	311,955
17.00	01700	SOCIAL SERVICE	4,786	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	706	0	46,664	0	5,639,006
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,830	7,962	17,778	20,726	5,575,783
23.00	02300	PARAMED ED PRGM	906	0	0	0	229,456
23.01	02301	RADIOLOGY SCHOOL	254	0	518	0	205,143
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	409,958	5,328	2,144,872	27,874	84,343,631
31.00	03100	INTENSIVE CARE UNIT	37,826	895	607,549	14,371	16,299,178
32.00	03200	CORONARY CARE UNIT	1,001	0	136,311	0	3,144,349
33.00	03300	BURN INTENSIVE CARE UNIT	9,025	0	116,319	0	2,271,280
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	64,418	0	607,176	0	16,853,182
40.00	04000	SUBPROVIDER - IPF	12,636	0	20,555	0	2,358,909
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	34,021	356	1,889	20	3,594,387
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,407	0	3,641,302	0	16,978,597
51.00	05100	RECOVERY ROOM	5,669	0	26,592	0	2,039,927
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,906	0	764,735	0	12,077,974
53.00	05300	ANESTHESIOLOGY	4,808	0	376,033	0	598,176
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,696	44,942	766,762	1,341,073	8,865,391
54.01	05401	ULTRASOUND	12,541	4,744	193,342	73,134	1,962,558
55.00	05500	RADIOLOGY-THERAPEUTIC	19,920	9,301	324,107	151,329	2,380,191
56.00	05600	RADIOISOTOPE	12,813	3,713	33,042	9,576	968,574
57.00	05700	CT SCAN	6,691	0	235,057	0	1,064,415
58.00	05800	MRI	11,257	0	405,500	0	755,993
59.00	05900	CARDIAC CATHETERIZATION	19,161	0	433,030	0	2,217,777
60.00	06000	LABORATORY	37,613	8,993	484,591	115,859	11,049,691
60.01	06001	COVID19	0	0	60,897	0	1,999,537
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,910	0	78,064	0	2,380,199
65.00	06500	RESPIRATORY THERAPY	15,172	4,382	429,362	124,020	8,548,717
66.00	06600	PHYSICAL THERAPY	12,449	50,855	36,794	150,299	13,856,206
69.00	06900	ELECTROCARDIOLOGY	16,048	6,121	258,644	98,652	6,029,058
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	2,692	0	73,037	0	1,063,714
75.00	07500	ASC (NON-DISTINCT PART)	23,852	17,835	183,466	137,185	4,509,890
76.00	03020	CARDIAC REHAB	5,164	0	25,653	0	760,469
76.01	03030	GI LAB	20,679	0	689,260	0	3,721,198
76.02	03040	ECT	1,649	0	3,042	0	114,991
76.03	03050	OP PSYCH	14,055	0	5,951	0	636,108
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	
			BLDG & FIXT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	NEW MVBLE EQUIP-MOB (DOLLAR VALUE)		
			1.00	1.01	2.00	2.01		
90.00	09000	CLINIC	30,091	13,489	109,235	48,967	6,754,707	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	4,328	0	21,941	1,037,789	90.01
91.00	09100	EMERGENCY	46,060	24,241	305,338	160,701	26,663,625	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	8,696	0	85,241	0	1,106,116	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,581,048	228,804	16,939,240	2,580,636	344,974,524	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	8,188	634	301	23	293,118	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	4,064	0	515,993	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	4,987	0	3,193	0	910,737	192.00
193.00	19300	NONPAID WORKERS	5,807	0	5,916	0	110,427	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	32,979	1,498	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	1,665	0	0	0	303,001	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	105,141	228,442	662	1,437	2,011,578	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	772	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	29,327,398	5,819,935	18,884,149	3,435,587	77,680,077	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.849142	12.669164	1.113887	1.330542	0.222503	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					220,274	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000631	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: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:

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Cost Center Description		PURCHASING RECEIVING AND STORES (PURCHASING G)	ADMITTING (GROSS REVE UE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.02	5.03	5A.04	5.04	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES	28,292,845				5.02
5.03	00550	ADMITTING	66,464	3,996,050,445			5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	995,872	0	-223,315,942	754,909,297	5.04
6.00	00600	MAINTENANCE & REPAIRS	17,210	0	0	26,397,404	6.00
7.00	00700	OPERATION OF PLANT	53,909	0	0	15,360,710	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	2,765,786	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	687,222	0	0	3,794,626	8.00
9.00	00900	HOUSEKEEPING	917,196	0	0	11,015,815	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	9.02
10.00	01000	DIETARY	6,055,754	0	0	11,152,734	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	17,435	0	0	8,228,878	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	105,686	0	0	5,664,226	14.00
15.00	01500	PHARMACY	238,868	0	0	16,273,021	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,064	0	0	1,692,982	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	80,640	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	225,966	0	0	8,079,886	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	54,494	0	0	7,411,246	22.00
23.00	02300	PARAMED ED PRGM	1,993	0	0	261,101	23.00
23.01	02301	RADIOLOGY SCHOOL	2,862	0	0	180,688	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,000,703	319,921,820	0	103,823,989	30.00
31.00	03100	INTENSIVE CARE UNIT	66,175	88,643,951	0	28,030,330	31.00
32.00	03200	CORONARY CARE UNIT	28,608	12,795,904	0	4,550,497	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	24,274	12,587,128	0	2,960,217	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	232,184	158,849,113	0	23,875,840	35.00
40.00	04000	SUBPROVIDER - IPF	41,737	10,352,097	0	3,208,918	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	167,318	20,382,854	0	5,921,183	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	708,657	253,451,995	0	30,750,675	50.00
51.00	05100	RECOVERY ROOM	6,993	64,226,888	0	2,761,247	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	123,060	51,917,058	0	17,612,814	52.00
53.00	05300	ANESTHESIOLOGY	18,071	86,936,468	0	2,450,363	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	139,428	103,150,247	0	15,650,025	54.00
54.01	05401	ULTRASOUND	19,154	52,665,951	0	3,226,989	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	18,831	103,073,272	0	6,878,171	55.00
56.00	05600	RADIOISOTOPE	113,440	44,857,744	0	1,765,603	56.00
57.00	05700	CT SCAN	94,954	216,728,806	0	2,279,857	57.00
58.00	05800	MRI	18,277	96,575,389	0	1,781,486	58.00
59.00	05900	CARDIAC CATHETERIZATION	77,478	87,310,105	0	3,302,132	59.00
60.00	06000	LABORATORY	12,202,211	388,231,502	0	38,336,507	60.00
60.01	06001	COVID19	425,271	424,089	0	6,277,286	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,860,138	23,285,320	0	6,097,451	62.00
65.00	06500	RESPIRATORY THERAPY	178,404	72,535,061	0	12,070,117	65.00
66.00	06600	PHYSICAL THERAPY	112,209	63,131,000	0	18,653,102	66.00
69.00	06900	ELECTROCARDIOLOGY	93,615	153,643,803	0	9,004,370	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	208,315,695	0	44,270,557	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	115,386,230	0	51,438,885	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	820,219,069	0	124,110,145	73.00
74.00	07400	RENAL DIALYSIS	9,571	9,365,607	0	1,525,899	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75,661	24,506,371	0	6,360,505	75.00
76.00	03020	CARDIAC REHAB	7,938	2,070,903	0	1,070,614	76.00
76.01	03030	GI LAB	116,913	71,563,428	0	6,833,552	76.01
76.02	03040	ECT	1,170	1,322,622	0	174,716	76.02
76.03	03050	OP PSYCH	16,781	7,096,381	0	1,035,085	76.03
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	216,679	18,082,924	0	10,144,352	90.00
90.01	09001	HYPERBARIC/OP WOUND	34,938	3,897,872	0	1,267,169	90.01
91.00	09100	EMERGENCY	427,597	221,336,748	0	23,103,276	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASING G)	ADMITTING (GROSS REVE UE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.02	5.03	5A.04	5.04	6.00	
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	13,686	4,502,232	0	1,711,397	8,696	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,134,119	3,993,343,647	-223,315,942	742,675,064	1,230,625	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,399	0	0	1,635,403	8,188	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	680,658	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	10,979	2,706,798	0	1,271,963	4,987	192.00
193.00	19300	NONPAID WORKERS	58,091	0	0	305,817	5,807	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	574,646	32,979	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	4,871	0	0	376,633	1,665	194.00
194.01	07951	HOSPICE	0	0	0	24,231	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	81,064	0	0	7,351,874	105,141	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	1,322	0	0	13,008	772	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	5,405,446		223,315,942	34,206,231	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.001353		0.295818	24.605896	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	133,082		20,098,162	5,214,317	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000033		0.026623	3.750865	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: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-MED CENTER (SQUARE FEET)	
		7.00	7.01	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMITTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	1,383,596				7.00
7.01	00701	OTHER BUILDING-MOB	0	442,598			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	9,164	0	2,453,417		8.00
9.00	00900	HOUSEKEEPING	14,538	107	289	357,997	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	310,025	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	47,972	9.02
10.00	01000	DIETARY	40,961	3,949	2,334	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	10,284	0	337	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,237	0	190	0	14.00
15.00	01500	PHARMACY	17,416	483	270	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,091	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,786	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	706	0	380	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,830	7,962	0	0	22.00
23.00	02300	PARAMED ED PRGM	906	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	254	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	409,958	5,328	1,254,833	0	30.00
31.00	03100	INTENSIVE CARE UNIT	37,826	895	234,040	0	31.00
32.00	03200	CORONARY CARE UNIT	1,001	0	67,672	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	9,025	0	57,788	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	64,418	0	78,587	0	35.00
40.00	04000	SUBPROVIDER - IPF	12,636	0	4,026	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	34,021	356	16	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,407	0	72,805	0	50.00
51.00	05100	RECOVERY ROOM	5,669	0	11,565	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,906	0	162,361	0	52.00
53.00	05300	ANESTHESIOLOGY	4,808	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,696	44,942	40,996	0	54.00
54.01	05401	ULTRASOUND	12,541	4,744	19,873	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,920	9,301	6,688	0	55.00
56.00	05600	RADIOISOTOPE	12,813	3,713	5,972	0	56.00
57.00	05700	CT SCAN	6,691	0	29,684	0	57.00
58.00	05800	MRI	11,257	0	15,096	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,161	0	37,098	0	59.00
60.00	06000	LABORATORY	37,613	8,993	97	0	60.00
60.01	06001	COVID19	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,910	0	1,588	0	62.00
65.00	06500	RESPIRATORY THERAPY	15,172	4,382	8,049	0	65.00
66.00	06600	PHYSICAL THERAPY	12,449	50,855	12,464	0	66.00
69.00	06900	ELECTROCARDIOLOGY	16,048	6,121	20,216	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,692	0	10,200	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	23,852	17,835	53,671	0	75.00
76.00	03020	CARDIAC REHAB	5,164	0	875	0	76.00
76.01	03030	GI LAB	20,679	0	39,442	0	76.01
76.02	03040	ECT	1,649	0	2,157	0	76.02
76.03	03050	OP PSYCH	14,055	0	0	0	76.03
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	30,091	13,489	10,429	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	4,328	0	0	90.01
91.00	09100	EMERGENCY	46,060	24,241	170,232	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS LAU NDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-M ED CENTER (SQUARE FEET)	
			7.00	7.01	8.00	9.00	9.01	
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	8,696	0	18,555	0	8,696	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,224,057	212,024	2,450,875	357,997	1,200,355	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	8,188	634	0	0	8,188	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	4,987	0	2,527	0	4,987	192.00
193.00	19300	NONPAID WORKERS	5,807	0	0	0	5,807	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	32,979	1,498	0	0	32,979	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	1,665	0	0	0	1,665	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	105,141	228,442	15	0	105,141	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	772	0	0	0	772	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	20,066,297	3,583,955	5,275,539	14,844,544	12,855,358	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.503003	8.097540	2.150282	41.465554	9.453206	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,148,574	596,809	317,173	707,436	612,639	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.830137	1.348422	0.129278	1.976095	0.450505	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: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description			HOUSEKEEPING-MOB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.02	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-MED CENTER						9.01
9.02	00902	HOUSEKEEPING-MOB	442,491					9.02
10.00	01000	DIETARY	3,949	2,244,600				10.00
11.00	01100	CAFETERIA	0	1,095,688	8,687,119			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	203,137	5,243,045		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	195,997	0	95,271,475	14.00
15.00	01500	PHARMACY	483	0	252,558	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	13,533	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	197,523	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,962	0	68,963	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	5,691	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	4,400	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,328	766,391	2,372,302	2,372,302	0	30.00
31.00	03100	INTENSIVE CARE UNIT	895	67,152	367,668	367,668	0	31.00
32.00	03200	CORONARY CARE UNIT	0	17,195	99,828	99,828	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	15,888	63,403	63,403	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	494,080	494,080	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	21,735	69,989	69,989	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	356	0	103,442	103,442	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	520,986	520,986	0	50.00
51.00	05100	RECOVERY ROOM	0	0	55,470	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	348,599	348,599	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	32,382	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,942	0	286,646	0	0	54.00
54.01	05401	ULTRASOUND	4,744	0	55,651	55,651	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,301	0	66,676	0	0	55.00
56.00	05600	RADIOISOTOPE	3,713	0	25,820	0	0	56.00
57.00	05700	CT SCAN	0	0	33,399	0	0	57.00
58.00	05800	MRI	0	0	25,008	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59,464	59,464	0	59.00
60.00	06000	LABORATORY	8,993	0	454,026	0	0	60.00
60.01	06001	COVID19	0	0	60,787	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	78,239	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	4,382	0	264,656	0	0	65.00
66.00	06600	PHYSICAL THERAPY	50,855	0	403,786	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,121	0	144,790	144,790	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	43,988,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	51,282,769	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	24,577	24,577	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	17,835	0	134,691	0	0	75.00
76.00	03020	CARDIAC REHAB	0	0	21,719	0	0	76.00
76.01	03030	GI LAB	0	0	126,730	0	0	76.01
76.02	03040	ECT	0	0	3,883	0	0	76.02
76.03	03050	OP PSYCH	0	0	21,571	0	0	76.03
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	13,489	0	219,082	0	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	4,328	0	29,491	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description			HOUSEKEEPING-M OB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.02	10.00	11.00	13.00	14.00	
91.00	09100	EMERGENCY	24,241	0	487,786	487,786	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	30,480	30,480	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	211,917	1,984,049	8,528,909	5,243,045	95,271,475	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	634	256,113	20,296	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	11,401	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	22,015	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	4,430	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	4,438	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	1,498	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	10,205	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	228,442	0	89,863	0	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,989,186	16,495,814	8,052,331	11,351,559	8,698,889	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.495427	7.349111	0.926928	2.165070	0.091306	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	94,797	1,439,036	702,456	1,415,444	1,090,233	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.214235	0.641110	0.080862	0.269966	0.011443	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: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-MED CENTER						9.01
9.02	00902	HOUSEKEEPING-MOB						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	100					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,996,050,445				16.00
17.00	01700	SOCIAL SERVICE	0	0	229,142			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	195,897		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		195,897	22.00
23.00	02300	PARAMED ED PRGM	0	0	0			23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	319,921,820	167,143	92,146	92,146	30.00
31.00	03100	INTENSIVE CARE UNIT	0	88,643,951	17,317	14,713	14,713	31.00
32.00	03200	CORONARY CARE UNIT	0	12,795,904	3,533	10,520	10,520	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	12,587,128	3,159	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	158,849,113	33,405	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	10,352,097	4,585	2,892	2,892	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	20,382,854	0	1,569	1,569	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	253,451,995	0	23,307	23,307	50.00
51.00	05100	RECOVERY ROOM	0	64,226,888	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	51,917,058	0	14,878	14,878	52.00
53.00	05300	ANESTHESIOLOGY	0	86,936,468	0	6,766	6,766	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	103,150,247	0	308	308	54.00
54.01	05401	ULTRASOUND	0	52,665,951	0	1,489	1,489	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	103,073,272	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	44,857,744	0	0	0	56.00
57.00	05700	CT SCAN	0	216,728,806	0	0	0	57.00
58.00	05800	MRI	0	96,575,389	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	87,310,105	0	0	0	59.00
60.00	06000	LABORATORY	0	388,231,502	0	0	0	60.00
60.01	06001	COVID19	0	424,089	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	23,285,320	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	72,535,061	0	1,934	1,934	65.00
66.00	06600	PHYSICAL THERAPY	0	63,131,000	0	1,586	1,586	66.00
69.00	06900	ELECTROCARDIOLOGY	0	153,643,803	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	208,315,695	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	115,386,230	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100	820,219,069	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	9,365,607	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	24,506,371	0	0	0	75.00
76.00	03020	CARDIAC REHAB	0	2,070,903	0	0	0	76.00
76.01	03030	GI LAB	0	71,563,428	0	1,683	1,683	76.01
76.02	03040	ECT	0	1,322,622	0	0	0	76.02
76.03	03050	OP PSYCH	0	7,096,381	0	0	0	76.03
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 - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			15.00	16.00	17.00	21.00	22.00	
90.00	09000	CLINIC	0	18,082,924	0	6,304	6,304	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	3,897,872	0	0	0	90.01
91.00	09100	EMERGENCY	0	221,336,748	0	5,470	5,470	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	0	4,502,232	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	3,993,343,647	229,142	185,565	185,565	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	2,706,798	0	10,332	10,332	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	MERCY	0	0	0	0	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	22,173,397	2,502,133	336,913	10,688,254	10,099,495	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	221,733.970000	0.000626	1.470324	54.560580	51.555128	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,991,910	179,638	106,868	302,115	516,543	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	19,919.100000	0.000045	0.466383	1.542214	2.636809	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: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	OTHER BUILDING-MOB		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00590	PURCHASING RECEIVING AND STORES		5.02
5.03	00550	ADMITTING		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OTHER BUILDING-MOB		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING-MED CENTER		9.01
9.02	00902	HOUSEKEEPING-MOB		9.02
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM	100	23.00
23.01	02301	RADIOLOGY SCHOOL	100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
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
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100	54.00
54.01	05401	ULTRASOUND	0	54.01
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	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	COVID19	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	CARDIAC REHAB	0	76.00
76.01	03030	GI LAB	0	76.01
76.02	03040	ECT	0	76.02
76.03	03050	OP PSYCH	0	76.03
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	HYPERBARIC/OP WOUND	0	90.01
91.00	09100	EMERGENCY	100	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description			PARAMED ED PRGM (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
			23.00	23.01	
91.02	09101	NATURAL FAMILY PLANNING	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	190.02
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
193.01	19301	MEALS ON WHEELS	0	0	193.01
193.03	19303	CONVENT	0	0	193.03
193.06	19306	VACANT SPACE	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	194.00
194.01	07951	HOSPICE	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	194.02
194.03	07953	MERCY	0	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	194.09
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)	387,612	250,552	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,876.120000	2,505.520000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	27,379	11,430	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	273.790000	114.300000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 9:16 am

			Title XVIII	Hospital	PPS			
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			1.00	2.00	Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	170,624,218		170,624,218	394,131	171,018,349	30.00
31.00	03100	INTENSIVE CARE UNIT	40,384,929		40,384,929	47,252	40,432,181	31.00
32.00	03200	CORONARY CARE UNIT	6,538,983		6,538,983	0	6,538,983	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,723,765		4,723,765	0	4,723,765	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	35,912,252		35,912,252	20,250	35,932,502	35.00
40.00	04000	SUBPROVIDER - IPF	5,169,822		5,169,822	58,630	5,228,452	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	9,662,027		9,662,027	0	9,662,027	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	46,066,608		46,066,608	24,412	46,091,020	50.00
51.00	05100	RECOVERY ROOM	3,969,864		3,969,864	0	3,969,864	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,725,835		27,725,835	23,526	27,749,361	52.00
53.00	05300	ANESTHESIOLOGY	3,493,148		3,493,148	0	3,493,148	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,762,366		22,762,366	0	22,762,366	54.00
54.01	05401	ULTRASOUND	5,098,123		5,098,123	0	5,098,123	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	10,138,051		10,138,051	635,577	10,773,628	55.00
56.00	05600	RADIOISOTOPE	3,021,739		3,021,739	0	3,021,739	56.00
57.00	05700	CT SCAN	3,509,668		3,509,668	0	3,509,668	57.00
58.00	05800	MRI	2,971,244		2,971,244	0	2,971,244	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,527,751		5,527,751	0	5,527,751	59.00
60.00	06000	LABORATORY	52,281,041		52,281,041	0	52,281,041	60.00
60.01	06001	COVID19	8,190,830		8,190,830	6,267	8,197,097	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	8,327,266		8,327,266	0	8,327,266	62.00
65.00	06500	RESPIRATORY THERAPY	16,740,674	0	16,740,674	0	16,740,674	65.00
66.00	06600	PHYSICAL THERAPY	25,856,592	0	25,856,592	1,566	25,858,158	66.00
69.00	06900	ELECTROCARDIOLOGY	13,111,772		13,111,772	25,127	13,136,899	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	61,513,424		61,513,424	0	61,513,424	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,410,121		71,410,121	0	71,410,121	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	183,511,801		183,511,801	0	183,511,801	73.00
74.00	07400	RENAL DIALYSIS	2,211,804		2,211,804	0	2,211,804	74.00
75.00	07500	ASC (NON-DISTINCT PART)	9,880,555		9,880,555	0	9,880,555	75.00
76.00	03020	CARDIAC REHAB	1,661,405		1,661,405	0	1,661,405	76.00
76.01	03030	GI LAB	10,106,336		10,106,336	2,531	10,108,867	76.01
76.02	03040	ECT	315,543		315,543	0	315,543	76.02
76.03	03050	OP PSYCH	2,048,260		2,048,260	0	2,048,260	76.03
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	15,013,201		15,013,201	69,556	15,082,757	90.00
90.01	09001	HYPERBARIC/OP WOUND	1,726,298		1,726,298	0	1,726,298	90.01
91.00	09100	EMERGENCY	34,880,128		34,880,128	282,425	35,162,553	91.00
91.02	09101	NATURAL FAMILY PLANNING	0		0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0		0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	21,077,488		21,077,488	0	21,077,488	92.00
92.01	09201	AMBULATORY CARE UNIT	2,776,915		2,776,915	0	2,776,915	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
99.10	09910	CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
200.00		Subtotal (see instructions)	949,941,847	0	949,941,847	1,591,250	951,533,097	200.00
201.00		Less Observation Beds	21,077,488		21,077,488	0	21,077,488	201.00
202.00		Total (see instructions)	928,864,359	0	928,864,359	1,591,250	930,455,609	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 9:16 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	294,085,320		294,085,320		30.00
31.00	03100	INTENSIVE CARE UNIT	87,297,574		87,297,574		31.00
32.00	03200	CORONARY CARE UNIT	12,795,904		12,795,904		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	12,587,128		12,587,128		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	158,849,113		158,849,113		35.00
40.00	04000	SUBPROVIDER - IPF	4,881,450		4,881,450		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	19,506,310		19,506,310		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	116,867,541	136,225,694	253,093,235	0.182014	0.000000
51.00	05100	RECOVERY ROOM	15,615,003	48,611,885	64,226,888	0.061810	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,511,252	312,717	51,823,969	0.535000	0.000000
53.00	05300	ANESTHESIOLOGY	38,241,133	48,695,335	86,936,468	0.040180	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,754,648	76,395,599	103,150,247	0.220672	0.000000
54.01	05401	ULTRASOUND	6,951,536	45,713,556	52,665,092	0.096803	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	2,155,979	100,917,293	103,073,272	0.098358	0.000000
56.00	05600	RADIOISOTOPE	5,730,569	39,127,175	44,857,744	0.067363	0.000000
57.00	05700	CT SCAN	71,679,861	145,048,945	216,728,806	0.016194	0.000000
58.00	05800	MRI	18,105,800	78,469,589	96,575,389	0.030766	0.000000
59.00	05900	CARDIAC CATHETERIZATION	28,989,768	58,320,337	87,310,105	0.063312	0.000000
60.00	06000	LABORATORY	186,587,871	201,643,631	388,231,502	0.134665	0.000000
60.01	06001	COVID19	68,916	355,173	424,089	19.313941	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	17,397,222	5,888,098	23,285,320	0.357619	0.000000
65.00	06500	RESPIRATORY THERAPY	53,493,182	19,041,879	72,535,061	0.230794	0.000000
66.00	06600	PHYSICAL THERAPY	23,000,375	37,353,749	60,354,124	0.428415	0.000000
69.00	06900	ELECTROCARDIOLOGY	58,312,601	93,168,764	151,481,365	0.086557	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	115,043,975	93,271,720	208,315,695	0.295289	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,274,807	44,111,422	115,386,229	0.618879	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	167,330,166	652,888,903	820,219,069	0.223735	0.000000
74.00	07400	RENAL DIALYSIS	8,956,228	409,379	9,365,607	0.236162	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	2,441,926	22,064,445	24,506,371	0.403183	0.000000
76.00	03020	CARDIAC REHAB	520,218	1,550,685	2,070,903	0.802261	0.000000
76.01	03030	GI LAB	5,785,949	65,777,480	71,563,429	0.141222	0.000000
76.02	03040	ECT	348,497	974,125	1,322,622	0.238574	0.000000
76.03	03050	OP PSYCH	7,015	7,089,366	7,096,381	0.288634	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	409,635	14,365,247	14,774,882	1.016130	0.000000
90.01	09001	HYPERBARIC/OP WOUND	5,088	2,408,623	2,413,711	0.715205	0.000000
91.00	09100	EMERGENCY	50,982,955	106,268,468	157,251,423	0.221811	0.000000
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0.000000	0.000000
91.03	09102	PAIN THERAPY CENTER	0	0	0	0.000000	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	15,917,986	47,589,449	63,507,435	0.331890	0.000000
92.01	09201	AMBULATORY CARE UNIT	1,006,986	3,495,336	4,502,322	0.616774	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
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
200.00		Subtotal (see instructions)	1,751,497,487	2,197,554,067	3,949,051,554		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,751,497,487	2,197,554,067	3,949,051,554		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 9:16 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
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
35.00	02040	NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.182111			50.00
51.00	05100	RECOVERY ROOM	0.061810			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.535454			52.00
53.00	05300	ANESTHESIOLOGY	0.040180			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.220672			54.00
54.01	05401	ULTRASOUND	0.096803			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.104524			55.00
56.00	05600	RADIOISOTOPE	0.067363			56.00
57.00	05700	CT SCAN	0.016194			57.00
58.00	05800	MRI	0.030766			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063312			59.00
60.00	06000	LABORATORY	0.134665			60.00
60.01	06001	COVID19	19.328719			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.357619			62.00
65.00	06500	RESPIRATORY THERAPY	0.230794			65.00
66.00	06600	PHYSICAL THERAPY	0.428441			66.00
69.00	06900	ELECTROCARDIOLOGY	0.086723			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.295289			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.618879			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223735			73.00
74.00	07400	RENAL DIALYSIS	0.236162			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.403183			75.00
76.00	03020	CARDIAC REHAB	0.802261			76.00
76.01	03030	GI LAB	0.141257			76.01
76.02	03040	ECT	0.238574			76.02
76.03	03050	OP PSYCH	0.288634			76.03
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	1.020838			90.00
90.01	09001	HYPERBARIC/OP WOUND	0.715205			90.01
91.00	09100	EMERGENCY	0.223607			91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000			91.02
91.03	09102	PAIN THERAPY CENTER	0.000000			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.331890			92.00
92.01	09201	AMBULATORY CARE UNIT	0.616774			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 9:16 am

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	170,624,218		170,624,218	394,131	171,018,349
31.00	03100	INTENSIVE CARE UNIT	40,384,929		40,384,929	47,252	40,432,181
32.00	03200	CORONARY CARE UNIT	6,538,983		6,538,983	0	6,538,983
33.00	03300	BURN INTENSIVE CARE UNIT	4,723,765		4,723,765	0	4,723,765
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	35,912,252		35,912,252	20,250	35,932,502
40.00	04000	SUBPROVIDER - IPF	5,169,822		5,169,822	58,630	5,228,452
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	9,662,027		9,662,027	0	9,662,027
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	46,066,608		46,066,608	24,412	46,091,020
51.00	05100	RECOVERY ROOM	3,969,864		3,969,864	0	3,969,864
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,725,835		27,725,835	23,526	27,749,361
53.00	05300	ANESTHESIOLOGY	3,493,148		3,493,148	0	3,493,148
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,762,366		22,762,366	0	22,762,366
54.01	05401	ULTRASOUND	5,098,123		5,098,123	0	5,098,123
55.00	05500	RADIOLOGY-THERAPEUTIC	10,138,051		10,138,051	635,577	10,773,628
56.00	05600	RADIOISOTOPE	3,021,739		3,021,739	0	3,021,739
57.00	05700	CT SCAN	3,509,668		3,509,668	0	3,509,668
58.00	05800	MRI	2,971,244		2,971,244	0	2,971,244
59.00	05900	CARDIAC CATHETERIZATION	5,527,751		5,527,751	0	5,527,751
60.00	06000	LABORATORY	52,281,041		52,281,041	0	52,281,041
60.01	06001	COVID19	8,190,830		8,190,830	6,267	8,197,097
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	8,327,266		8,327,266	0	8,327,266
65.00	06500	RESPIRATORY THERAPY	16,740,674	0	16,740,674	0	16,740,674
66.00	06600	PHYSICAL THERAPY	25,856,592	0	25,856,592	1,566	25,858,158
69.00	06900	ELECTROCARDIOLOGY	13,111,772		13,111,772	25,127	13,136,899
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	61,513,424		61,513,424	0	61,513,424
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,410,121		71,410,121	0	71,410,121
73.00	07300	DRUGS CHARGED TO PATIENTS	183,511,801		183,511,801	0	183,511,801
74.00	07400	RENAL DIALYSIS	2,211,804		2,211,804	0	2,211,804
75.00	07500	ASC (NON-DISTINCT PART)	9,880,555		9,880,555	0	9,880,555
76.00	03020	CARDIAC REHAB	1,661,405		1,661,405	0	1,661,405
76.01	03030	GI LAB	10,106,336		10,106,336	2,531	10,108,867
76.02	03040	ECT	315,543		315,543	0	315,543
76.03	03050	OP PSYCH	2,048,260		2,048,260	0	2,048,260
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	15,013,201		15,013,201	69,556	15,082,757
90.01	09001	HYPERBARIC/OP WOUND	1,726,298		1,726,298	0	1,726,298
91.00	09100	EMERGENCY	34,880,128		34,880,128	282,425	35,162,553
91.02	09101	NATURAL FAMILY PLANNING	0		0	0	0
91.03	09102	PAIN THERAPY CENTER	0		0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	21,077,488		21,077,488	0	21,077,488
92.01	09201	AMBULATORY CARE UNIT	2,776,915		2,776,915	0	2,776,915
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0		0	0	0
99.10	09910	CORF	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0	0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0
111.00	11100	ISLET ACQUISITION	0		0	0	0
200.00		Subtotal (see instructions)	949,941,847	0	949,941,847	1,591,250	951,533,097
201.00		Less Observation Beds	21,077,488		21,077,488	0	21,077,488
202.00		Total (see instructions)	928,864,359	0	928,864,359	1,591,250	930,455,609

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 9:16 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	294,085,320		294,085,320		30.00
31.00	03100	INTENSIVE CARE UNIT	87,297,574		87,297,574		31.00
32.00	03200	CORONARY CARE UNIT	12,795,904		12,795,904		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	12,587,128		12,587,128		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	158,849,113		158,849,113		35.00
40.00	04000	SUBPROVIDER - IPF	4,881,450		4,881,450		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	19,506,310		19,506,310		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	116,867,541	136,225,694	253,093,235	0.182014	0.000000
51.00	05100	RECOVERY ROOM	15,615,003	48,611,885	64,226,888	0.061810	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,511,252	312,717	51,823,969	0.535000	0.000000
53.00	05300	ANESTHESIOLOGY	38,241,133	48,695,335	86,936,468	0.040180	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,754,648	76,395,599	103,150,247	0.220672	0.000000
54.01	05401	ULTRASOUND	6,951,536	45,713,556	52,665,092	0.096803	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	2,155,979	100,917,293	103,073,272	0.098358	0.000000
56.00	05600	RADIOISOTOPE	5,730,569	39,127,175	44,857,744	0.067363	0.000000
57.00	05700	CT SCAN	71,679,861	145,048,945	216,728,806	0.016194	0.000000
58.00	05800	MRI	18,105,800	78,469,589	96,575,389	0.030766	0.000000
59.00	05900	CARDIAC CATHETERIZATION	28,989,768	58,320,337	87,310,105	0.063312	0.000000
60.00	06000	LABORATORY	186,587,871	201,643,631	388,231,502	0.134665	0.000000
60.01	06001	COVID19	68,916	355,173	424,089	19.313941	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	17,397,222	5,888,098	23,285,320	0.357619	0.000000
65.00	06500	RESPIRATORY THERAPY	53,493,182	19,041,879	72,535,061	0.230794	0.000000
66.00	06600	PHYSICAL THERAPY	23,000,375	37,353,749	60,354,124	0.428415	0.000000
69.00	06900	ELECTROCARDIOLOGY	58,312,601	93,168,764	151,481,365	0.086557	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	115,043,975	93,271,720	208,315,695	0.295289	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,274,807	44,111,422	115,386,229	0.618879	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	167,330,166	652,888,903	820,219,069	0.223735	0.000000
74.00	07400	RENAL DIALYSIS	8,956,228	409,379	9,365,607	0.236162	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	2,441,926	22,064,445	24,506,371	0.403183	0.000000
76.00	03020	CARDIAC REHAB	520,218	1,550,685	2,070,903	0.802261	0.000000
76.01	03030	GI LAB	5,785,949	65,777,480	71,563,429	0.141222	0.000000
76.02	03040	ECT	348,497	974,125	1,322,622	0.238574	0.000000
76.03	03050	OP PSYCH	7,015	7,089,366	7,096,381	0.288634	0.000000
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	409,635	14,365,247	14,774,882	1.016130	0.000000
90.01	09001	HYPERBARIC/OP WOUND	5,088	2,408,623	2,413,711	0.715205	0.000000
91.00	09100	EMERGENCY	50,982,955	106,268,468	157,251,423	0.221811	0.000000
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0.000000	0.000000
91.03	09102	PAIN THERAPY CENTER	0	0	0	0.000000	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	15,917,986	47,589,449	63,507,435	0.331890	0.000000
92.01	09201	AMBULATORY CARE UNIT	1,006,986	3,495,336	4,502,322	0.616774	0.000000
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
99.10	09910	CORF	0	0	0		
	SPECIAL PURPOSE COST CENTERS						
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
200.00		Subtotal (see instructions)	1,751,497,487	2,197,554,067	3,949,051,554		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,751,497,487	2,197,554,067	3,949,051,554		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
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
35.00	02040	NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	ULTRASOUND	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	COVID19	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020	CARDIAC REHAB	0.000000			76.00
76.01	03030	GI LAB	0.000000			76.01
76.02	03040	ECT	0.000000			76.02
76.03	03050	OP PSYCH	0.000000			76.03
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	HYPERBARIC/OP WOUND	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000			91.02
91.03	09102	PAIN THERAPY CENTER	0.000000			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201	AMBULATORY CARE UNIT	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/24/2020 9:16 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	16,863,437	0	16,863,437	163,899	102.89	30.00	
31.00	INTENSIVE CARE UNIT	2,855,540		2,855,540	17,317	164.90	31.00	
32.00	CORONARY CARE UNIT	441,728		441,728	3,533	125.03	32.00	
33.00	BURN INTENSIVE CARE UNIT	514,529		514,529	3,159	162.88	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
35.00	NEONATAL INTENSIVE CARE UNIT	2,944,812		2,944,812	33,405	88.15	35.00	
40.00	SUBPROVIDER - IPF	428,629	0	428,629	4,585	93.49	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	949,390		949,390	17,584	53.99	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	24,998,065		24,998,065	243,482		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	32,257	3,318,923					30.00
31.00	INTENSIVE CARE UNIT	4,885	805,537					31.00
32.00	CORONARY CARE UNIT	1,061	132,657					32.00
33.00	BURN INTENSIVE CARE UNIT	752	122,486					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
40.00	SUBPROVIDER - IPF	2,383	222,787					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	41,338	4,602,390					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/24/2020 9:16 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	8,167,491	253,093,235	0.032271	29,302,968	945,636	50.00	
51.00	05100	RECOVERY ROOM	239,578	64,226,888	0.003730	2,247,975	8,385	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,027,425	51,823,969	0.058417	144,460	8,439	52.00	
53.00	05300	ANESTHESIOLOGY	599,072	86,936,468	0.006891	7,159,798	49,338	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,323,394	103,150,247	0.041914	6,974,246	292,319	54.00	
54.01	05401	ULTRASOUND	854,158	52,665,092	0.016219	1,443,094	23,406	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,329,518	103,073,272	0.012899	465,921	6,010	55.00	
56.00	05600	RADIOISOTOPE	436,722	44,857,744	0.009736	2,067,913	20,133	56.00	
57.00	05700	CT SCAN	493,042	216,728,806	0.002275	20,005,633	45,513	57.00	
58.00	05800	MRI	757,404	96,575,389	0.007843	4,771,426	37,422	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,023,851	87,310,105	0.011727	9,948,904	116,671	59.00	
60.00	06000	LABORATORY	2,835,212	388,231,502	0.007303	46,227,328	337,598	60.00	
60.01	06001	COVID19	294,246	424,089	0.693831	18,307	12,702	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	426,575	23,285,320	0.018319	4,348,509	79,660	62.00	
65.00	06500	RESPIRATORY THERAPY	1,665,844	72,535,061	0.022966	12,317,892	282,893	65.00	
66.00	06600	PHYSICAL THERAPY	2,075,861	60,354,124	0.034395	6,824,581	234,731	66.00	
69.00	06900	ELECTROCARDIOLOGY	1,166,542	151,481,365	0.007701	16,803,528	129,404	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,698,226	208,315,695	0.008152	28,615,780	233,276	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,965,327	115,386,229	0.017033	22,759,450	387,662	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	5,361,314	820,219,069	0.006536	37,956,852	248,086	73.00	
74.00	07400	RENAL DIALYSIS	204,824	9,365,607	0.021870	4,273,470	93,461	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	1,385,212	24,506,371	0.056525	622,857	35,207	75.00	
76.00	03020	CARDIAC REHAB	172,579	2,070,903	0.083335	161,596	13,467	76.00	
76.01	03030	GI LAB	1,863,755	71,563,429	0.026043	1,602,629	41,737	76.01	
76.02	03040	ECT	44,890	1,322,622	0.033940	67,669	2,297	76.02	
76.03	03050	OP PSYCH	344,417	7,096,381	0.048534	915	44	76.03	
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	1,414,899	14,774,882	0.095764	9,213	882	90.00	
90.01	09001	HYPERBARIC/OP WOUND	130,775	2,413,711	0.054180	0	0	90.01	
91.00	09100	EMERGENCY	2,889,869	157,251,423	0.018377	12,306,771	226,162	91.00	
91.02	09101	NATURAL FAMILY PLANNING	0	0	0.000000	0	0	91.02	
91.03	09102	PAIN THERAPY CENTER	0	0	0.000000	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,078,367	63,507,435	0.032726	6,273,516	205,307	92.00	
92.01	09201	AMBULATORY CARE UNIT	345,242	4,502,322	0.076681	993,514	76,184	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	49,615,631	3,359,048,755		286,716,715	4,194,032	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part III
Date/Time Prepared:
11/24/2020 9:16 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	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
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	
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	35.00	
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	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00	
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	
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	163,899	0.00	32,257	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	17,317	0.00	4,885	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	3,533	0.00	1,061	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	3,159	0.00	752	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	0	34.00	
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	33,405	0.00	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	4,585	0.00	2,383	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	0	42.00	
43.00	04300	NURSERY	0	0	17,584	0.00	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	243,482		41,338	0	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
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
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0							35.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
42.00	04200	SUBPROVIDER	0							42.00
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 9:16 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	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	250,552	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
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	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	COVID19	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03030	GI LAB	0	0	0	0	0	76.01
76.02	03040	ECT	0	0	0	0	0	76.02
76.03	03050	OP PSYCH	0	0	0	0	0	76.03
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	HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	387,612	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	638,164	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 9:16 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	253,093,235	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	64,226,888	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	51,823,969	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	86,936,468	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	250,552	250,552	103,150,247	0.002429	54.00
54.01	05401	ULTRASOUND	0	0	0	52,665,092	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	103,073,272	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	44,857,744	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	216,728,806	0.000000	57.00
58.00	05800	MRI	0	0	0	96,575,389	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	87,310,105	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	388,231,502	0.000000	60.00
60.01	06001	COVID19	0	0	0	424,089	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	23,285,320	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	72,535,061	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	60,354,124	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	151,481,365	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	208,315,695	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	115,386,229	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	820,219,069	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,365,607	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	24,506,371	0.000000	75.00
76.00	03020	CARDIAC REHAB	0	0	0	2,070,903	0.000000	76.00
76.01	03030	GI LAB	0	0	0	71,563,429	0.000000	76.01
76.02	03040	ECT	0	0	0	1,322,622	0.000000	76.02
76.03	03050	OP PSYCH	0	0	0	7,096,381	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	14,774,882	0.000000	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	2,413,711	0.000000	90.01
91.00	09100	EMERGENCY	0	387,612	387,612	157,251,423	0.002465	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0.000000	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	63,507,435	0.000000	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	4,502,322	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	638,164	638,164	3,359,048,755		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	29,302,968	0	22,836,056	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,247,975	0	6,934,695	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	144,460	0	11,432	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	7,159,798	0	6,910,350	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002429	6,974,246	16,940	8,167,760	19,839	54.00
54.01	05401	ULTRASOUND	0.000000	1,443,094	0	2,436,823	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	465,921	0	24,741,480	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	2,067,913	0	11,040,012	0	56.00
57.00	05700	CT SCAN	0.000000	20,005,633	0	29,721,112	0	57.00
58.00	05800	MRI	0.000000	4,771,426	0	13,158,859	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	9,948,904	0	14,562,785	0	59.00
60.00	06000	LABORATORY	0.000000	46,227,328	0	14,880,674	0	60.00
60.01	06001	COVID19	0.000000	18,307	0	10,442	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,348,509	0	602,401	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	12,317,892	0	2,395,976	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	6,824,581	0	423,552	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	16,803,528	0	18,711,346	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	28,615,780	0	16,303,606	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	22,759,450	0	9,961,032	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	37,956,852	0	127,530,551	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	4,273,470	0	233,172	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	622,857	0	3,649,284	0	75.00
76.00	03020	CARDIAC REHAB	0.000000	161,596	0	470,451	0	76.00
76.01	03030	GI LAB	0.000000	1,602,629	0	9,992,927	0	76.01
76.02	03040	ECT	0.000000	67,669	0	236,242	0	76.02
76.03	03050	OP PSYCH	0.000000	915	0	845,785	0	76.03
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	9,213	0	1,551,419	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.000000	0	0	466,470	0	90.01
91.00	09100	EMERGENCY	0.002465	12,306,771	30,336	11,764,163	28,999	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	6,273,516	0	10,060,848	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0.000000	993,514	0	603,815	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		286,716,715	47,276	371,215,520	48,838	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/24/2020 9:16 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	0.182014	22,836,056	0	0	4,156,482	50.00
51.00	05100	RECOVERY ROOM	0.061810	6,934,695	0	0	428,633	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.535000	11,432	0	0	6,116	52.00
53.00	05300	ANESTHESIOLOGY	0.040180	6,910,350	0	0	277,658	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.220672	8,167,760	0	0	1,802,396	54.00
54.01	05401	ULTRASOUND	0.096803	2,436,823	0	0	235,892	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098358	24,741,480	0	0	2,433,522	55.00
56.00	05600	RADIOISOTOPE	0.067363	11,040,012	0	0	743,688	56.00
57.00	05700	CT SCAN	0.016194	29,721,112	0	0	481,304	57.00
58.00	05800	MRI	0.030766	13,158,859	0	0	404,845	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063312	14,562,785	0	0	921,999	59.00
60.00	06000	LABORATORY	0.134665	14,880,674	10,844	0	2,003,906	60.00
60.01	06001	COVID19	19.313941	10,442	110	0	201,676	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.357619	602,401	0	0	215,430	62.00
65.00	06500	RESPIRATORY THERAPY	0.230794	2,395,976	0	0	552,977	65.00
66.00	06600	PHYSICAL THERAPY	0.428415	423,552	0	0	181,456	66.00
69.00	06900	ELECTROCARDIOLOGY	0.086557	18,711,346	0	0	1,619,598	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.295289	16,303,606	180	0	4,814,276	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.618879	9,961,032	24,413	0	6,164,674	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223735	127,530,551	332	297,992	28,533,048	73.00
74.00	07400	RENAL DIALYSIS	0.236162	233,172	0	0	55,066	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.403183	3,649,284	0	0	1,471,329	75.00
76.00	03020	CARDIAC REHAB	0.802261	470,451	0	0	377,424	76.00
76.01	03030	GI LAB	0.141222	9,992,927	0	0	1,411,221	76.01
76.02	03040	ECT	0.238574	236,242	0	0	56,361	76.02
76.03	03050	OP PSYCH	0.288634	845,785	0	0	244,122	76.03
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	1.016130	1,551,419	0	195	1,576,443	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.715205	466,470	0	0	333,622	90.01
91.00	09100	EMERGENCY	0.221811	11,764,163	0	0	2,609,421	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.331890	10,060,848	0	0	3,339,095	92.00
92.01	09201	AMBULATORY CARE UNIT	0.616774	603,815	0	0	372,417	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		371,215,520	35,879	298,187	68,026,097	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		371,215,520	35,879	298,187	68,026,097	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/24/2020 9:16 am

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01	05401	ULTRASOUND	0	0	54.01	
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	MRI	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00	
60.00	06000	LABORATORY	1,460	0	60.00	
60.01	06001	COVID19	2,125	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,109	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	74	66,671	73.00	
74.00	07400	RENAL DIALYSIS	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00	
76.00	03020	CARDIAC REHAB	0	0	76.00	
76.01	03030	GI LAB	0	0	76.01	
76.02	03040	ECT	0	0	76.02	
76.03	03050	OP PSYCH	0	0	76.03	
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	198	90.00	
90.01	09001	HYPERBARIC/OP WOUND	0	0	90.01	
91.00	09100	EMERGENCY	0	0	91.00	
91.02	09101	NATURAL FAMILY PLANNING	0	0	91.02	
91.03	09102	PAIN THERAPY CENTER	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00	
92.01	09201	AMBULATORY CARE UNIT	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		95.00	
200.00		Subtotal (see instructions)	18,821	66,869	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00	
202.00		Net Charges (line 200 - line 201)	18,821	66,869	202.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/24/2020 9:16 am	
				Component CCN: 26-S020			
				Title XVIII	Subprovider - IPF	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	8,167,491	253,093,235	0.032271	0	0
51.00	05100	RECOVERY ROOM	239,578	64,226,888	0.003730	17,254	64
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,027,425	51,823,969	0.058417	27	2
53.00	05300	ANESTHESIOLOGY	599,072	86,936,468	0.006891	38,889	268
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,323,394	103,150,247	0.041914	20,292	851
54.01	05401	ULTRASOUND	854,158	52,665,092	0.016219	920	15
55.00	05500	RADIOLOGY-THERAPEUTIC	1,329,518	103,073,272	0.012899	0	0
56.00	05600	RADIOISOTOPE	436,722	44,857,744	0.009736	5,270	51
57.00	05700	CT SCAN	493,042	216,728,806	0.002275	58,664	133
58.00	05800	MRI	757,404	96,575,389	0.007843	15,930	125
59.00	05900	CARDIAC CATHETERIZATION	1,023,851	87,310,105	0.011727	0	0
60.00	06000	LABORATORY	2,835,212	388,231,502	0.007303	407,618	2,977
60.01	06001	COVID19	294,246	424,089	0.693831	68	47
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	426,575	23,285,320	0.018319	0	0
65.00	06500	RESPIRATORY THERAPY	1,665,844	72,535,061	0.022966	18,771	431
66.00	06600	PHYSICAL THERAPY	2,075,861	60,354,124	0.034395	56,171	1,932
69.00	06900	ELECTROCARDIOLOGY	1,166,542	151,481,365	0.007701	24,984	192
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,698,226	208,315,695	0.008152	28,569	233
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,965,327	115,386,229	0.017033	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	5,361,314	820,219,069	0.006536	371,707	2,429
74.00	07400	RENAL DIALYSIS	204,824	9,365,607	0.021870	0	0
75.00	07500	ASC (NON-DISTINCT PART)	1,385,212	24,506,371	0.056525	0	0
76.00	03020	CARDIAC REHAB	172,579	2,070,903	0.083335	0	0
76.01	03030	GI LAB	1,863,755	71,563,429	0.026043	0	0
76.02	03040	ECT	44,890	1,322,622	0.033940	74,526	2,529
76.03	03050	OP PSYCH	344,417	7,096,381	0.048534	1,220	59
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	1,414,899	14,774,882	0.095764	7	1
90.01	09001	HYPERBARIC/OP WOUND	130,775	2,413,711	0.054180	0	0
91.00	09100	EMERGENCY	2,889,869	157,251,423	0.018377	382,891	7,036
91.02	09101	NATURAL FAMILY PLANNING	0	0	0.000000	0	0
91.03	09102	PAIN THERAPY CENTER	0	0	0.000000	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	63,507,435	0.000000	0	0
92.01	09201	AMBULATORY CARE UNIT	345,242	4,502,322	0.076681	7,618	584
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	47,537,264	3,359,048,755		1,531,396	19,959

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 9:16 am

Component CCN: 26-S020

Title XVIII

Subprovider -
IPF

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	250,552	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
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 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 COVID19	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03030 GI LAB	0	0	0	0	0	76.01
76.02	03040 ECT	0	0	0	0	0	76.02
76.03	03050 OP PSYCH	0	0	0	0	0	76.03
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 HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	387,612	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	0	638,164	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 9:16 am	
				Title XVIII		Subprovider - IPF		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	253,093,235	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	64,226,888	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	51,823,969	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	86,936,468	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	250,552	250,552	103,150,247	0.002429	54.00
54.01	05401	ULTRASOUND		0	0	0	52,665,092	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	103,073,272	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	44,857,744	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	216,728,806	0.000000	57.00
58.00	05800	MRI		0	0	0	96,575,389	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	87,310,105	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	388,231,502	0.000000	60.00
60.01	06001	COVID19		0	0	0	424,089	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	23,285,320	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	72,535,061	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	60,354,124	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	151,481,365	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	208,315,695	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	115,386,229	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	820,219,069	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	9,365,607	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	24,506,371	0.000000	75.00
76.00	03020	CARDIAC REHAB		0	0	0	2,070,903	0.000000	76.00
76.01	03030	GI LAB		0	0	0	71,563,429	0.000000	76.01
76.02	03040	ECT		0	0	0	1,322,622	0.000000	76.02
76.03	03050	OP PSYCH		0	0	0	7,096,381	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	14,774,882	0.000000	90.00
90.01	09001	HYPERBARIC/OP WOUND		0	0	0	2,413,711	0.000000	90.01
91.00	09100	EMERGENCY		0	387,612	387,612	157,251,423	0.002465	91.00
91.02	09101	NATURAL FAMILY PLANNING		0	0	0	0	0.000000	91.02
91.03	09102	PAIN THERAPY CENTER		0	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	63,507,435	0.000000	92.00
92.01	09201	AMBULATORY CARE UNIT		0	0	0	4,502,322	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	638,164	638,164	3,359,048,755		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 9:16 am	
				Title XVIII		Subprovider - IPF		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	17,254	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	27	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	38,889	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002429	20,292	49	0	0	0	54.00
54.01	05401	ULTRASOUND	0.000000	920	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	5,270	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	58,664	0	0	0	0	57.00
58.00	05800	MRI	0.000000	15,930	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	407,618	0	1,226	0	0	60.00
60.01	06001	COVID19	0.000000	68	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	18,771	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	56,171	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	24,984	0	312	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	28,569	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	371,707	0	0	0	0	73.00
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
76.00	03020	CARDIAC REHAB	0.000000	0	0	0	0	0	76.00
76.01	03030	GI LAB	0.000000	0	0	0	0	0	76.01
76.02	03040	ECT	0.000000	74,526	0	0	0	0	76.02
76.03	03050	OP PSYCH	0.000000	1,220	0	0	0	0	76.03
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	7	0	0	0	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.000000	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.002465	382,891	944	0	0	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0.000000	7,618	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,531,396	993	1,538	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0020

Period:

Worksheet D

Component CCN: 26-S020

From 07/01/2019

Part V

To 06/30/2020

Date/Time Prepared:

11/24/2020 9:16 am

Title XVIII

Subprovider -
IPF

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	0.182014	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.061810	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.535000	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.040180	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.220672	0	0	0	0 54.00
54.01	05401 ULTRASOUND	0.096803	0	0	0	0 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.098358	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.067363	0	0	0	0 56.00
57.00	05700 CT SCAN	0.016194	0	0	0	0 57.00
58.00	05800 MRI	0.030766	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.063312	0	0	0	0 59.00
60.00	06000 LABORATORY	0.134665	1,226	0	0	165 60.00
60.01	06001 COVID19	19.313941	0	0	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.357619	0	0	0	0 62.00
65.00	06500 RESPIRATORY THERAPY	0.230794	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.428415	0	0	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.086557	312	0	0	27 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.295289	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.618879	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.223735	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.236162	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.403183	0	0	0	0 75.00
76.00	03020 CARDIAC REHAB	0.802261	0	0	0	0 76.00
76.01	03030 GI LAB	0.141222	0	0	0	0 76.01
76.02	03040 ECT	0.238574	0	0	0	0 76.02
76.03	03050 OP PSYCH	0.288634	0	0	0	0 76.03
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	1.016130	0	0	0	0 90.00
90.01	09001 HYPERBARIC/OP WOUND	0.715205	0	0	0	0 90.01
91.00	09100 EMERGENCY	0.221811	0	0	0	0 91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000	0	0	0	0 91.02
91.03	09102 PAIN THERAPY CENTER	0.000000	0	0	0	0 91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.331890	0	0	0	0 92.00
92.01	09201 AMBULATORY CARE UNIT	0.616774	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000		0		95.00
200.00	Subtotal (see instructions)		1,538	0	0	192 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		1,538	0	0	192 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/24/2020 9:16 am
			Title XVIII		Subprovider - IPF	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01	05401	ULTRASOUND	0	0	54.01	
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	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	COVID19	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00	
76.00	03020	CARDIAC REHAB	0	0	76.00	
76.01	03030	GI LAB	0	0	76.01	
76.02	03040	ECT	0	0	76.02	
76.03	03050	OP PSYCH	0	0	76.03	
	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	HYPERBARIC/OP WOUND	0	0	90.01	
91.00	09100	EMERGENCY	0	0	91.00	
91.02	09101	NATURAL FAMILY PLANNING	0	0	91.02	
91.03	09102	PAIN THERAPY CENTER	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00	
92.01	09201	AMBULATORY CARE UNIT	0	0	92.01	
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00	
200.00		Subtotal (see instructions)	0	0	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00	
202.00		Net Charges (line 200 - line 201)	0	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/24/2020 9:16 am

			Title XIX		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.182014	0	0	2,771,052	0	50.00
51.00	05100	RECOVERY ROOM	0.061810	0	0	873,503	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.535000	0	0	8,227	0	52.00
53.00	05300	ANESTHESIOLOGY	0.040180	0	0	915,955	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.220672	0	0	1,243,583	0	54.00
54.01	05401	ULTRASOUND	0.096803	0	0	1,174,963	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098358	0	0	2,381,339	0	55.00
56.00	05600	RADIOISOTOPE	0.067363	0	0	958,290	0	56.00
57.00	05700	CT SCAN	0.016194	0	0	3,829,830	0	57.00
58.00	05800	MRI	0.030766	0	0	1,340,124	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063312	0	0	804,506	0	59.00
60.00	06000	LABORATORY	0.134665	0	0	4,907,199	0	60.00
60.01	06001	COVID19	19.313941	0	0	11,682	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.357619	0	0	168,051	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.230794	0	0	518,315	0	65.00
66.00	06600	PHYSICAL THERAPY	0.428415	0	0	394,763	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.086557	0	0	1,624,591	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.295289	0	0	1,709,526	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.618879	0	0	992,370	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223735	0	0	23,140,512	0	73.00
74.00	07400	RENAL DIALYSIS	0.236162	0	0	10,324	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.403183	0	0	458,837	0	75.00
76.00	03020	CARDIAC REHAB	0.802261	0	0	9,248	0	76.00
76.01	03030	GI LAB	0.141222	0	0	867,981	0	76.01
76.02	03040	ECT	0.238574	0	0	60,808	0	76.02
76.03	03050	OP PSYCH	0.288634	0	0	0	0	76.03
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	1.016130	0	0	482,457	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.715205	0	0	264,426	0	90.01
91.00	09100	EMERGENCY	0.221811	0	0	8,762,508	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.331890	0	0	3,228,537	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0.616774	0	0	245,431	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0			95.00
200.00		Subtotal (see instructions)		0	0	64,158,938	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	0	64,158,938	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/24/2020 9:16 am

			Title XIX		Hospital	Cost
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	504,370		50.00
51.00	05100	RECOVERY ROOM	0	53,991		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,401		52.00
53.00	05300	ANESTHESIOLOGY	0	36,803		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	274,424		54.00
54.01	05401	ULTRASOUND	0	113,740		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	234,224		55.00
56.00	05600	RADIOISOTOPE	0	64,553		56.00
57.00	05700	CT SCAN	0	62,020		57.00
58.00	05800	MRI	0	41,230		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	50,935		59.00
60.00	06000	LABORATORY	0	660,828		60.00
60.01	06001	COVID19	0	225,625		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	60,098		62.00
65.00	06500	RESPIRATORY THERAPY	0	119,624		65.00
66.00	06600	PHYSICAL THERAPY	0	169,122		66.00
69.00	06900	ELECTROCARDIOLOGY	0	140,620		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	504,804		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	614,157		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,177,342		73.00
74.00	07400	RENAL DIALYSIS	0	2,438		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	184,995		75.00
76.00	03020	CARDIAC REHAB	0	7,419		76.00
76.01	03030	GI LAB	0	122,578		76.01
76.02	03040	ECT	0	14,507		76.02
76.03	03050	OP PSYCH	0	0		76.03
	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	490,239		90.00
90.01	09001	HYPERBARIC/OP WOUND	0	189,119		90.01
91.00	09100	EMERGENCY	0	1,943,621		91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0		91.02
91.03	09102	PAIN THERAPY CENTER	0	0		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,071,519		92.00
92.01	09201	AMBULATORY CARE UNIT	0	151,375		92.01
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	13,290,721		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	13,290,721		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 9:16 am
		Title XVIII	Hospital	PPS
Cost Center Description				
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		163,899	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		163,899	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)		143,699	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)		32,257	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)		171,018,349	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)		171,018,349	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)		171,018,349	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,043.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		33,658,244	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)		33,658,244	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/24/2020 9:16 am

			Title XVIII		Hospital	PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	40,432,181	17,317	2,334.83	4,885	11,405,645	43.00	
44.00	CORONARY CARE UNIT	6,538,983	3,533	1,850.83	1,061	1,963,731	44.00	
45.00	BURN INTENSIVE CARE UNIT	4,723,765	3,159	1,495.34	752	1,124,496	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	35,932,502	33,405	1,075.66	0	0	47.00	
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						62,282,498	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						110,434,614	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)						4,379,603	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						4,241,308	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						8,620,911	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						101,813,703	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)						20,200	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,043.44	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						21,077,488	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/24/2020 9:16 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	16,863,437	171,018,349	0.098606	21,077,488	2,078,367	90.00
91.00 Nursing School cost	0	171,018,349	0.000000	21,077,488	0	91.00
92.00 Allied health cost	0	171,018,349	0.000000	21,077,488	0	92.00
93.00 All other Medical Education	0	171,018,349	0.000000	21,077,488	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 9:16 am
		Title XVIII	Subprovider - IPF	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)		4,585	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,585	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)		4,585	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)		2,383	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)		5,228,452	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)		5,228,452	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)		5,228,452	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,140.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,717,430	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)		2,717,430	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1		
				Component CCN: 26-S020		Date/Time Prepared: 11/24/2020 9:16 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0	43.00
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	NEONATAL INTENSIVE CARE UNIT		0	0	0.00	0	0	47.00
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						295,831	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,013,261	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)						222,787	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						20,952	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						243,739	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,769,522	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: 26-0020 Component CCN: 26-S020		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/24/2020 9:16 am	
		Title XVIII		Subprovider - IPF		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	428,629	5,228,452	0.081980	0	0	90.00
91.00	Nursing School cost	0	5,228,452	0.000000	0	0	91.00
92.00	Allied health cost	0	5,228,452	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,228,452	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 9:16 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			163,899 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			163,899 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)			143,699 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)			9,736 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)			17,584 15.00
16.00	Nursery days (title V or XIX only)			5,447 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)			170,624,218 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)			170,624,218 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)			170,624,218 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,041.03 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			10,135,468 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			10,135,468 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/24/2020 9:16 am

		Title XIX		Hospital		11/24/2020 9:16 am Cost		
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	9,662,027	17,584	549.48	5,447	2,993,018	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	40,384,929	17,317	2,332.10	1,757	4,097,500	43.00	
44.00	CORONARY CARE UNIT	6,538,983	3,533	1,850.83	157	290,580	44.00	
45.00	BURN INTENSIVE CARE UNIT	4,723,765	3,159	1,495.34	276	412,714	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	35,912,252	33,405	1,075.06	3,180	3,418,691	47.00	
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						13,561,579	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						34,909,550	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						20,200	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,041.03	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						21,028,806	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/24/2020 9:16 am

		Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	16,863,437	170,624,218	0.098834	21,028,806	2,078,361	90.00
91.00	Nursing School cost	0	170,624,218	0.000000	21,028,806	0	91.00
92.00	Allied health cost	0	170,624,218	0.000000	21,028,806	0	92.00
93.00	All other Medical Education	0	170,624,218	0.000000	21,028,806	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 9:16 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,585 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,585 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)			4,585 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)			278 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)			17,584 15.00
16.00	Nursery days (title V or XIX only)			5,447 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)			5,169,822 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)			5,169,822 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)			5,169,822 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,127.55 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			313,459 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)			313,459 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1		
				Component CCN: 26-S020		Date/Time Prepared: 11/24/2020 9:16 am		
				Title XIX		Subprovider - IPF	Cost	
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0	43.00
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	NEONATAL INTENSIVE CARE UNIT		0	0	0.00	0	0	47.00
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						243,959	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						557,418	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/24/2020 9:16 am	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
				1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	428,629	5,169,822	0.082910	0	0	90.00		
91.00	Nursing School cost	0	5,169,822	0.000000	0	0	91.00		
92.00	Allied health cost	0	5,169,822	0.000000	0	0	92.00		
93.00	All other Medical Education	0	5,169,822	0.000000	0	0	93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/24/2020 9:16 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		71,726,278	30.00
31.00	03100	INTENSIVE CARE UNIT		24,731,785	31.00
32.00	03200	CORONARY CARE UNIT		3,791,035	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		3,160,260	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182111	29,302,968	5,336,393 50.00
51.00	05100	RECOVERY ROOM	0.061810	2,247,975	138,947 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.535454	144,460	77,352 52.00
53.00	05300	ANESTHESIOLOGY	0.040180	7,159,798	287,681 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.220672	6,974,246	1,539,021 54.00
54.01	05401	ULTRASOUND	0.096803	1,443,094	139,696 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.104524	465,921	48,700 55.00
56.00	05600	RADIOISOTOPE	0.067363	2,067,913	139,301 56.00
57.00	05700	CT SCAN	0.016194	20,005,633	323,971 57.00
58.00	05800	MRI	0.030766	4,771,426	146,798 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063312	9,948,904	629,885 59.00
60.00	06000	LABORATORY	0.134665	46,227,328	6,225,203 60.00
60.01	06001	COVID19	19.328719	18,307	353,851 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.357619	4,348,509	1,555,109 62.00
65.00	06500	RESPIRATORY THERAPY	0.230794	12,317,892	2,842,896 65.00
66.00	06600	PHYSICAL THERAPY	0.428441	6,824,581	2,923,930 66.00
69.00	06900	ELECTROCARDIOLOGY	0.086723	16,803,528	1,457,252 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.295289	28,615,780	8,449,925 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.618879	22,759,450	14,085,346 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223735	37,956,852	8,492,276 73.00
74.00	07400	RENAL DIALYSIS	0.236162	4,273,470	1,009,231 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.403183	622,857	251,125 75.00
76.00	03020	CARDIAC REHAB	0.802261	161,596	129,642 76.00
76.01	03030	GI LAB	0.141257	1,602,629	226,383 76.01
76.02	03040	ECT	0.238574	67,669	16,144 76.02
76.03	03050	OP PSYCH	0.288634	915	264 76.03
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	1.020838	9,213	9,405 90.00
90.01	09001	HYPERBARIC/OP WOUND	0.715205		0 90.01
91.00	09100	EMERGENCY	0.223607	12,306,771	2,751,880 91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0 91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.331890	6,273,516	2,082,117 92.00
92.01	09201	AMBULATORY CARE UNIT	0.616774	993,514	612,774 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		286,716,715	62,282,498 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		286,716,715	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3
			Component CCN: 26-S020		Date/Time Prepared: 11/24/2020 9:16 am
			Title XVIII	Subprovider - IPF	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		14,518	30.00
31.00	03100	INTENSIVE CARE UNIT		45,566	31.00
32.00	03200	CORONARY CARE UNIT		15	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		1	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		2,497,268	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182111	0	50.00
51.00	05100	RECOVERY ROOM	0.061810	17,254	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.535454	27	52.00
53.00	05300	ANESTHESIOLOGY	0.040180	38,889	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.220672	20,292	54.00
54.01	05401	ULTRASOUND	0.096803	920	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.104524	0	55.00
56.00	05600	RADIOISOTOPE	0.067363	5,270	56.00
57.00	05700	CT SCAN	0.016194	58,664	57.00
58.00	05800	MRI	0.030766	15,930	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063312	0	59.00
60.00	06000	LABORATORY	0.134665	407,618	60.00
60.01	06001	COVID19	19.328719	68	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.357619	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.230794	18,771	65.00
66.00	06600	PHYSICAL THERAPY	0.428441	56,171	66.00
69.00	06900	ELECTROCARDIOLOGY	0.086723	24,984	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.295289	28,569	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.618879	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223735	371,707	73.00
74.00	07400	RENAL DIALYSIS	0.236162	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.403183	0	75.00
76.00	03020	CARDIAC REHAB	0.802261	0	76.00
76.01	03030	GI LAB	0.141257	0	76.01
76.02	03040	ECT	0.238574	74,526	76.02
76.03	03050	OP PSYCH	0.288634	1,220	76.03
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	1.020838	7	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.715205	0	90.01
91.00	09100	EMERGENCY	0.223607	382,891	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.331890	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0.616774	7,618	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,531,396	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)		1,531,396	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/24/2020 9:16 am
Cost Center Description			Title XIX	Hospital	Cost
			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		20,210,077	30.00
31.00	03100	INTENSIVE CARE UNIT		10,384,316	31.00
32.00	03200	CORONARY CARE UNIT		571,987	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		1,428,587	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		15,674,116	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		718,014	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182014	5,561,384	1,012,250 50.00
51.00	05100	RECOVERY ROOM	0.061810	371,389	22,956 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.535000	722,482	386,528 52.00
53.00	05300	ANESTHESIOLOGY	0.040180	1,512,949	60,790 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.220672	1,905,495	420,489 54.00
54.01	05401	ULTRASOUND	0.096803	443,381	42,921 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098358	323,669	31,835 55.00
56.00	05600	RADIOISOTOPE	0.067363	301,727	20,325 56.00
57.00	05700	CT SCAN	0.016194	4,636,238	75,079 57.00
58.00	05800	MRI	0.030766	1,161,215	35,726 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063312	1,306,511	82,718 59.00
60.00	06000	LABORATORY	0.134665	13,416,569	1,806,742 60.00
60.01	06001	COVID19	19.313941	5,618	108,506 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.357619	1,328,608	475,135 62.00
65.00	06500	RESPIRATORY THERAPY	0.230794	5,801,896	1,339,043 65.00
66.00	06600	PHYSICAL THERAPY	0.428415	1,513,273	648,309 66.00
69.00	06900	ELECTROCARDIOLOGY	0.086557	3,913,753	338,763 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.295289	6,955,885	2,053,996 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.618879	2,267,294	1,403,181 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223735	13,236,827	2,961,541 73.00
74.00	07400	RENAL DIALYSIS	0.236162	495,057	116,914 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.403183	118,260	47,680 75.00
76.00	03020	CARDIAC REHAB	0.802261	23,608	18,940 76.00
76.01	03030	GI LAB	0.141222	362,635	51,212 76.01
76.02	03040	ECT	0.238574	0	0 76.02
76.03	03050	OP PSYCH	0.288634	0	0 76.03
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	1.016130	0	0 90.00
90.01	09001	HYPERBARIC/OP WOUND	0.715205	0	0 90.01
91.00	09100	EMERGENCY	0.221811	0	0 91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0 91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.331890	0	0 92.00
92.01	09201	AMBULATORY CARE UNIT	0.616774	0	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		67,685,723	13,561,579 200.00
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)		67,685,723	13,561,579 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3	
		Component CCN: 26-S020		Date/Time Prepared: 11/24/2020 9:16 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
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
35.00	02040 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		291,900		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.182014	9,985	1,817	50.00
51.00	05100 RECOVERY ROOM	0.061810	6,269	387	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.535000	114	61	52.00
53.00	05300 ANESTHESIOLOGY	0.040180	10,545	424	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.220672	23,933	5,281	54.00
54.01	05401 ULTRASOUND	0.096803	1,155	112	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.098358	0	0	55.00
56.00	05600 RADIOISOTOPE	0.067363	2,335	157	56.00
57.00	05700 CT SCAN	0.016194	94,569	1,531	57.00
58.00	05800 MRI	0.030766	15,322	471	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.063312	0	0	59.00
60.00	06000 LABORATORY	0.134665	715,046	96,292	60.00
60.01	06001 COVID19	19.313941	92	1,777	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.357619	1,014	363	62.00
65.00	06500 RESPIRATORY THERAPY	0.230794	33,263	7,677	65.00
66.00	06600 PHYSICAL THERAPY	0.428415	10,136	4,342	66.00
69.00	06900 ELECTROCARDIOLOGY	0.086557	27,723	2,400	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.295289	25,684	7,584	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.618879	3,931	2,433	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.223735	469,433	105,029	73.00
74.00	07400 RENAL DIALYSIS	0.236162	2	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.403183	213	86	75.00
76.00	03020 CARDIAC REHAB	0.802261	0	0	76.00
76.01	03030 GI LAB	0.141222	0	0	76.01
76.02	03040 ECT	0.238574	16,884	4,028	76.02
76.03	03050 OP PSYCH	0.288634	0	0	76.03
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	1.016130	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0.715205	0	0	90.01
91.00	09100 EMERGENCY	0.221811	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0.000000	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.331890	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0.616774	2,767	1,707	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,470,415	243,959	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)		1,470,415		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 9:16 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)			20,097,286	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			59,958,478	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)			919,624	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			3,336,779	2.04
3.00	Managed Care Simulated Payments			64,754,890	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			787.78	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)			95.60	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)			10.52	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)			85.08	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			96.43	10.00
11.00	FTE count for residents in dental and podiatric programs.			3.96	11.00
12.00	Current year allowable FTE (see instructions)			89.04	12.00
13.00	Total allowable FTE count for the prior year.			89.08	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.			88.08	14.00
15.00	Sum of lines 12 through 14 divided by 3.			88.73	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			88.73	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.112633	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.110828	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.110828	21.00
22.00	IME payment adjustment (see instructions)			4,699,834	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			3,801,565	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)			11.35	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)			4,699,834	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			3,801,565	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.76	30.00
31.00	Percentage of Medicaid patient days (see instructions)			26.41	31.00
32.00	Sum of lines 30 and 31			30.17	32.00
33.00	Allowable disproportionate share percentage (see instructions)			14.11	33.00
34.00	Disproportionate share adjustment (see instructions)			2,823,967	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 9:16 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)		0.001480713	0.001556772	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		12,249,752	12,999,980	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,087,611	9,732,227	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		12,819,838		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		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)		104,655,806		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)			108,457,371	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			7,286,617	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).			2,853,238	52.00
53.00	Nursing and Allied Health Managed Care payment			48,581	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			47,276	58.00
59.00	Total (sum of amounts on lines 49 through 58)			118,693,083	59.00
60.00	Primary payer payments			318,480	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			118,374,603	61.00
62.00	Deductibles billed to program beneficiaries			6,936,756	62.00
63.00	Coinsurance billed to program beneficiaries			567,204	63.00
64.00	Allowable bad debts (see instructions)			1,465,091	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			952,309	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,081,708	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			111,822,952	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)			489,582	70.93
70.94	HRR adjustment amount (see instructions)			-276,009	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 9:16 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)		112,036,525	71.00
71.01	Sequestration adjustment (see instructions)		1,871,010	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		107,717,772	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)		2,447,743	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		1,776,763	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
HVPB Adjustment for HSP Bonus Payment				
101.00	HVPB adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVPB 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: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/24/2020 9:16 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		85,690	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		67,977,259	2.00
3.00	OPPS payments		64,272,602	3.00
4.00	Outlier payment (see instructions)		76,932	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		48,838	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		85,690	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		334,066	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)		334,066	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 charge basis 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)		334,066	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		248,376	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)		85,690	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)		64,398,372	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		7,102	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		11,536,827	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)		52,940,133	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,716,908	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)		54,657,041	30.00
31.00	Primary payer payments		37,611	31.00
32.00	Subtotal (line 30 minus line 31)		54,619,430	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)		502,034	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		326,322	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		234,867	36.00
37.00	Subtotal (see instructions)		54,945,752	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)		54,945,752	40.00
40.01	Sequestration adjustment (see instructions)		917,594	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		53,905,322	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)		122,836	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/24/2020 9:16 am
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		192	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	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)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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 charge basis 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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		0	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)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	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)		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)		0	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		40.03	
41.00	Interim payments		0	41.00
41.01	Interim payments-PARHM		41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)		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: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/24/2020 9:16 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		107,580,972		53,858,322	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	01/06/2020	136,800	01/06/2020	47,000	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)		136,800		47,000	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		107,717,772		53,905,322	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		2,447,743		122,836	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		110,165,515		54,028,158	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: 26-0020
 Component CCN: 26-S020

 Period:
 From 07/01/2019
 To 06/30/2020

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/24/2020 9:16 am

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		2,041,501		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,041,501		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		4,246		0	6.02	
7.00	Total Medicare program liability (see instructions)		2,037,255		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part II Date/Time Prepared: 11/24/2020 9:16 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: 26-0020 Component CCN: 26-S020	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 11/24/2020 9:16 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,220,199 1.00
2.00	Net IPF PPS Outlier Payments			37,306 2.00
3.00	Net IPF PPS ECT Payments			17,399 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.30 4.00
4.01	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 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.17 6.00
7.00	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 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.17 8.00
9.00	Average Daily Census (see instructions)			12.527322 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.006966 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			15,466 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,290,370 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,290,370 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,290,370 18.00
19.00	Deductibles			193,647 19.00
20.00	Subtotal (line 18 minus line 19)			2,096,723 20.00
21.00	Coinurance			25,861 21.00
22.00	Subtotal (line 20 minus line 21)			2,070,862 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,070,862 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			993 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,071,855 31.00
31.01	Sequestration adjustment (see instructions)			34,600 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,041,501 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			-4,246 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			37,306 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/24/2020 9:16 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			99.69	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.01	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			88.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			97.00	6.00
7.00	Enter the lesser of line 5 or line 6			88.68	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	63.92	26.34	90.26	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	58.44	24.08	82.52	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	58.44	28.08		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	57.99	28.46		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	57.00	27.91		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.81	28.15		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	57.81	28.15		17.00
18.00	Per resident amount	156,366.76	155,530.52		18.00
19.00	Approved amount for resident costs	9,039,562	4,378,184	13,417,746	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			8.32	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			111,978.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			13,417,746	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	41,338	34,737		26.00
27.00	Total Inpatient Days (see instructions)	208,942	208,942		27.00
28.00	Ratio of inpatient days to total inpatient days	0.197844	0.166252		28.00
29.00	Program direct GME amount	2,654,621	2,230,727	4,885,348	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		315,202	315,202	30.00
31.00	Net Program direct GME amount			4,570,146	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/24/2020 9:16 am	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		9,365,607		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000		34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0		35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0		36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)		113,447,875		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		318,480		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		113,129,395		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		68,111,979		42.00
43.00	Primary payer payments (see instructions)		37,611		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		68,074,368		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		181,203,763		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.624321		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.375679		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		4,570,146		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,853,238		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,716,908		50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/24/2020 9:16 am	
		Title XIX	Hospital	Cost	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			99.69	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.01	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			88.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			97.00	6.00
7.00	Enter the lesser of line 5 or line 6			88.68	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	63.92	26.34	90.26	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	58.44	24.08	82.52	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	58.44	28.08		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	57.99	28.46		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	57.00	27.91		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.81	28.15		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	57.81	28.15		17.00
18.00	Per resident amount	156,366.76	155,530.52		18.00
19.00	Approved amount for resident costs	9,039,562	4,378,184	13,417,746	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			8.32	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			111,978.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			13,417,746	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	16,434	37,004		26.00
27.00	Total Inpatient Days (see instructions)	208,942	208,942		27.00
28.00	Ratio of inpatient days to total inpatient days	0.078653	0.177102		28.00
29.00	Program direct GME amount	1,055,346	2,376,310	3,431,656	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		335,773	335,773	30.00
31.00	Net Program direct GME amount			3,095,883	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/24/2020 9:16 am
		Title XIX	Hospital	Cost
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34.00
35.00	Medicare outpatient ESRD charges (see instructions)			35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			39.00
40.00	Primary payer payments (see instructions)			40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			42.00
43.00	Primary payer payments (see instructions)			43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,095,883	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			50.00

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

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet G

Date/Time Prepared:
11/24/2020 9:16 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	26,584,562	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	317,015,724	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-185,121,264	0	0	0	6.00
7.00	Inventory	17,172,896	0	0	0	7.00
8.00	Prepaid expenses	829,087	0	0	0	8.00
9.00	Other current assets	8,085,655	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)	184,566,660	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,054,462	0	0	0	12.00
13.00	Land improvements	11,930,664	0	0	0	13.00
14.00	Accumulated depreciation	-10,273,070	0	0	0	14.00
15.00	Buildings	845,974,867	0	0	0	15.00
16.00	Accumulated depreciation	-554,304,014	0	0	0	16.00
17.00	Leasehold improvements	19,808,293	0	0	0	17.00
18.00	Accumulated depreciation	9,453	0	0	0	18.00
19.00	Fixed equipment	10,314,632	0	0	0	19.00
20.00	Accumulated depreciation	-6,787,470	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	312,909,297	0	0	0	23.00
24.00	Accumulated depreciation	-251,876,310	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)	385,760,804	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	18,299,134	3,196,115	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	18,299,134	3,196,115	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	588,626,598	3,196,115	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,745,556	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,964,078	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	718,489	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	3,173,045	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,601,168	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,778,483	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,379,110	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	9,157,593	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	25,758,761	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	562,867,837				52.00
53.00	Specific purpose fund		3,196,115			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)	562,867,837	3,196,115	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	588,626,598	3,196,115	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-1

Date/Time Prepared:
11/24/2020 9:16 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		598,196,784		3,025,057		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		202,295,609				2.00
3.00	Total (sum of line 1 and line 2)		800,492,393		3,025,057		3.00
4.00	DONATIONS	0		200,306		0	4.00
5.00	TRANSFERS	0		471,686		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		671,992		10.00
11.00	Subtotal (line 3 plus line 10)		800,492,393		3,697,049		11.00
12.00	INVESTMENT LOSS	0		39,229		0	12.00
13.00	EXPENSES	0		391,850		0	13.00
14.00	TRANSFERS	237,624,556		0		0	14.00
15.00	FIXED ASSETS PURCHASED	0		69,855		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)		237,624,556		500,934		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		562,867,837		3,196,115		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	DONATIONS		0				4.00
5.00	TRANSFERS		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	INVESTMENT LOSS		0				12.00
13.00	EXPENSES		0				13.00
14.00	TRANSFERS		0				14.00
15.00	FIXED ASSETS PURCHASED		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: 26-0020

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/24/2020 9:16 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	376,323,025		376,323,025	1.00
2.00	SUBPROVIDER - IPF	4,884,515		4,884,515	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	381,207,540		381,207,540	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	113,696,989		113,696,989	11.00
12.00	CORONARY CARE UNIT	20,260,323		20,260,323	12.00
13.00	BURN INTENSIVE CARE UNIT	16,115,098		16,115,098	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	160,930,403		160,930,403	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	311,002,813		311,002,813	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	692,210,353		692,210,353	17.00
18.00	Ancillary services	1,114,029,799	0	1,114,029,799	18.00
19.00	Outpatient services	0	2,270,699,862	2,270,699,862	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				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				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)	1,806,240,152	2,270,699,862	4,076,940,014	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,008,160,679		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,008,160,679		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-3

Date/Time Prepared:
11/24/2020 9:16 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,076,940,014	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,930,884,711	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,146,055,303	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,008,160,679	4.00
5.00	Net income from service to patients (line 3 minus line 4)	137,894,624	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,857,853	6.00
7.00	Income from investments	7,545,196	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	6,441,261	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,102,990	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	1,740,558	20.00
21.00	Rental of vending machines	297,252	21.00
22.00	Rental of hospital space	2,103,843	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	1,175,179	24.00
24.50	COVID-19 PHE Funding	41,136,858	24.50
25.00	Total other income (sum of lines 6-24)	64,400,990	25.00
26.00	Total (line 5 plus line 25)	202,295,614	26.00
27.00	ROUNDING	5	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	5	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	202,295,609	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0020	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/24/2020 9:16 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,361,827	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		232,623	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)		558.35	3.00
4.00	Number of interns & residents (see instructions)		88.73	4.00
5.00	Indirect medical education percentage (see instructions)		4.58	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)		291,372	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.76	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.41	8.00
9.00	Sum of lines 7 and 8		30.17	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.30	10.00
11.00	Disproportionate share adjustment (see instructions)		400,795	11.00
12.00	Total prospective capital payments (see instructions)		7,286,617	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