

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: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 5/25/2021 5:59 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/25/2021	Time: 5:59 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BARNES-JEWISH HOSPITAL (26-0032) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(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	844,640	-402,114	0	92,279,323	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	844,640	-402,114	0	92,279,323	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: 26-0032		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 5/25/2021 5:57 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: ONE BARNES-JEWISH HOSPITAL PLAZA			PO Box:				1.00			
2.00	City: ST. LOUIS			State: MO		Zip Code: 63110-		County: ST. LOUIS CITY			
		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			BARNES-JEWISH HOSPITAL	260032	41180	1	07/01/1966	N	P	O
4.00	Subprovider - IPF										
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										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020	12/31/2020		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			36,675	12,086	3,231	3,423	23,488	3,433	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
5/25/2021 5:57 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2	11/19/2020	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
<u>Prospective Payment System (PPS)-Capital</u>								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
<u>Teaching Hospitals</u>								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
					1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.				Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					20.00	1	60.01

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.03	
		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	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
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
		Unweighted FTEs in 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)	12.58	500.58	0.024515		64.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
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5/25/2021 5:57 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	GERIATRICS	1408	0.18	0.02	0.900000	65.00
65.01		INTERNAL MEDICINE	1400	0.00	129.79	0.000000	65.01
65.02		PEDIATRICS	2000	0.00	2.32	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)			80.59	542.80	0.129277	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	28.72	101.76	0.220110	67.00
67.01		PEDIATRICS	2000	0.00	3.50	0.000000	67.01
67.02		GERIATRICS	1408	0.36	0.67	0.349515	67.02
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00

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			1.00	2.00	3.00
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.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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.	N	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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.	N	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.	N	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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0032		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 5/25/2021 5:57 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 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	
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	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	1		2,013,250		0118.01	
						1.00	
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.	Y					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.	08/26/1980					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.	09/16/1987					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.	03/08/1990					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.	02/02/1995					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.	08/26/1980					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 26-0032		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 5/25/2021 5:57 pm					
				1.00		2.00							
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		HB1804		140.00			
1.00				2.00		3.00							
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.													
141.00	Name: BJC HEALTHCARE			Contractor's Name: WPS		Contractor's Number: 05301			141.00				
142.00	Street: 4901 FOREST PARK AVENUE			PO Box: STE 1200					142.00				
143.00	City: ST. LOUIS			State: MO		Zip Code: 63108			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		
								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	166.00
								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: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 5/25/2021 5:57 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 5/25/2021 5:57 pm
			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)	Y		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	02/23/2021 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 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?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		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.	Y		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.		Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 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		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	03/31/2021	Y 03/31/2021 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		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		N 19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
5/25/2021 5:57 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y		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.	RACHELLE	SAULS		41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-0330	RLS5919@BJC.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
5/25/2021 5:57 pm

		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.	REIMBURSEMENT MANAGER	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

Health Financial Systems		BARNES-JEWISH HOSPITAL		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part IX Date/Time Prepared: 5/25/2021 5:57 pm	
			Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	N	Y		1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	N	Y		2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	N	Y		3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N		3.01
3.02	Does Title XIX transfer managed care (HMO) days from Worksheet S-3, Part I, column 7, sum of lines 2, 3, and 4 to Worksheet E-4, column 2, line 26?		Y		3.02
			Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N		4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N		5.00
			Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	N	Y		6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	N	Y		7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N		8.00
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N		9.00
			State 1.00		
STATE MEDICAID FORMS					
10.00	Select the state when using state Medicaid forms.				10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
5/25/2021 5:57 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	1,067	402,567	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)		1,067	402,567	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	59	20,496	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	39	5,490	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	36	13,176	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
12.01 NEURO ICU	35.01	44	13,699	0.00	0	12.01
12.02 CARDIO-THORACIC ICU	35.02	29	10,919	0.00	0	12.02
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		1,274	466,347	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		1,274				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)		18	6,588			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: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
5/25/2021 5:57 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	84,300	37,215	286,665			1.00
2.00	HMO and other (see instructions)	56,997	38,266				2.00
3.00	HMO IPF Subprovider	0	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)	84,300	37,215	286,665			7.00
8.00	INTENSIVE CARE UNIT	5,121	2,161	18,015			8.00
9.00	CORONARY CARE UNIT	1,646	496	5,001			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	2,751	1,505	11,112			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO ICU	3,373	1,522	11,948			12.01
12.02	CARDIO-THORACIC ICU	2,609	531	8,412			12.02
13.00	NURSERY		508	5,204			13.00
14.00	Total (see instructions)	99,800	43,938	346,357	758.40	8,823.91	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						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)				758.40	8,823.91	27.00
28.00	Observation Bed Days		333	2,868			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)	43	132	2,941			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: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
5/25/2021 5:57 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		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	13,652	6,022	50,978	1.00
2.00 HMO and other (see instructions)			7,983	6,821		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 OTHER SPECIAL CARE (SPECIFY)						12.00
12.01 NEURO ICU						12.01
12.02 CARDIO-THORACIC ICU						12.02
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	13,652	6,022	50,978	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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
26.00 RURAL HEALTH CLINIC						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: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
5/25/2021 5:57 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	614,921,120	1,044,391	615,965,511	18,169,840.37	33.90
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		93,726	0	93,726	757.00	123.81
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		1,335,848	0	1,335,848	10,288.00	129.85
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	53,029,534	581,073	53,610,607	1,657,408.59	32.35
7.01	Contracted interns and residents (in an approved programs)		56,331	0	56,331	91.60	614.97
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)		26,034,098	1,125,175	27,159,273	785,485.59	34.58
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		69,748,279	0	69,748,279	1,008,263.60	69.18
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		12,539,385	0	12,539,385	73,643.15	170.27
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		124,555,230	0	124,555,230	3,129,284.00	39.80
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		71,525,933	0	71,525,933	607,563.84	117.73
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		150,389,773	0	150,389,773		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		7,653,956	0	7,653,956		
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		34,522	0	34,522		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		381,707	0	381,707		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		11,126,818	0	11,126,818		
25.50	Home office wage-related (core)		23,324,855	0	23,324,855		
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: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
5/25/2021 5:57 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	3,281,541	-18,427	3,263,114	84,490.45	38.62	26.00
27.00	Administrative & General	5.00	52,896,800	-4,773,115	48,123,685	1,434,082.31	33.56	27.00
28.00	Administrative & General under contract (see inst.)		15,595,195	0	15,595,195	196,824.90	79.23	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	10,639,924	112,556	10,752,480	332,865.66	32.30	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	14,928,989	206,077	15,135,066	902,550.12	16.77	32.00
33.00	Housekeeping under contract (see instructions)		1,360,217	0	1,360,217	77,594.86	17.53	33.00
34.00	Dietary	10.00	8,838,955	-1,275,521	7,563,434	377,329.00	20.04	34.00
35.00	Dietary under contract (see instructions)		2,094,879	0	2,094,879	51,929.81	40.34	35.00
36.00	Cafeteria	11.00	2,363,995	1,463,280	3,827,275	236,621.41	16.17	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	32,843,045	315,225	33,158,270	762,341.79	43.50	38.00
39.00	Central Services and Supply	14.00	5,898,245	89,476	5,987,721	262,571.27	22.80	39.00
40.00	Pharmacy	15.00	25,278,579	-50,525	25,228,054	607,681.09	41.52	40.00
41.00	Medical Records & Medical Records Library	16.00	449,476	6,974	456,450	19,746.29	23.12	41.00
42.00	Social Service	17.00	10,366,665	-100,601	10,266,064	288,917.53	35.53	42.00
43.00	Other General Service	18.00	5,949,340	169,806	6,119,146	146,272.59	41.83	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
5/25/2021 5:57 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	579,549,698	463,318	580,013,016	16,828,401.75	34.47	1.00
2.00	Excluded area salaries (see instructions)	26,034,098	1,125,175	27,159,273	785,485.59	34.58	2.00
3.00	Subtotal salaries (line 1 minus line 2)	553,515,600	-661,857	552,853,743	16,042,916.16	34.46	3.00
4.00	Subtotal other wages & related costs (see inst.)	206,842,894	0	206,842,894	4,211,190.75	49.12	4.00
5.00	Subtotal wage-related costs (see inst.)	173,749,150	0	173,749,150	0.00	31.43	5.00
6.00	Total (sum of lines 3 thru 5)	934,107,644	-661,857	933,445,787	20,254,106.91	46.09	6.00
7.00	Total overhead cost (see instructions)	192,785,845	-3,854,795	188,931,050	5,781,819.08	32.68	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
5/25/2021 5:57 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	8,679,575	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)	41,692,312	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)	53,915,167	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,855,952	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	540,148	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)	5,878,868	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	5,452,344	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	44,885,099	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	1,442,952	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))	50	21.00
22.00	Day Care Cost and Allowances	1,514,327	22.00
23.00	Tuition Reimbursement	3,729,982	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	169,586,776	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: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	69,748,279	169,586,776	1.00
2.00	Hospital	69,748,279	169,586,776	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 26-0032

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

Worksheet S-10

Date/Time Prepared:
5/25/2021 5:57 pm

				1.00	
	Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.274021	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			132,267,887	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			110,430,933	5.00
6.00	Medicaid charges			811,164,309	6.00
7.00	Medicaid cost (line 1 times line 6)			222,276,055	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)			0	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP			46,652	9.00
10.00	Stand-alone CHIP charges			413,689	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			113,359	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			66,707	12.00
	Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care			199,807	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			81,148,617	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			66,707	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	253,714,720	11,892,365	265,607,085	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	69,523,161	11,892,365	81,415,526	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	69,523,161	11,892,365	81,415,526	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			76,036,451	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			4,101,899	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			6,310,615	27.01
28.00	Non-Medicare bad debt expense (see instructions)			69,725,836	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			21,315,059	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			102,730,585	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			102,797,292	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

Period:

From 01/01/2020

To 12/31/2020

Worksheet A

Date/Time Prepared:
5/25/2021 5:57 pm

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	NEW CAP REL COSTS-BLDG & FIXT		44,319,344	44,319,344	-1,135,180	43,184,164	1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)		28,658,583	28,658,583	409,609	29,068,192	1.03
1.04	00104	NEW CRC-B&F(GSON)		1,123,374	1,123,374	19,803	1,143,177	1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)		1,216,873	1,216,873	0	1,216,873	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		12,016,119	12,016,119	57,993,450	70,009,569	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,281,541	11,662,374	14,943,915	-465,707	14,478,208	4.00
5.01	00540	NONPATIENT TELEPHONES	1,192,711	-551,520	641,191	26,203	667,394	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	1,530,593	6,746,766	8,277,359	-4,244,955	4,032,404	5.03
5.04	00570	ADMITTING	9,284,848	3,160,183	12,445,031	89,135	12,534,166	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	40,888,648	457,634,043	498,522,691	-96,746,159	401,776,532	5.06
7.00	00700	OPERATION OF PLANT	10,639,924	29,660,240	40,300,164	918,703	41,218,867	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,848,710	1,848,710	-55	1,848,655	8.00
9.00	00900	HOUSEKEEPING	14,928,989	10,709,858	25,638,847	113,515	25,752,362	9.00
10.00	01000	DIETARY	8,838,955	12,411,591	21,250,546	-5,620,979	15,629,567	10.00
11.00	01100	CAFETERIA	2,363,995	4,401,872	6,765,867	5,730,364	12,496,231	11.00
13.00	01300	NURSING ADMINISTRATION	32,843,045	44,709,572	77,552,617	-1,792,242	75,760,375	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,898,245	19,600,964	25,499,209	-108,325	25,390,884	14.00
15.00	01500	PHARMACY	25,278,579	139,966,395	165,244,974	15,430,019	180,674,993	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	449,476	433,189	882,665	-1,681	880,984	16.00
17.00	01700	SOCIAL SERVICE	10,366,665	5,091,929	15,458,594	-275,195	15,183,399	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	5,949,340	7,854,463	13,803,803	54,355	13,858,158	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	8,933,650	5,588,019	14,521,669	-69,052	14,452,617	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	53,029,534	19,621,135	72,650,669	66,452,464	139,103,133	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	280,000	280,000	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	204,845	77,126	281,971	102,288	384,259	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	123,760,849	99,857,037	223,617,886	-3,272,862	220,345,024	30.00
31.00	03100	INTENSIVE CARE UNIT	14,785,856	9,351,786	24,137,642	20,770	24,158,412	31.00
32.00	03200	CORONARY CARE UNIT	3,874,597	3,316,944	7,191,541	7,064	7,198,605	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,480,449	4,847,710	15,328,159	42,600	15,370,759	34.00
35.01	02400	NEURO ICU	10,951,676	6,217,888	17,169,564	-16,163	17,153,401	35.01
35.02	02401	CARDIO-THORACIC ICU	8,838,451	4,431,775	13,270,226	-4,759	13,265,467	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	8,699	8,699	2,857,361	2,866,060	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,734,652	155,503,364	200,238,016	-118,880,309	81,357,707	50.00
51.00	05100	RECOVERY ROOM	13,184,828	6,605,640	19,790,468	-11,300	19,779,168	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,765,573	4,165,367	12,930,940	-346,625	12,584,315	52.00
53.00	05300	ANESTHESIOLOGY	2,557,257	23,646,122	26,203,379	-1,079,676	25,123,703	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,153,071	32,167,723	47,320,794	-18,335,914	28,984,880	54.00
54.01	03630	ULTRASOUND	1,499,738	2,870,688	4,370,426	-473,731	3,896,695	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,825,899	43,869,030	53,694,929	-15,810,653	37,884,276	55.00
56.00	05600	RADIOISOTOPE	875,305	2,361,687	3,236,992	-1,655,686	1,581,306	56.00
57.00	05700	CT SCAN	4,240,945	3,266,109	7,507,054	-1,260,611	6,246,443	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,948,159	4,926,815	8,874,974	-63,039	8,811,935	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,267,112	33,920,451	38,187,563	-29,089,127	9,098,436	59.00
60.00	06000	LABORATORY	19,981,933	46,053,320	66,035,253	-309,366	65,725,887	60.00
60.01	06001	HLA LAB	1,191,123	2,826,945	4,018,068	-79,949	3,938,119	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,615,124	33,732,499	38,347,623	-168,344	38,179,279	63.00
65.00	06500	RESPIRATORY THERAPY	8,865,953	7,101,931	15,967,884	-381,473	15,586,411	65.00
66.00	06600	PHYSICAL THERAPY	4,377,415	1,570,951	5,948,366	31,526	5,979,892	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,280,569	805,306	3,085,875	17,684	3,103,559	67.00
68.00	06800	SPEECH PATHOLOGY	892,880	340,825	1,233,705	-63,420	1,170,285	68.00
69.00	06900	ELECTROCARDIOLOGY	2,907,621	2,197,216	5,104,837	-918,138	4,186,699	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,339,487	1,180,502	2,519,989	-193,659	2,326,330	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	66,656,254	66,656,254	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	93,917,134	93,917,134	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,383,083	3,076,472	5,459,555	-489,455	4,970,100	74.00
76.00	03330	ENDOSCOPY	2,997,996	7,015,650	10,013,646	-3,507,169	6,506,477	76.00
76.01	03950	OB/GYN IN VITRO	930,108	2,501,816	3,431,924	15,196	3,447,120	76.01
76.02	03320	ELECTROSHOCK THERAPY	291,639	180,806	472,445	-712	471,733	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	685,647	685,647	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	114,252	114,252	0	114,252	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,081,348	4,072,397	5,153,745	7,321	5,161,066	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,422,544	7,834,796	19,257,340	-291,352	18,965,988	90.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

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

Worksheet A

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.01	04950	OUTPATIENT PSYCH	133,845	577,744	711,589	-512	711,077	90.01
91.00	09100	EMERGENCY	14,684,849	21,265,997	35,950,846	-196,386	35,754,460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	984,478	12,307,732	13,292,210	689,246	13,981,456	105.00
106.00	10600	HEART ACQUISITION	832,673	3,529,468	4,362,141	-152,846	4,209,295	106.00
107.00	10700	LIVER ACQUISITION	536,976	7,038,259	7,575,235	225,962	7,801,197	107.00
108.00	10800	LUNG ACQUISITION	548,219	5,154,850	5,703,069	179,069	5,882,138	108.00
109.00	10900	PANCREAS ACQUISITION	0	400,683	400,683	29,026	429,709	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	3,293,707	13,298,819	16,592,526	26,484	16,619,010	112.00
113.00	11300	INTEREST EXPENSE		30,130,334	30,130,334	0	30,130,334	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	604,221,570	1,523,605,607	2,127,827,177	5,515,486	2,133,342,663	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	226,541	226,541	191.00
191.01	19101	RESEARCH CTSA I/P	0	6,804	6,804	0	6,804	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	7,304,316	8,962,320	16,266,636	478,013	16,744,649	194.00
194.01	07951	RETAIL PHARMACY	3,312,754	8,020,914	11,333,668	-6,221,353	5,112,315	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	82,480	5,146	87,626	1,313	88,939	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	614,921,120	1,540,600,791	2,155,521,911	0	2,155,521,911	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

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

Worksheet A

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-2,306,925	40,877,239	1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	-1,008,153	28,060,039	1.03
1.04	00104	NEW CRC-B&F(GSON)	0	1,143,177	1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	-192,669	1,024,204	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	167,811	70,177,380	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	29,700,212	44,178,420	4.00
5.01	00540	NONPATIENT TELEPHONES	-118,047	549,347	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	11,207,230	15,239,634	5.03
5.04	00570	ADMITTING	0	12,534,166	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-4,538,518	397,238,014	5.06
7.00	00700	OPERATION OF PLANT	24,242,542	65,461,409	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,848,655	8.00
9.00	00900	HOUSEKEEPING	-1,627,547	24,124,815	9.00
10.00	01000	DIETARY	-16,360	15,613,207	10.00
11.00	01100	CAFETERIA	-7,852,314	4,643,917	11.00
13.00	01300	NURSING ADMINISTRATION	-12,381,668	63,378,707	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-4,723	25,386,161	14.00
15.00	01500	PHARMACY	-486,226	180,188,767	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-23,664	857,320	16.00
17.00	01700	SOCIAL SERVICE	-892	15,182,507	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	18.00
18.01	01851	LAB ADMINISTRATION	-26,250	13,831,908	18.01
18.02	01850	RESEARCH ADMINISTRATION	140,379	140,379	18.02
20.00	02000	NURSING SCHOOL	-19,973,878	-5,521,261	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-26,028	139,077,105	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	280,000	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	-2,100	382,159	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-32,041,997	188,303,027	30.00
31.00	03100	INTENSIVE CARE UNIT	0	24,158,412	31.00
32.00	03200	CORONARY CARE UNIT	0	7,198,605	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-1,500	15,369,259	34.00
35.01	02400	NEURO ICU	0	17,153,401	35.01
35.02	02401	CARDIO-THORACIC ICU	-32	13,265,435	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	2,866,060	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-989,905	80,367,802	50.00
51.00	05100	RECOVERY ROOM	0	19,779,168	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-21,401	12,562,914	52.00
53.00	05300	ANESTHESIOLOGY	-17,307,758	7,815,945	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-179,271	28,805,609	54.00
54.01	03630	ULTRASOUND	0	3,896,695	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-6,620,219	31,264,057	55.00
56.00	05600	RADIOISOTOPE	-5,035	1,576,271	56.00
57.00	05700	CT SCAN	0	6,246,443	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-92,696	8,719,239	58.00
59.00	05900	CARDIAC CATHETERIZATION	-923,797	8,174,639	59.00
60.00	06000	LABORATORY	-574,189	65,151,698	60.00
60.01	06001	HLA LAB	580,024	4,518,143	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-834,036	37,345,243	63.00
65.00	06500	RESPIRATORY THERAPY	-108	15,586,303	65.00
66.00	06600	PHYSICAL THERAPY	-3,136	5,976,756	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,103,559	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,170,285	68.00
69.00	06900	ELECTROCARDIOLOGY	-4,475	4,182,224	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-100,385	2,225,945	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	66,656,254	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	93,917,134	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	-3,077	4,967,023	74.00
76.00	03330	ENDOSCOPY	-1,137	6,505,340	76.00
76.01	03950	OB/GYN IN VITRO	-1,820	3,445,300	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	471,733	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	685,647	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	114,252	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	-109,184	5,051,882	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-818,336	18,147,652	90.00
90.01	04950	OUTPATIENT PSYCH	-352,643	358,434	90.01
91.00	09100	EMERGENCY	-11,672,445	24,082,015	91.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

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

Worksheet A

Date/Time Prepared:
5/25/2021 5:57 pm

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
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	0	13,981,456	105.00
106.00	10600	HEART ACQUISITION	0	4,209,295	106.00
107.00	10700	LIVER ACQUISITION	0	7,801,197	107.00
108.00	10800	LUNG ACQUISITION	0	5,882,138	108.00
109.00	10900	PANCREAS ACQUISITION	0	429,709	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	-60,942	16,558,068	112.00
113.00	11300	INTEREST EXPENSE	-30,130,334	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-87,397,622	2,045,945,041	118.00
		NONREIMBURSABLE COST CENTERS			
191.00	19100	RESEARCH	0	226,541	191.00
191.01	19101	RESEARCH CTSA I/P	0	6,804	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	16,744,649	194.00
194.01	07951	RETAIL PHARMACY	0	5,112,315	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	88,939	194.02
194.03	07953	GUEST MEALS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-87,397,622	2,068,124,289	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0032

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

Worksheet Non-CMS W

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	00103		1.03
1.04	NEW CRC-B&F(GSON)	00104		1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	00105		1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.03	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	ADMITTING	00570	ADMITTING	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	00590		5.06
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
18.00	EXTENDED CARE SERVICES	01852		18.00
18.01	LAB ADMINISTRATION	01851		18.01
18.02	RESEARCH ADMINISTRATION	01850		18.02
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.01	PARAMED ED PRGM-PHARMACY	02301		23.01
23.02	PARAMED ED PRGM-PASTORAL ED	02302		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
35.01	NEURO ICU	02400		35.01
35.02	CARDIO-THORACIC ICU	02401		35.02
40.00	SUBPROVIDER - IPF	04000		40.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ULTRASOUND	03630	ULTRA SOUND	54.01
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	HLA LAB	06001		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ENDOSCOPY	03330	ENDOSCOPY	76.00
76.01	OB/GYN IN VITRO	03950		76.01
76.02	ELECTROSHOCK THERAPY	03320	ELECTROSHOCK THERAPY	76.02
76.03	CORNEAL TISSUE ACQUISITION	03951		76.03
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	07700		77.00

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COST CENTERS USED IN COST REPORT

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet Non-CMS W
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
90.01	OUTPATIENT PSYCH	04950		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
112.00	OTHER ORGAN ACQUISITION-BONE MARROW	08600		112.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
191.00	RESEARCH	19100		191.00
191.01	RESEARCH CTSA I/P	19101		191.01
191.02	RESEARCH CTSA O/P	19102		191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01	RETAIL PHARMACY	07951		194.01
194.02	MARKETING/COMMUNITY RELATIONS	07952		194.02
194.03	GUEST MEALS	07953		194.03
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 26-0032

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

Worksheet A-6

Date/Time Prepared:
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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - RECLASS COST OF DRUGS SOLD					
1.00 PHARMACY	15.00	0	15,666,586		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
25.00	0.00	0	0		25.00
26.00	0.00	0	0		26.00
27.00	0.00	0	0		27.00
28.00	0.00	0	0		28.00
29.00	0.00	0	0		29.00
30.00	0.00	0	0		30.00
0		0	15,666,586		
B - RECLASS COST OF MEDICAL SUPPLIES CHA					
1.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	66,656,254		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
0		0	66,656,254		
C - RECLASS COST OF IMPLANTABLE DEVICES					
1.00 IMPL. DEV. CHARGED TO PATIENT	72.00	0	93,917,134		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
0		0	93,917,134		
D - RECLASS EQUIPMENT DEPRECIATION					
1.00 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	57,154,993		1.00
2.00 OPERATION OF PLANT	7.00	0	395,886		2.00
3.00 ENDOSCOPY	76.00	0	83,786		3.00
4.00 OB/GYN IN VITRO	76.01	0	8,170		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

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RECLASSIFICATIONS

Provider CCN: 26-0032

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

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
0			0	57,642,835	
E - RECLASS FINANCE ACCRUALS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,792,367	1.00
0			0	1,792,367	
F - RECLASS WASH U AFFILIATION AGREEMENT					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	65,872,415	1.00
0			0	65,872,415	
G - RECLASS COST OF INTERPRETERS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	453,310	764,670	1.00
0			453,310	764,670	
H - RECLASS GAMMA KNIFE COSTS					
1.00		0.00	0	0	1.00
0			0	0	
I - RECLASS PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM-PHARMACY	23.01	220,328	59,672	1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	79,592	19,242	2.00
0			299,920	78,914	
J - RECLASS FINANCE ACCRUALS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,095,310	2,662,614	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	399	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

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RECLASSIFICATIONS

Provider CCN: 26-0032

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
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
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
			1,095,310	2,663,013		
	K - RECLASS NURSERY COSTS					
1.00	NURSERY	43.00	1,897,769	959,592		1.00
			1,897,769	959,592		
	L - RECLASS DIETARY COSTS TO CAFETERIA					
1.00	CAFETERIA	11.00	1,415,933	4,279,859		1.00
			1,415,933	4,279,859		
	M - RECLASS PRETRANSPLANT RELATED DIETIC					
1.00	KIDNEY ACQUISITION	105.00	141	35		1.00
2.00	HEART ACQUISITION	106.00	3,788	932		2.00
3.00	LIVER ACQUISITION	107.00	12,758	3,138		3.00
4.00	LUNG ACQUISITION	108.00	11,459	2,819		4.00
			28,146	6,924		
	N - RECLASS TRANSPLANT SALARIES AND BENE					
1.00	KIDNEY ACQUISITION	105.00	456,400	110,974		1.00
2.00	LIVER ACQUISITION	107.00	146,089	34,293		2.00
3.00	LUNG ACQUISITION	108.00	91,553	21,479		3.00
4.00	PANCREAS ACQUISITION	109.00	23,349	5,677		4.00
			717,391	172,423		

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	0 - RECLASS PRETRANSPLANT RELATED SOCIAL				
1.00	KIDNEY ACQUISITION	105.00	79,242	20,833	1.00
2.00	HEART ACQUISITION	106.00	11,816	3,106	2.00
3.00	LIVER ACQUISITION	107.00	15,597	4,100	3.00
4.00	LUNG ACQUISITION	108.00	17,184	4,518	4.00
	0		123,839	32,557	
	P - RECLASS SALARIES PORTION OF RESEARCH				
1.00	RESEARCH ADMINISTRATION	18.02	110,621	0	1.00
	0		110,621	0	
	Q - RECLASS BARNARD BUILDING RENTAL				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,347	1.00
2.00	HOUSEKEEPING	9.00	0	2,553	2.00
3.00	LABORATORY	60.00	0	3,910	3.00
4.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	2,834	4.00
	0		0	12,644	
	R - RECLASS NONREIMBURSABLE PARKING				
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	52,833	1,731,502	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	308,868	2.00
3.00		0.00	0	0	3.00
	0		52,833	2,040,370	
	S - RECLASS CORNEAL TISSUE ACQUISITION C				
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	685,647	1.00
	0		0	685,647	
	T - RECLASS EXTENDED RECOVERY NURSING SE				
1.00	RECOVERY ROOM	51.00	0	3,614	1.00
	0		0	3,614	
	U - RECLASS PHYSICIAN SUITE CLEANING COS				
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	107,917	31,754	1.00
	0		107,917	31,754	
	V - RECLASS PROPERTY INSURANCE				
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,725,461	1.00
	0		0	1,725,461	
	W - RECLASS RECRUITING BONUSES AND RELOC				
1.00	NONPATIENT TELEPHONES	5.01	500	0	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	500	0	2.00
3.00	ADMITTING	5.04	3,750	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	71,000	0	4.00
5.00	OPERATION OF PLANT	7.00	5,750	0	5.00
6.00	HOUSEKEEPING	9.00	13,000	0	6.00
7.00	DIETARY	10.00	5,000	0	7.00
8.00	CAFETERIA	11.00	2,500	0	8.00
9.00	NURSING ADMINISTRATION	13.00	15,000	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	3,500	0	10.00
11.00	PHARMACY	15.00	6,000	0	11.00
12.00	SOCIAL SERVICE	17.00	2,000	0	12.00
13.00	LAB ADMINISTRATION	18.01	14,000	0	13.00
14.00	NURSING SCHOOL	20.00	7,250	0	14.00
15.00	ADULTS & PEDIATRICS	30.00	68,750	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	7,000	0	16.00
17.00	CORONARY CARE UNIT	32.00	3,000	0	17.00
18.00	SURGICAL INTENSIVE CARE UNIT	34.00	3,750	0	18.00
19.00	NEURO ICU	35.01	1,500	0	19.00
20.00	CARDIO-THORACIC ICU	35.02	11,750	0	20.00
21.00	OPERATING ROOM	50.00	20,250	0	21.00
22.00	RECOVERY ROOM	51.00	20,000	0	22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	14,000	0	23.00
24.00	ANESTHESIOLOGY	53.00	1,500	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	6,250	0	25.00
26.00	ULTRASOUND	54.01	3,000	0	26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	4,000	0	27.00
28.00	CT SCAN	57.00	1,250	0	28.00
29.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,500	0	29.00
30.00	CARDIAC CATHETERIZATION	59.00	3,000	0	30.00
31.00	LABORATORY	60.00	21,125	0	31.00
32.00	BLOOD STORING, PROCESSING & TRANS.	63.00	1,500	0	32.00

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RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2020
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Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
33.00	RESPIRATORY THERAPY	65.00	1,500	0	33.00
34.00	PHYSICAL THERAPY	66.00	3,750	0	34.00
35.00	OCCUPATIONAL THERAPY	67.00	12,500	0	35.00
36.00	ELECTROCARDIOLOGY	69.00	5,500	0	36.00
37.00	ELECTROENCEPHALOGRAPHY	70.00	500	0	37.00
38.00	CLINIC	90.00	2,000	0	38.00
39.00	EMERGENCY	91.00	17,875	0	39.00
40.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	1,500	0	40.00
41.00	RETAIL PHARMACY	194.01	3,500	0	41.00
42.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	264,000	0	42.00
43.00	NURSING ADMINISTRATION	13.00	62,824	0	43.00
44.00	PHARMACY	15.00	32,009	0	44.00
45.00	NURSING SCHOOL	20.00	2,000	0	45.00
46.00	ADULTS & PEDIATRICS	30.00	34,667	0	46.00
47.00	INTENSIVE CARE UNIT	31.00	8,500	0	47.00
48.00	CORONARY CARE UNIT	32.00	3,000	0	48.00
49.00	SURGICAL INTENSIVE CARE UNIT	34.00	8,500	0	49.00
50.00	NEURO ICU	35.01	15,000	0	50.00
51.00	CARDIO-THORACIC ICU	35.02	10,000	0	51.00
52.00	OPERATING ROOM	50.00	41,446	0	52.00
53.00	RECOVERY ROOM	51.00	7,000	0	53.00
54.00	RADIOLOGY-THERAPEUTIC	55.00	3,000	0	54.00
55.00	LABORATORY	60.00	27,324	0	55.00
56.00	BLOOD STORING, PROCESSING & TRANS.	63.00	3,000	0	56.00
57.00	RESPIRATORY THERAPY	65.00	13,000	0	57.00
58.00	RENAL DIALYSIS	74.00	3,000	0	58.00
59.00	EMERGENCY	91.00	3,000	0	59.00
0			933,770	0	
X - RECLASS FEDERAL AND FOUNDATION RESEA					
1.00	RESEARCH	191.00	97,235	129,306	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0			97,235	129,306	
Y - RECLASS ASBESTOS ABATEMENT PAYMENTS					
1.00	OPERATION OF PLANT	7.00	0	508,438	1.00
0			0	508,438	
Z - RECLASS PRE-TRANSPLANT RELATED PHARM					
1.00	KIDNEY ACQUISITION	105.00	11,617	2,783	1.00
2.00	HEART ACQUISITION	106.00	7,495	1,796	2.00
3.00	LIVER ACQUISITION	107.00	3,900	934	3.00
4.00	LUNG ACQUISITION	108.00	20,827	4,990	4.00
0			43,839	10,503	
AA - RECLASS PRE-TRANSPLANT VAD CONTRACT					
1.00	HEART ACQUISITION	106.00	0	8,464	1.00
0			0	8,464	
AB - RECLASS HERO BONUSES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	35,200	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	28,050	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	22,100	0	3.00
4.00	ADMITTING	5.04	102,300	0	4.00
5.00	OPERATION OF PLANT	7.00	127,650	0	5.00
6.00	HOUSEKEEPING	9.00	334,200	0	6.00
7.00	DIETARY	10.00	182,250	0	7.00
8.00	CAFETERIA	11.00	49,050	0	8.00
9.00	NURSING ADMINISTRATION	13.00	309,100	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	96,300	0	10.00
11.00	PHARMACY	15.00	226,600	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	8,250	0	12.00
13.00	SOCIAL SERVICE	17.00	115,500	0	13.00
14.00	LAB ADMINISTRATION	18.01	55,500	0	14.00
15.00	NURSING SCHOOL	20.00	74,550	0	15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	737,600	0	16.00
17.00	PARAMED ED PRGM-PASTORAL ED	23.02	3,750	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	1,377,300	0	18.00
19.00	INTENSIVE CARE UNIT	31.00	150,850	0	19.00
20.00	CORONARY CARE UNIT	32.00	41,950	0	20.00
21.00	SURGICAL INTENSIVE CARE UNIT	34.00	95,800	0	21.00
22.00	NEURO ICU	35.01	93,700	0	22.00
23.00	CARDIO-THORACIC ICU	35.02	94,600	0	23.00

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RECLASSIFICATIONS

Provider CCN: 26-0032

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

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
24.00	OPERATING ROOM	50.00	432,100	0	24.00
25.00	RECOVERY ROOM	51.00	146,200	0	25.00
26.00	DELIVERY ROOM & LABOR ROOM	52.00	94,650	0	26.00
27.00	ANESTHESIOLOGY	53.00	46,850	0	27.00
28.00	RADIOLOGY-DIAGNOSTIC	54.00	173,300	0	28.00
29.00	ULTRASOUND	54.01	16,500	0	29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	114,200	0	30.00
31.00	RADIOISOTOPE	56.00	12,750	0	31.00
32.00	CT SCAN	57.00	41,400	0	32.00
33.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	41,500	0	33.00
34.00	CARDIAC CATHETERIZATION	59.00	47,250	0	34.00
35.00	LABORATORY	60.00	280,950	0	35.00
36.00	HLA LAB	60.01	12,750	0	36.00
37.00	BLOOD STORING, PROCESSING & TRANS.	63.00	52,850	0	37.00
38.00	RESPIRATORY THERAPY	65.00	81,200	0	38.00
39.00	PHYSICAL THERAPY	66.00	48,800	0	39.00
40.00	OCCUPATIONAL THERAPY	67.00	24,700	0	40.00
41.00	SPEECH PATHOLOGY	68.00	9,300	0	41.00
42.00	ELECTROCARDIOLOGY	69.00	51,650	0	42.00
43.00	ELECTROENCEPHALOGRAPHY	70.00	18,750	0	43.00
44.00	RENAL DIALYSIS	74.00	20,950	0	44.00
45.00	ENDOSCOPY	76.00	33,300	0	45.00
46.00	OB/GYN IN VITRO	76.01	10,100	0	46.00
47.00	ELECTROSHOCK THERAPY	76.02	3,750	0	47.00
48.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	9,350	0	48.00
49.00	CLINIC	90.00	137,450	0	49.00
50.00	OUTPATIENT PSYCH	90.01	1,500	0	50.00
51.00	EMERGENCY	91.00	164,200	0	51.00
52.00	KIDNEY ACQUISITION	105.00	9,750	0	52.00
53.00	HEART ACQUISITION	106.00	7,500	0	53.00
54.00	LIVER ACQUISITION	107.00	6,000	0	54.00
55.00	LUNG ACQUISITION	108.00	5,250	0	55.00
56.00	OTHER ORGAN ACQUISITION-BONE MARROW	112.00	32,200	0	56.00
57.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	139,850	0	57.00
58.00	RETAIL PHARMACY	194.01	28,400	0	58.00
59.00	MARKETING/COMMUNITY RELATIONS	194.02	1,500	0	59.00
	0		6,720,850	0	
500.00	Grand Total: Increases		14,098,683	315,661,744	500.00

RECLASSIFICATIONS

Provider CCN: 26-0032

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

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		
	A - RECLASS COST OF DRUGS SOLD						
1.00	SOCIAL SERVICE	17.00	0	116,058	0		1.00
2.00	NURSING SCHOOL	20.00	0	13	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	105,738	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	4,955	0		4.00
5.00	CORONARY CARE UNIT	32.00	0	617	0		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,776	0		6.00
7.00	NEURO ICU	35.01	0	2,718	0		7.00
8.00	CARDIO-THORACIC ICU	35.02	0	2,761	0		8.00
9.00	OPERATING ROOM	50.00	0	342,821	0		9.00
10.00	RECOVERY ROOM	51.00	0	104	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	180	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	477,866	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,290,741	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,327,567	0		14.00
15.00	RADIOISOTOPE	56.00	0	1,046,565	0		15.00
16.00	CT SCAN	57.00	0	1,466	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	64	0		17.00
18.00	LABORATORY	60.00	0	169	0		18.00
19.00	HLA LAB	60.01	0	188	0		19.00
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	15,145	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	875	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	531,900	0		22.00
23.00	RENAL DIALYSIS	74.00	0	37,428	0		23.00
24.00	ENDOSCOPY	76.00	0	2,085	0		24.00
25.00	OB/GYN IN VITRO	76.01	0	1,751	0		25.00
26.00	ELECTROSHOCK THERAPY	76.02	0	220	0		26.00
27.00	CLINIC	90.00	0	4,526	0		27.00
28.00	EMERGENCY	91.00	0	7,029	0		28.00
29.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	137,241	0		29.00
30.00	RETAIL PHARMACY	194.01	0	6,206,019	0		30.00
0			0	15,666,586			
	B - RECLASS COST OF MEDICAL SUPPLIES CHA						
1.00	OPERATING ROOM	50.00	0	44,841,932	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	329,463	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,238,396	0		3.00
4.00	ULTRASOUND	54.01	0	111,606	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,789	0		5.00
6.00	CT SCAN	57.00	0	662,284	0		6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	11,741	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	9,138,713	0		8.00
9.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	35	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	207,111	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	10,384	0		11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	15,145	0		12.00
13.00	SPEECH PATHOLOGY	68.00	0	28,823	0		13.00
14.00	RENAL DIALYSIS	74.00	0	401,744	0		14.00
15.00	ENDOSCOPY	76.00	0	2,389,150	0		15.00
16.00	CLINIC	90.00	0	246,787	0		16.00
17.00	EMERGENCY	91.00	0	10,151	0		17.00
0			0	66,656,254			
	C - RECLASS COST OF IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	66,846,399	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	12,711	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,719,876	0		3.00
4.00	ULTRASOUND	54.01	0	484	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,542,283	0		5.00
6.00	CT SCAN	57.00	0	3,130	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	18,485,231	0		7.00
8.00	ENDOSCOPY	76.00	0	1,228,678	0		8.00
9.00	CLINIC	90.00	0	78,342	0		9.00
0			0	93,917,134			
	D - RECLASS EQUIPMENT DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,626	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	241	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	1,601,825	0		3.00
4.00	ADMITTING	5.04	0	8,245	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	28,650,135	0		5.00

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RECLASSIFICATIONS

Provider CCN: 26-0032

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						5/25/2021 5:37 PM
	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	55	0		6.00
7.00	HOUSEKEEPING	9.00	0	63,361	0		7.00
8.00	DIETARY	10.00	0	58,675	0		8.00
9.00	CAFETERIA	11.00	0	12,775	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	2,041,130	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	197,801	0		11.00
12.00	PHARMACY	15.00	0	83,858	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,655	0		13.00
14.00	SOCIAL SERVICE	17.00	0	3,438	0		14.00
15.00	LAB ADMINISTRATION	18.01	0	4,830	0		15.00
16.00	NURSING SCHOOL	20.00	0	133,550	0		16.00
17.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,024	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	1,513,753	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	103,552	0		19.00
20.00	CORONARY CARE UNIT	32.00	0	26,212	0		20.00
21.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	36,498	0		21.00
22.00	NEURO ICU	35.01	0	87,303	0		22.00
23.00	CARDIO-THORACIC ICU	35.02	0	91,230	0		23.00
24.00	OPERATING ROOM	50.00	0	5,850,035	0		24.00
25.00	RECOVERY ROOM	51.00	0	162,936	0		25.00
26.00	DELIVERY ROOM & LABOR ROOM	52.00	0	97,871	0		26.00
27.00	ANESTHESIOLOGY	53.00	0	645,707	0		27.00
28.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,241,745	0		28.00
29.00	ULTRASOUND	54.01	0	378,628	0		29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,235,729	0		30.00
31.00	RADIOISOTOPE	56.00	0	620,563	0		31.00
32.00	CT SCAN	57.00	0	629,534	0		32.00
33.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	88,145	0		33.00
34.00	CARDIAC CATHETERIZATION	59.00	0	1,509,078	0		34.00
35.00	LABORATORY	60.00	0	575,922	0		35.00
36.00	HLA LAB	60.01	0	90,854	0		36.00
37.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	199,760	0		37.00
38.00	RESPIRATORY THERAPY	65.00	0	240,175	0		38.00
39.00	PHYSICAL THERAPY	66.00	0	2,932	0		39.00
40.00	OCCUPATIONAL THERAPY	67.00	0	445	0		40.00
41.00	SPEECH PATHOLOGY	68.00	0	42,107	0		41.00
42.00	ELECTROCARDIOLOGY	69.00	0	437,866	0		42.00
43.00	ELECTROENCEPHALOGRAPHY	70.00	0	210,237	0		43.00
44.00	RENAL DIALYSIS	74.00	0	66,817	0		44.00
45.00	ELECTROSHOCK THERAPY	76.02	0	3,752	0		45.00
46.00	CLINIC	90.00	0	81,924	0		46.00
47.00	OUTPATIENT PSYCH	90.01	0	1,812	0		47.00
48.00	EMERGENCY	91.00	0	336,394	0		48.00
49.00	KIDNEY ACQUISITION	105.00	0	674	0		49.00
50.00	HEART ACQUISITION	106.00	0	135	0		50.00
51.00	LUNG ACQUISITION	108.00	0	135	0		51.00
52.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	107,815	0		52.00
53.00	RETAIL PHARMACY	194.01	0	40,336	0		53.00
			0	57,642,835			
E - RECLASS FINANCE ACCRUALS							
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,792,367	0		1.00
			0	1,792,367			
F - RECLASS WASH U AFFILIATION AGREEMENT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	65,872,415	0		1.00
			0	65,872,415			
G - RECLASS COST OF INTERPRETERS							
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	453,310	764,670	0		1.00
			453,310	764,670			
H - RECLASS GAMMA KNIFE COSTS							
1.00		0.00	0	0	0		1.00
			0	0			
I - RECLASS PARAMEDICAL EDUCATION							
1.00	PHARMACY	15.00	220,328	59,672	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	79,592	19,242	0		2.00
			299,920	78,914			

RECLASSIFICATIONS

Provider CCN: 26-0032

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

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		
	J - RECLASS FINANCE ACCRUALS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	794	0	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	2,106	0	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	2,717	2,663,013	0		3.00
4.00	ADMITTING	5.04	8,670	0	0		4.00
5.00	OPERATION OF PLANT	7.00	20,844	0	0		5.00
6.00	HOUSEKEEPING	9.00	33,206	0	0		6.00
7.00	DIETARY	10.00	18,692	0	0		7.00
8.00	CAFETERIA	11.00	4,203	0	0		8.00
9.00	NURSING ADMINISTRATION	13.00	59,493	0	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	10,324	0	0		10.00
11.00	PHARMACY	15.00	50,967	0	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	1,276	0	0		12.00
13.00	SOCIAL SERVICE	17.00	20,029	0	0		13.00
14.00	LAB ADMINISTRATION	18.01	10,315	0	0		14.00
15.00	NURSING SCHOOL	20.00	17,289	0	0		15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	156,527	0	0		16.00
17.00	PARAMED ED PRGM-PASTORAL ED	23.02	296	0	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	238,446	0	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	28,573	0	0		19.00
20.00	CORONARY CARE UNIT	32.00	11,057	0	0		20.00
21.00	SURGICAL INTENSIVE CARE UNIT	34.00	18,676	0	0		21.00
22.00	NEURO ICU	35.01	21,342	0	0		22.00
23.00	CARDIO-THORACIC ICU	35.02	17,118	0	0		23.00
24.00	OPERATING ROOM	50.00	63,570	0	0		24.00
25.00	RECOVERY ROOM	51.00	18,074	0	0		25.00
26.00	DELIVERY ROOM & LABOR ROOM	52.00	15,050	0	0		26.00
27.00	ANESTHESIOLOGY	53.00	4,453	0	0		27.00
28.00	RADIOLOGY-DIAGNOSTIC	54.00	24,706	0	0		28.00
29.00	ULTRASOUND	54.01	2,513	0	0		29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	18,118	0	0		30.00
31.00	RADIOISOTOPE	56.00	1,308	0	0		31.00
32.00	CT SCAN	57.00	6,847	0	0		32.00
33.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	7,153	0	0		33.00
34.00	CARDIAC CATHETERIZATION	59.00	6,291	0	0		34.00
35.00	LABORATORY	60.00	39,260	0	0		35.00
36.00	HLA LAB	60.01	1,657	0	0		36.00
37.00	BLOOD STORING, PROCESSING & TRANS.	63.00	7,754	0	0		37.00
38.00	RESPIRATORY THERAPY	65.00	16,012	0	0		38.00
39.00	PHYSICAL THERAPY	66.00	7,708	0	0		39.00
40.00	OCCUPATIONAL THERAPY	67.00	3,926	0	0		40.00
41.00	SPEECH PATHOLOGY	68.00	1,790	0	0		41.00
42.00	ELECTROCARDIOLOGY	69.00	5,522	0	0		42.00
43.00	ELECTROENCEPHALOGRAPHY	70.00	2,672	0	0		43.00
44.00	RENAL DIALYSIS	74.00	4,416	0	0		44.00
45.00	ENDOSCOPY	76.00	4,342	0	0		45.00
46.00	OB/GYN IN VITRO	76.01	1,323	0	0		46.00
47.00	ELECTROSHOCK THERAPY	76.02	490	0	0		47.00
48.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	2,029	0	0		48.00
49.00	CLINIC	90.00	19,223	0	0		49.00
50.00	OUTPATIENT PSYCH	90.01	200	0	0		50.00
51.00	EMERGENCY	91.00	24,887	0	0		51.00
52.00	KIDNEY ACQUISITION	105.00	1,855	0	0		52.00
53.00	HEART ACQUISITION	106.00	1,585	0	0		53.00
54.00	LIVER ACQUISITION	107.00	847	0	0		54.00
55.00	LUNG ACQUISITION	108.00	875	0	0		55.00
56.00	OTHER ORGAN ACQUISITION-BONE MARROW	112.00	5,716	0	0		56.00
57.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	13,093	0	0		57.00
58.00	RETAIL PHARMACY	194.01	6,898	0	0		58.00
59.00	MARKETING/COMMUNITY RELATIONS	194.02	187	0	0		59.00
	0		1,095,310	2,663,013			
	K - RECLASS NURSERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	1,897,769	959,592	0		1.00
	0		1,897,769	959,592			

RECLASSIFICATIONS

Provider CCN: 26-0032

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

Worksheet A-6

Date/Time Prepared:
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	Decreases							5/25/2021 5:37 PM
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	L - RECLASS DIETARY COSTS TO CAFETERIA							
1.00	DIETARY	10.00	1,415,933	4,279,859	0			1.00
	0		1,415,933	4,279,859				
	M - RECLASS PRETRANSPLANT RELATED DIETIC							
1.00	DIETARY	10.00	28,146	6,924	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
	0		28,146	6,924				
	N - RECLASS TRANSPLANT SALARIES AND BENE							
1.00	OPERATING ROOM	50.00	561,193	132,598	0			1.00
2.00	HEART ACQUISITION	106.00	156,198	39,825	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
	0		717,391	172,423				
	O - RECLASS PRETRANSPLANT RELATED SOCIAL							
1.00	SOCIAL SERVICE	17.00	123,839	32,557	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
	0		123,839	32,557				
	P - RECLASS SALARIES PORTION OF RESEARCH							
1.00	RESEARCH ADMINISTRATION	18.02	0	110,621	0			1.00
	0		0	110,621				
	Q - RECLASS BARNARD BUILDING RENTAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	12,644	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
	0		0	12,644				
	R - RECLASS NONREIMBURSABLE PARKING							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,901,640	9			1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	52,833	40,553	9			2.00
3.00	OPERATION OF PLANT	7.00	0	98,177	0			3.00
	0		52,833	2,040,370				
	S - RECLASS CORNEAL TISSUE ACQUISITION C							
1.00	OPERATING ROOM	50.00	0	685,647	0			1.00
	0		0	685,647				
	T - RECLASS EXTENDED RECOVERY NURSING SE							
1.00	ADULTS & PEDIATRICS	30.00	0	3,614	0			1.00
	0		0	3,614				
	U - RECLASS PHYSICIAN SUITE CLEANING COS							
1.00	HOUSEKEEPING	9.00	107,917	31,754	0			1.00
	0		107,917	31,754				
	V - RECLASS PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,725,461	0			1.00
	0		0	1,725,461				
	W - RECLASS RECRUITING BONUSES AND RELOC							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	392,500	0			1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	264,000	0			2.00
3.00	NURSING ADMINISTRATION	13.00	0	62,824	0			3.00
4.00	PHARMACY	15.00	0	32,009	0			4.00
5.00	NURSING SCHOOL	20.00	0	2,000	0			5.00
6.00	ADULTS & PEDIATRICS	30.00	0	34,667	0			6.00
7.00	INTENSIVE CARE UNIT	31.00	0	8,500	0			7.00
8.00	CORONARY CARE UNIT	32.00	0	3,000	0			8.00
9.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	8,500	0			9.00
10.00	NEURO ICU	35.01	0	15,000	0			10.00
11.00	CARDIO-THORACIC ICU	35.02	0	10,000	0			11.00
12.00	OPERATING ROOM	50.00	0	41,446	0			12.00
13.00	RECOVERY ROOM	51.00	0	7,000	0			13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,000	0			14.00
15.00	LABORATORY	60.00	0	27,324	0			15.00
16.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,000	0			16.00
17.00	RESPIRATORY THERAPY	65.00	0	13,000	0			17.00
18.00	RENAL DIALYSIS	74.00	0	3,000	0			18.00
19.00	EMERGENCY	91.00	0	3,000	0			19.00
20.00		0.00	0	0	0			20.00
21.00		0.00	0	0	0			21.00

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RECLASSIFICATIONS

Provider CCN: 26-0032

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

Worksheet A-6

Date/Time Prepared:
5/25/2021 5:57 pm

	Decreases							5/25/2021 5:37 PM
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
22.00		0.00	0	0	0			22.00
23.00		0.00	0	0	0			23.00
24.00		0.00	0	0	0			24.00
25.00		0.00	0	0	0			25.00
26.00		0.00	0	0	0			26.00
27.00		0.00	0	0	0			27.00
28.00		0.00	0	0	0			28.00
29.00		0.00	0	0	0			29.00
30.00		0.00	0	0	0			30.00
31.00		0.00	0	0	0			31.00
32.00		0.00	0	0	0			32.00
33.00		0.00	0	0	0			33.00
34.00		0.00	0	0	0			34.00
35.00		0.00	0	0	0			35.00
36.00		0.00	0	0	0			36.00
37.00		0.00	0	0	0			37.00
38.00		0.00	0	0	0			38.00
39.00		0.00	0	0	0			39.00
40.00		0.00	0	0	0			40.00
41.00		0.00	0	0	0			41.00
42.00		0.00	0	0	0			42.00
43.00		0.00	0	0	0			43.00
44.00		0.00	0	0	0			44.00
45.00		0.00	0	0	0			45.00
46.00		0.00	0	0	0			46.00
47.00		0.00	0	0	0			47.00
48.00		0.00	0	0	0			48.00
49.00		0.00	0	0	0			49.00
50.00		0.00	0	0	0			50.00
51.00		0.00	0	0	0			51.00
52.00		0.00	0	0	0			52.00
53.00		0.00	0	0	0			53.00
54.00		0.00	0	0	0			54.00
55.00		0.00	0	0	0			55.00
56.00		0.00	0	0	0			56.00
57.00		0.00	0	0	0			57.00
58.00		0.00	0	0	0			58.00
59.00		0.00	0	0	0			59.00
0			0	933,770				
X - RECLASS FEDERAL AND FOUNDATION RESEA								
1.00	NURSING ADMINISTRATION	13.00	12,206	3,513	0			1.00
2.00	SOCIAL SERVICE	17.00	74,233	22,541	0			2.00
3.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	10,796	103,252	0			3.00
0			97,235	129,306				
Y - RECLASS ASBESTOS ABATEMENT PAYMENTS								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.00	0	508,438	0			1.00
0			0	508,438				
Z - RECLASS PRE-TRANSPLANT RELATED PHARM								
1.00	PHARMACY	15.00	43,839	10,503	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
0			43,839	10,503				
AA - RECLASS PRE-TRANSPLANT VAD CONTRACT								
1.00	OPERATING ROOM	50.00	0	8,464	0			1.00
0			0	8,464				
AB - RECLASS HERO BONUSES								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.00	6,720,850	0	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
5.00		0.00	0	0	0			5.00
6.00		0.00	0	0	0			6.00
7.00		0.00	0	0	0			7.00
8.00		0.00	0	0	0			8.00
9.00		0.00	0	0	0			9.00
10.00		0.00	0	0	0			10.00
11.00		0.00	0	0	0			11.00
12.00		0.00	0	0	0			12.00
13.00		0.00	0	0	0			13.00
14.00		0.00	0	0	0			14.00

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RECLASSIFICATIONS

Provider CCN: 26-0032

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

Worksheet A-6

Date/Time Prepared:
5/25/2021 5:57 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
0			6,720,850		0		
500.00	Grand Total: Decreases		13,054,292	316,706,135			500.00

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/25/2021 5:57 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
A - RECLASS COST OF DRUGS SOLD									
1.00	PHARMACY	15.00	0	15,666,586	SOCIAL SERVICE	17.00	0	116,058	1.00
2.00		0.00	0	0	NURSING SCHOOL	20.00	0	13	2.00
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	105,738	3.00
4.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	4,955	4.00
5.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	617	5.00
6.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,776	6.00
7.00		0.00	0	0	NEURO ICU	35.01	0	2,718	7.00
8.00		0.00	0	0	CARDIO-THORACIC ICU	35.02	0	2,761	8.00
9.00		0.00	0	0	OPERATING ROOM	50.00	0	342,821	9.00
10.00		0.00	0	0	RECOVERY ROOM	51.00	0	104	10.00
11.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	180	11.00
12.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	477,866	12.00
13.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	2,290,741	13.00
14.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	4,327,567	14.00
15.00		0.00	0	0	RADIOISOTOPE	56.00	0	1,046,565	15.00
16.00		0.00	0	0	CT SCAN	57.00	0	1,466	16.00
17.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	64	17.00
18.00		0.00	0	0	LABORATORY	60.00	0	169	18.00
19.00		0.00	0	0	HLA LAB	60.01	0	188	19.00
20.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	15,145	20.00
21.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	875	21.00
22.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	531,900	22.00
23.00		0.00	0	0	RENAL DIALYSIS	74.00	0	37,428	23.00
24.00		0.00	0	0	ENDOSCOPY	76.00	0	2,085	24.00
25.00		0.00	0	0	OB/GYN IN VITRO	76.01	0	1,751	25.00
26.00		0.00	0	0	ELECTROSHOCK THERAPY	76.02	0	220	26.00
27.00		0.00	0	0	CLINIC	90.00	0	4,526	27.00
28.00		0.00	0	0	EMERGENCY	91.00	0	7,029	28.00
29.00		0.00	0	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	137,241	29.00
30.00		0.00	0	0	RETAIL PHARMACY	194.01	0	6,206,019	30.00
0			0	15,666,586	0		0	15,666,586	
B - RECLASS COST OF MEDICAL SUPPLIES CHARGED TO PATIENTS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	66,656,254	OPERATING ROOM	50.00	0	44,841,932	1.00
2.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	329,463	2.00
3.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	8,238,396	3.00
4.00		0.00	0	0	ULTRASOUND	54.01	0	111,606	4.00
5.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	12,789	5.00
6.00		0.00	0	0	CT SCAN	57.00	0	662,284	6.00
7.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	11,741	7.00
8.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	9,138,713	8.00
9.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	35	9.00
10.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	207,111	10.00
11.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	10,384	11.00
12.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	15,145	12.00
13.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	28,823	13.00
14.00		0.00	0	0	RENAL DIALYSIS	74.00	0	401,744	14.00
15.00		0.00	0	0	ENDOSCOPY	76.00	0	2,389,150	15.00
16.00		0.00	0	0	CLINIC	90.00	0	246,787	16.00
17.00		0.00	0	0	EMERGENCY	91.00	0	10,151	17.00
0			0	66,656,254	0		0	66,656,254	
C - RECLASS COST OF IMPLANTABLE DEVICES									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	93,917,134	OPERATING ROOM	50.00	0	66,846,399	1.00
2.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	12,711	2.00
3.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4,719,876	3.00
4.00		0.00	0	0	ULTRASOUND	54.01	0	484	4.00
5.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	2,542,283	5.00
6.00		0.00	0	0	CT SCAN	57.00	0	3,130	6.00
7.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	18,485,231	7.00
8.00		0.00	0	0	ENDOSCOPY	76.00	0	1,228,678	8.00
9.00		0.00	0	0	CLINIC	90.00	0	78,342	9.00

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/25/2021 5:57 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	0			93,917,134	0			93,917,134	
D - RECLASS EQUIPMENT DEPRECIATION									
1.00	NEW CAP REL	2.00	0	57,154,993	EMPLOYEE BENEFITS	4.00	0	14,626	1.00
	COSTS-MVBLE EQUIP				DEPARTMENT				
2.00	OPERATION OF PLANT	7.00	0	395,886	NONPATIENT TELEPHONES	5.01	0	241	2.00
3.00	ENDOSCOPY	76.00	0	83,786	PURCHASING RECEIVING	5.03	0	1,601,825	3.00
					AND STORES				
4.00	OB/GYN IN VITRO	76.01	0	8,170	ADMITTING	5.04	0	8,245	4.00
5.00		0.00	0	0	OTHER ADMINISTRATIVE	5.06	0	28,650,135	5.00
					AND GENERAL				
6.00		0.00	0	0	LAUNDRY & LINEN	8.00	0	55	6.00
					SERVICE				
7.00		0.00	0	0	HOUSEKEEPING	9.00	0	63,361	7.00
8.00		0.00	0	0	DIETARY	10.00	0	58,675	8.00
9.00		0.00	0	0	CAFETERIA	11.00	0	12,775	9.00
10.00		0.00	0	0	NURSING	13.00	0	2,041,130	10.00
					ADMINISTRATION				
11.00		0.00	0	0	CENTRAL SERVICES &	14.00	0	197,801	11.00
					SUPPLY				
12.00		0.00	0	0	PHARMACY	15.00	0	83,858	12.00
13.00		0.00	0	0	MEDICAL RECORDS &	16.00	0	8,655	13.00
					LIBRARY				
14.00		0.00	0	0	SOCIAL SERVICE	17.00	0	3,438	14.00
15.00		0.00	0	0	LAB ADMINISTRATION	18.01	0	4,830	15.00
16.00		0.00	0	0	NURSING SCHOOL	20.00	0	133,550	16.00
17.00		0.00	0	0	I&R SERVICES-SALARY &	21.00	0	1,024	17.00
					FRINGES APPRVD				
18.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	1,513,753	18.00
19.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	103,552	19.00
20.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	26,212	20.00
21.00		0.00	0	0	SURGICAL INTENSIVE	34.00	0	36,498	21.00
					CARE UNIT				
22.00		0.00	0	0	NEURO ICU	35.01	0	87,303	22.00
23.00		0.00	0	0	CARDIO-THORACIC ICU	35.02	0	91,230	23.00
24.00		0.00	0	0	OPERATING ROOM	50.00	0	5,850,035	24.00
25.00		0.00	0	0	RECOVERY ROOM	51.00	0	162,936	25.00
26.00		0.00	0	0	DELIVERY ROOM & LABOR	52.00	0	97,871	26.00
					ROOM				
27.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	645,707	27.00
28.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	3,241,745	28.00
29.00		0.00	0	0	ULTRASOUND	54.01	0	378,628	29.00
30.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	7,235,729	30.00
31.00		0.00	0	0	RADIOISOTOPE	56.00	0	620,563	31.00
32.00		0.00	0	0	CT SCAN	57.00	0	629,534	32.00
33.00		0.00	0	0	MAGNETIC RESONANCE	58.00	0	88,145	33.00
					IMAGING (MRI)				
34.00		0.00	0	0	CARDIAC	59.00	0	1,509,078	34.00
					CATHETERIZATION				
35.00		0.00	0	0	LABORATORY	60.00	0	575,922	35.00
36.00		0.00	0	0	HLA LAB	60.01	0	90,854	36.00
37.00		0.00	0	0	BLOOD STORING,	63.00	0	199,760	37.00
					PROCESSING & TRANS.				
38.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	240,175	38.00
39.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	2,932	39.00
40.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	445	40.00
41.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	42,107	41.00
42.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	437,866	42.00
43.00		0.00	0	0	ELECTROENCEPHALOGRAPH	70.00	0	210,237	43.00
					Y				
44.00		0.00	0	0	RENAL DIALYSIS	74.00	0	66,817	44.00
45.00		0.00	0	0	ELECTROSHOCK THERAPY	76.02	0	3,752	45.00
46.00		0.00	0	0	CLINIC	90.00	0	81,924	46.00
47.00		0.00	0	0	OUTPATIENT PSYCH	90.01	0	1,812	47.00
48.00		0.00	0	0	EMERGENCY	91.00	0	336,394	48.00
49.00		0.00	0	0	KIDNEY ACQUISITION	105.00	0	674	49.00
50.00		0.00	0	0	HEART ACQUISITION	106.00	0	135	50.00
51.00		0.00	0	0	LUNG ACQUISITION	108.00	0	135	51.00
52.00		0.00	0	0	OTHER NONREIMBURSABLE	194.00	0	107,815	52.00
					COST CENTERS				
53.00		0.00	0	0	RETAIL PHARMACY	194.01	0	40,336	53.00
	0			57,642,835	0			57,642,835	
E - RECLASS FINANCE ACCRUALS									
1.00	OTHER ADMINISTRATIVE	5.06	0	1,792,367	RADIOLOGY-THERAPEUTIC	55.00	0	1,792,367	1.00
	AND GENERAL								
	0			1,792,367	0			1,792,367	

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RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
F - RECLASS WASH U AFFILIATION AGREEMENT									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	65,872,415	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	65,872,415	1.00
			0	65,872,415			0	65,872,415	
G - RECLASS COST OF INTERPRETERS									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	453,310	764,670	OTHER NONREIMBURSABLE COST CENTERS	194.00	453,310	764,670	1.00
			453,310	764,670			453,310	764,670	
H - RECLASS GAMMA KNIFE COSTS									
1.00		0.00	0	0		0.00	0	0	1.00
			0	0			0	0	
I - RECLASS PARAMEDICAL EDUCATION									
1.00	PARAMED ED	23.01	220,328	59,672	PHARMACY	15.00	220,328	59,672	1.00
2.00	PRGM-PHARMACY				OTHER ADMINISTRATIVE AND GENERAL	5.06	79,592	19,242	2.00
	PARAMED ED	23.02	79,592	19,242					
	PRGM-PASTORAL ED						299,920	78,914	
			299,920	78,914					
J - RECLASS FINANCE ACCRUALS									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,095,310	2,662,614	EMPLOYEE BENEFITS DEPARTMENT	4.00	794	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	399	NONPATIENT TELEPHONES	5.01	2,106	0	2.00
3.00		0.00	0	0	PURCHASING RECEIVING AND STORES	5.03	2,717	2,663,013	3.00
4.00		0.00	0	0	ADMITTING	5.04	8,670	0	4.00
5.00		0.00	0	0	OPERATION OF PLANT	7.00	20,844	0	5.00
6.00		0.00	0	0	HOUSEKEEPING	9.00	33,206	0	6.00
7.00		0.00	0	0	DIETARY	10.00	18,692	0	7.00
8.00		0.00	0	0	CAFETERIA	11.00	4,203	0	8.00
9.00		0.00	0	0	NURSING	13.00	59,493	0	9.00
10.00		0.00	0	0	ADMINISTRATION				
11.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	10,324	0	10.00
12.00		0.00	0	0	PHARMACY	15.00	50,967	0	11.00
13.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	1,276	0	12.00
14.00		0.00	0	0	SOCIAL SERVICE	17.00	20,029	0	13.00
15.00		0.00	0	0	LAB ADMINISTRATION	18.01	10,315	0	14.00
16.00		0.00	0	0	NURSING SCHOOL	20.00	17,289	0	15.00
17.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	156,527	0	16.00
18.00		0.00	0	0	PARAMED ED	23.02	296	0	17.00
19.00		0.00	0	0	PRGM-PASTORAL ED				
20.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	238,446	0	18.00
21.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	28,573	0	19.00
22.00		0.00	0	0	CORONARY CARE UNIT	32.00	11,057	0	20.00
23.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	18,676	0	21.00
24.00		0.00	0	0	NEURO ICU	35.01	21,342	0	22.00
25.00		0.00	0	0	CARDIO-THORACIC ICU	35.02	17,118	0	23.00
26.00		0.00	0	0	OPERATING ROOM	50.00	63,570	0	24.00
27.00		0.00	0	0	RECOVERY ROOM	51.00	18,074	0	25.00
28.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	15,050	0	26.00
29.00		0.00	0	0	ANESTHESIOLOGY	53.00	4,453	0	27.00
30.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	24,706	0	28.00
31.00		0.00	0	0	ULTRASOUND	54.01	2,513	0	29.00
32.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	18,118	0	30.00
33.00		0.00	0	0	RADIOISOTOPE	56.00	1,308	0	31.00
34.00		0.00	0	0	CT SCAN	57.00	6,847	0	32.00
35.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	7,153	0	33.00
36.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	6,291	0	34.00
37.00		0.00	0	0	LABORATORY	60.00	39,260	0	35.00
38.00		0.00	0	0	HLA LAB	60.01	1,657	0	36.00
39.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	7,754	0	37.00
40.00		0.00	0	0	RESPIRATORY THERAPY	65.00	16,012	0	38.00
41.00		0.00	0	0	PHYSICAL THERAPY	66.00	7,708	0	39.00
42.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	3,926	0	40.00
43.00		0.00	0	0	SPEECH PATHOLOGY	68.00	1,790	0	41.00
		0.00	0	0	ELECTROCARDIOLOGY	69.00	5,522	0	42.00
		0.00	0	0	ELECTROENCEPHALOGRAPH	70.00	2,672	0	43.00

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RECLASSIFICATIONS

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Non-CMS Worksheet
Date/Time Prepared:
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Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
44.00	0.00	0	0	0	RENAL DIALYSIS	74.00	4,416	0	44.00
45.00	0.00	0	0	0	ENDOSCOPY	76.00	4,342	0	45.00
46.00	0.00	0	0	0	OB/GYN IN VITRO	76.01	1,323	0	46.00
47.00	0.00	0	0	0	ELECTROSHOCK THERAPY	76.02	490	0	47.00
48.00	0.00	0	0	0	ALLOGENEIC STEM CELL ACQUISITION	77.00	2,029	0	48.00
49.00	0.00	0	0	0	CLINIC	90.00	19,223	0	49.00
50.00	0.00	0	0	0	OUTPATIENT PSYCH	90.01	200	0	50.00
51.00	0.00	0	0	0	EMERGENCY	91.00	24,887	0	51.00
52.00	0.00	0	0	0	KIDNEY ACQUISITION	105.00	1,855	0	52.00
53.00	0.00	0	0	0	HEART ACQUISITION	106.00	1,585	0	53.00
54.00	0.00	0	0	0	LIVER ACQUISITION	107.00	847	0	54.00
55.00	0.00	0	0	0	LUNG ACQUISITION	108.00	875	0	55.00
56.00	0.00	0	0	0	OTHER ORGAN ACQUISITION-BONE MARROW	112.00	5,716	0	56.00
57.00	0.00	0	0	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	13,093	0	57.00
58.00	0.00	0	0	0	RETAIL PHARMACY	194.01	6,898	0	58.00
59.00	0.00	0	0	0	MARKETING/COMMUNITY RELATIONS	194.02	187	0	59.00
0		1,095,310	2,663,013	0			1,095,310	2,663,013	
K - RECLASS NURSERY COSTS									
1.00	NURSERY	43.00	1,897,769	959,592	ADULTS & PEDIATRICS	30.00	1,897,769	959,592	1.00
0			1,897,769	959,592	0		1,897,769	959,592	
L - RECLASS DIETARY COSTS TO CAFETERIA									
1.00	CAFETERIA	11.00	1,415,933	4,279,859	DIETARY	10.00	1,415,933	4,279,859	1.00
0			1,415,933	4,279,859	0		1,415,933	4,279,859	
M - RECLASS PRETRANSPLANT RELATED DIETIC									
1.00	KIDNEY ACQUISITION	105.00	141	35	DIETARY	10.00	28,146	6,924	1.00
2.00	HEART ACQUISITION	106.00	3,788	932		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	12,758	3,138		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	11,459	2,819		0.00	0	0	4.00
0			28,146	6,924	0		28,146	6,924	
N - RECLASS TRANSPLANT SALARIES AND BENE									
1.00	KIDNEY ACQUISITION	105.00	456,400	110,974	OPERATING ROOM	50.00	561,193	132,598	1.00
2.00	LIVER ACQUISITION	107.00	146,089	34,293	HEART ACQUISITION	106.00	156,198	39,825	2.00
3.00	LUNG ACQUISITION	108.00	91,553	21,479		0.00	0	0	3.00
4.00	PANCREAS ACQUISITION	109.00	23,349	5,677		0.00	0	0	4.00
0			717,391	172,423	0		717,391	172,423	
O - RECLASS PRETRANSPLANT RELATED SOCIAL									
1.00	KIDNEY ACQUISITION	105.00	79,242	20,833	SOCIAL SERVICE	17.00	123,839	32,557	1.00
2.00	HEART ACQUISITION	106.00	11,816	3,106		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	15,597	4,100		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	17,184	4,518		0.00	0	0	4.00
0			123,839	32,557	0		123,839	32,557	
P - RECLASS SALARIES PORTION OF RESEARCH									
1.00	RESEARCH ADMINISTRATION	18.02	110,621	0	RESEARCH ADMINISTRATION	18.02	0	110,621	1.00
0			110,621	0	0		0	110,621	
Q - RECLASS BARNARD BUILDING RENTAL									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,347	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	12,644	1.00
2.00	HOUSEKEEPING	9.00	0	2,553		0.00	0	0	2.00
3.00	LABORATORY	60.00	0	3,910		0.00	0	0	3.00
4.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	2,834		0.00	0	0	4.00
0			0	12,644	0		0	12,644	
R - RECLASS NONREIMBURSABLE PARKING									
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	52,833	1,731,502	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,901,640	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	308,868	EMPLOYEE BENEFITS DEPARTMENT	4.00	52,833	40,553	2.00
3.00		0.00	0	0	OPERATION OF PLANT	7.00	0	98,177	3.00
0			52,833	2,040,370	0		52,833	2,040,370	
S - RECLASS CORNEAL TISSUE ACQUISITION C									
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	685,647	OPERATING ROOM	50.00	0	685,647	1.00
0			0	685,647	0		0	685,647	
T - RECLASS EXTENDED RECOVERY NURSING SE									
1.00	RECOVERY ROOM	51.00	0	3,614	ADULTS & PEDIATRICS	30.00	0	3,614	1.00
0			0	3,614	0		0	3,614	

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Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
U - RECLASS PHYSICIAN SUITE CLEANING COS									
1.00 OTHER NONREIMBURSABLE COST CENTERS	194.00	107,917	31,754		HOUSEKEEPING	9.00	107,917	31,754	1.00
		107,917	31,754				107,917	31,754	
V - RECLASS PROPERTY INSURANCE									
1.00 OTHER CAPITAL RELATED COSTS	3.00	0	1,725,461		OTHER ADMINISTRATIVE AND GENERAL	5.00	0	1,725,461	1.00
		0	1,725,461				0	1,725,461	
W - RECLASS RECRUITING BONUSES AND RELOC									
1.00 NONPATIENT TELEPHONES	5.01	500			EMPLOYEE BENEFITS DEPARTMENT	4.00	0	392,500	1.00
2.00 PURCHASING RECEIVING AND STORES	5.03	500			OTHER ADMINISTRATIVE AND GENERAL	5.00	0	264,000	2.00
3.00 ADMITTING	5.04	3,750			NURSING ADMINISTRATION	13.00	0	62,824	3.00
4.00 OTHER ADMINISTRATIVE AND GENERAL	5.06	71,000			PHARMACY	15.00	0	32,009	4.00
5.00 OPERATION OF PLANT	7.00	5,750			NURSING SCHOOL	20.00	0	2,000	5.00
6.00 HOUSEKEEPING	9.00	13,000			ADULTS & PEDIATRICS	30.00	0	34,667	6.00
7.00 DIETARY	10.00	5,000			INTENSIVE CARE UNIT	31.00	0	8,500	7.00
8.00 CAFETERIA	11.00	2,500			CORONARY CARE UNIT	32.00	0	3,000	8.00
9.00 NURSING ADMINISTRATION	13.00	15,000			SURGICAL INTENSIVE CARE UNIT	34.00	0	8,500	9.00
10.00 CENTRAL SERVICES & SUPPLY	14.00	3,500			NEURO ICU	35.01	0	15,000	10.00
11.00 PHARMACY	15.00	6,000			CARDIO-THORACIC ICU	35.02	0	10,000	11.00
12.00 SOCIAL SERVICE	17.00	2,000			OPERATING ROOM	50.00	0	41,446	12.00
13.00 LAB ADMINISTRATION	18.01	14,000			RECOVERY ROOM	51.00	0	7,000	13.00
14.00 NURSING SCHOOL	20.00	7,250			RADIOLOGY-THERAPEUTIC	55.00	0	3,000	14.00
15.00 ADULTS & PEDIATRICS	30.00	68,750			LABORATORY	60.00	0	27,324	15.00
16.00 INTENSIVE CARE UNIT	31.00	7,000			BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,000	16.00
17.00 CORONARY CARE UNIT	32.00	3,000			RESPIRATORY THERAPY	65.00	0	13,000	17.00
18.00 SURGICAL INTENSIVE CARE UNIT	34.00	3,750			RENAL DIALYSIS	74.00	0	3,000	18.00
19.00 NEURO ICU	35.01	1,500			EMERGENCY	91.00	0	3,000	19.00
20.00 CARDIO-THORACIC ICU	35.02	11,750				0.00	0	0	20.00
21.00 OPERATING ROOM	50.00	20,250				0.00	0	0	21.00
22.00 RECOVERY ROOM	51.00	20,000				0.00	0	0	22.00
23.00 DELIVERY ROOM & LABOR ROOM	52.00	14,000				0.00	0	0	23.00
24.00 ANESTHESIOLOGY	53.00	1,500				0.00	0	0	24.00
25.00 RADIOLOGY-DIAGNOSTIC	54.00	6,250				0.00	0	0	25.00
26.00 ULTRASOUND	54.01	3,000				0.00	0	0	26.00
27.00 RADIOLOGY-THERAPEUTIC	55.00	4,000				0.00	0	0	27.00
28.00 CT SCAN	57.00	1,250				0.00	0	0	28.00
29.00 MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,500				0.00	0	0	29.00
30.00 CARDIAC CATHETERIZATION	59.00	3,000				0.00	0	0	30.00
31.00 LABORATORY	60.00	21,125				0.00	0	0	31.00
32.00 BLOOD STORING, PROCESSING & TRANS.	63.00	1,500				0.00	0	0	32.00
33.00 RESPIRATORY THERAPY	65.00	1,500				0.00	0	0	33.00
34.00 PHYSICAL THERAPY	66.00	3,750				0.00	0	0	34.00
35.00 OCCUPATIONAL THERAPY	67.00	12,500				0.00	0	0	35.00
36.00 ELECTROCARDIOLOGY	69.00	5,500				0.00	0	0	36.00
37.00 ELECTROENCEPHALOGRAPH Y	70.00	500				0.00	0	0	37.00
38.00 CLINIC	90.00	2,000				0.00	0	0	38.00
39.00 EMERGENCY	91.00	17,875				0.00	0	0	39.00
40.00 OTHER NONREIMBURSABLE COST CENTERS	194.00	1,500				0.00	0	0	40.00
41.00 RETAIL PHARMACY	194.01	3,500				0.00	0	0	41.00
42.00 OTHER ADMINISTRATIVE AND GENERAL	5.06	264,000				0.00	0	0	42.00
43.00 NURSING ADMINISTRATION	13.00	62,824				0.00	0	0	43.00
44.00 PHARMACY	15.00	32,009				0.00	0	0	44.00
45.00 NURSING SCHOOL	20.00	2,000				0.00	0	0	45.00
46.00 ADULTS & PEDIATRICS	30.00	34,667				0.00	0	0	46.00
47.00 INTENSIVE CARE UNIT	31.00	8,500				0.00	0	0	47.00
48.00 CORONARY CARE UNIT	32.00	3,000				0.00	0	0	48.00
49.00 SURGICAL INTENSIVE CARE UNIT	34.00	8,500				0.00	0	0	49.00

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Increases					Decreases					
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
50.00	NEURO ICU	35.01	15,000	0		0.00	0	0	50.00	
51.00	CARDIO-THORACIC ICU	35.02	10,000	0		0.00	0	0	51.00	
52.00	OPERATING ROOM	50.00	41,446	0		0.00	0	0	52.00	
53.00	RECOVERY ROOM	51.00	7,000	0		0.00	0	0	53.00	
54.00	RADIOLOGY-THERAPEUTIC	55.00	3,000	0		0.00	0	0	54.00	
55.00	LABORATORY	60.00	27,324	0		0.00	0	0	55.00	
56.00	BLOOD STORING, PROCESSING & TRANS.	63.00	3,000	0		0.00	0	0	56.00	
57.00	RESPIRATORY THERAPY	65.00	13,000	0		0.00	0	0	57.00	
58.00	RENAL DIALYSIS	74.00	3,000	0		0.00	0	0	58.00	
59.00	EMERGENCY	91.00	3,000	0		0.00	0	0	59.00	
			933,770	0			0	933,770		
X - RECLASS FEDERAL AND FOUNDATION RESEA										
1.00	RESEARCH	191.00	97,235	129,306	NURSING	13.00	12,206	3,513	1.00	
					ADMINISTRATION					
2.00		0.00	0	0	SOCIAL SERVICE	17.00	74,233	22,541	2.00	
3.00		0.00	0	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	10,796	103,252	3.00	
			97,235	129,306			97,235	129,306		
Y - RECLASS ASBESTOS ABATEMENT PAYMENTS										
1.00	OPERATION OF PLANT	7.00	0	508,438	OTHER ADMINISTRATIVE AND GENERAL	5.00	0	508,438	1.00	
			0	508,438			0	508,438		
Z - RECLASS PRE-TRANSPLANT RELATED PHARM										
1.00	KIDNEY ACQUISITION	105.00	11,617	2,783	PHARMACY	15.00	43,839	10,503	1.00	
2.00	HEART ACQUISITION	106.00	7,495	1,796		0.00	0	0	2.00	
3.00	LIVER ACQUISITION	107.00	3,900	934		0.00	0	0	3.00	
4.00	LUNG ACQUISITION	108.00	20,827	4,990		0.00	0	0	4.00	
			43,839	10,503			43,839	10,503		
AA - RECLASS PRE-TRANSPLANT VAD CONTRACT										
1.00	HEART ACQUISITION	106.00	0	8,464	OPERATING ROOM	50.00	0	8,464	1.00	
			0	8,464			0	8,464		
AB - RECLASS HERO BONUSES										
1.00	EMPLOYEE BENEFITS	4.00	35,200	0	OTHER ADMINISTRATIVE AND GENERAL	5.00	6,720,850	0	1.00	
	DEPARTMENT			0						
2.00	NONPATIENT TELEPHONES	5.01	28,050	0		0.00	0	0	2.00	
3.00	PURCHASING RECEIVING AND STORES	5.03	22,100	0		0.00	0	0	3.00	
4.00	ADMITTING	5.04	102,300	0		0.00	0	0	4.00	
5.00	OPERATION OF PLANT	7.00	127,650	0		0.00	0	0	5.00	
6.00	HOUSEKEEPING	9.00	334,200	0		0.00	0	0	6.00	
7.00	DIETARY	10.00	182,250	0		0.00	0	0	7.00	
8.00	CAFETERIA	11.00	49,050	0		0.00	0	0	8.00	
9.00	NURSING	13.00	309,100	0		0.00	0	0	9.00	
	ADMINISTRATION			0						
10.00	CENTRAL SERVICES & SUPPLY	14.00	96,300	0		0.00	0	0	10.00	
11.00	PHARMACY	15.00	226,600	0		0.00	0	0	11.00	
12.00	MEDICAL RECORDS & LIBRARY	16.00	8,250	0		0.00	0	0	12.00	
13.00	SOCIAL SERVICE	17.00	115,500	0		0.00	0	0	13.00	
14.00	LAB ADMINISTRATION	18.01	55,500	0		0.00	0	0	14.00	
15.00	NURSING SCHOOL	20.00	74,550	0		0.00	0	0	15.00	
16.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	737,600	0		0.00	0	0	16.00	
17.00	PARAMED ED	23.02	3,750	0		0.00	0	0	17.00	
	PRGM-PASTORAL ED			0						
18.00	ADULTS & PEDIATRICS	30.00	1,377,300	0		0.00	0	0	18.00	
19.00	INTENSIVE CARE UNIT	31.00	150,850	0		0.00	0	0	19.00	
20.00	CORONARY CARE UNIT	32.00	41,950	0		0.00	0	0	20.00	
21.00	SURGICAL INTENSIVE CARE UNIT	34.00	95,800	0		0.00	0	0	21.00	
22.00	NEURO ICU	35.01	93,700	0		0.00	0	0	22.00	
23.00	CARDIO-THORACIC ICU	35.02	94,600	0		0.00	0	0	23.00	
24.00	OPERATING ROOM	50.00	432,100	0		0.00	0	0	24.00	
25.00	RECOVERY ROOM	51.00	146,200	0		0.00	0	0	25.00	
26.00	DELIVERY ROOM & LABOR ROOM	52.00	94,650	0		0.00	0	0	26.00	
27.00	ANESTHESIOLOGY	53.00	46,850	0		0.00	0	0	27.00	
28.00	RADIOLOGY-DIAGNOSTIC	54.00	173,300	0		0.00	0	0	28.00	
29.00	ULTRASOUND	54.01	16,500	0		0.00	0	0	29.00	
30.00	RADIOLOGY-THERAPEUTIC	55.00	114,200	0		0.00	0	0	30.00	
31.00	RADIOISOTOPE	56.00	12,750	0		0.00	0	0	31.00	
32.00	CT SCAN	57.00	41,400	0		0.00	0	0	32.00	

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RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/25/2021 5:57 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
33.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	41,500	0		0.00	0	0	33.00
34.00	CARDIAC CATHETERIZATION	59.00	47,250	0		0.00	0	0	34.00
35.00	LABORATORY	60.00	280,950	0		0.00	0	0	35.00
36.00	HLA LAB	60.01	12,750	0		0.00	0	0	36.00
37.00	BLOOD STORING, PROCESSING & TRANS.	63.00	52,850	0		0.00	0	0	37.00
38.00	RESPIRATORY THERAPY	65.00	81,200	0		0.00	0	0	38.00
39.00	PHYSICAL THERAPY	66.00	48,800	0		0.00	0	0	39.00
40.00	OCCUPATIONAL THERAPY	67.00	24,700	0		0.00	0	0	40.00
41.00	SPEECH PATHOLOGY	68.00	9,300	0		0.00	0	0	41.00
42.00	ELECTROCARDIOLOGY	69.00	51,650	0		0.00	0	0	42.00
43.00	ELECTROENCEPHALOGRAPH Y	70.00	18,750	0		0.00	0	0	43.00
44.00	RENAL DIALYSIS	74.00	20,950	0		0.00	0	0	44.00
45.00	ENDOSCOPY	76.00	33,300	0		0.00	0	0	45.00
46.00	OB/GYN IN VITRO	76.01	10,100	0		0.00	0	0	46.00
47.00	ELECTROSHOCK THERAPY	76.02	3,750	0		0.00	0	0	47.00
48.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	9,350	0		0.00	0	0	48.00
49.00	CLINIC	90.00	137,450	0		0.00	0	0	49.00
50.00	OUTPATIENT PSYCH	90.01	1,500	0		0.00	0	0	50.00
51.00	EMERGENCY	91.00	164,200	0		0.00	0	0	51.00
52.00	KIDNEY ACQUISITION	105.00	9,750	0		0.00	0	0	52.00
53.00	HEART ACQUISITION	106.00	7,500	0		0.00	0	0	53.00
54.00	LIVER ACQUISITION	107.00	6,000	0		0.00	0	0	54.00
55.00	LUNG ACQUISITION	108.00	5,250	0		0.00	0	0	55.00
56.00	OTHER ORGAN ACQUISITION-BONE MARROW	112.00	32,200	0		0.00	0	0	56.00
57.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	139,850	0		0.00	0	0	57.00
58.00	RETAIL PHARMACY	194.01	28,400	0		0.00	0	0	58.00
59.00	MARKETING/COMMUNITY RELATIONS	194.02	1,500	0		0.00	0	0	59.00
			6,720,850	0			6,720,850	0	
500.00	Grand Total: Increases		14,098,683	315,661,744	Grand Total: Decreases		13,054,292	316,706,135	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
5/25/2021 5:57 pm

		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	22,045,795	0	0	0	0	1.00	
2.00	Land Improvements	41,286,347	9,262,089	0	9,262,089	0	2.00	
3.00	Buildings and Fixtures	1,241,499,699	108,444,803	0	108,444,803	1,964,512	3.00	
4.00	Building Improvements	15,609,028	0	0	0	0	4.00	
5.00	Fixed Equipment	468,980,633	162,611	0	162,611	2,646,579	5.00	
6.00	Movable Equipment	700,367,026	91,983,619	0	91,983,619	4,614,152	6.00	
7.00	HIT designated Assets	22,160,381	24,119,286	0	24,119,286	0	7.00	
8.00	Subtotal (sum of lines 1-7)	2,511,948,909	233,972,408	0	233,972,408	9,225,243	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	2,511,948,909	233,972,408	0	233,972,408	9,225,243	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,045,795	0					1.00
2.00	Land Improvements	50,548,436	5,567,789					2.00
3.00	Buildings and Fixtures	1,347,979,990	151,350,221					3.00
4.00	Building Improvements	15,609,028	7,746,199					4.00
5.00	Fixed Equipment	466,496,665	306,147,191					5.00
6.00	Movable Equipment	787,736,493	481,626,707					6.00
7.00	HIT designated Assets	46,279,667	1,941,229					7.00
8.00	Subtotal (sum of lines 1-7)	2,736,696,074	954,379,336					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	2,736,696,074	954,379,336					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	44,319,344	0	0	0	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	28,658,583	0	0	0	0	1.03
1.04	NEW CRC-B&F(GSON)	1,123,374	0	0	0	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	1,216,873	0	0	0	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	12,016,119	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	87,334,293	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	44,319,344				1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	28,658,583				1.03
1.04	NEW CRC-B&F(GSON)	0	1,123,374				1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	1,216,873				1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	12,016,119				2.00
3.00	Total (sum of lines 1-2)	0	87,334,293				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,205,864,168	0	1,205,864,168	0.444206	766,460	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	644,434,473	0	644,434,473	0.237391	409,609	1.03
1.04	NEW CRC-B&F(GSON)	31,155,205	0	31,155,205	0.011477	19,803	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0.000000	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	833,196,433	0	833,196,433	0.306926	529,589	2.00
3.00	Total (sum of lines 1-2)	2,714,650,279	0	2,714,650,279	1.000000	1,725,461	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	766,460	40,110,779	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	0	409,609	27,650,430	0	1.03
1.04	NEW CRC-B&F(GSON)	0	0	19,803	1,123,374	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	1,024,204	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	529,589	69,647,791	0	2.00
3.00	Total (sum of lines 1-2)	0	0	1,725,461	139,556,578	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	766,460	0	0	40,877,239	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	409,609	0	0	28,060,039	1.03
1.04	NEW CRC-B&F(GSON)	0	19,803	0	0	1,143,177	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0	1,024,204	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	529,589	0	0	70,177,380	2.00
3.00	Total (sum of lines 1-2)	0	1,725,461	0	0	141,282,039	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

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

Worksheet A-8

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.03	Investment income - NEW CRC-B&F(BJH CAMP EXP) (chapter 2)			0 NEW CRC-B&F(BJH CAMP EXP)	1.03	0	1.03
1.04	Investment income - NEW CRC-B&F(GSON) (chapter 2)			0 NEW CRC-B&F(GSON)	1.04	0	1.04
1.05	Investment income - NEW CRC-B&F(THE HIGHLANDS) (chapter 2)			0 NEW CRC-B&F(THE HIGHLANDS)	1.05	0	1.05
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-30,130,334	INTEREST EXPENSE	113.00	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)	B	-1,826,460	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-74,422,912			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	-22,367,643			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-7,235,872	CAFETERIA	11.00	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 - NEW CAP REL COSTS-BLDG & FIXT			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.03	Depreciation - NEW CRC-B&F(BJH CAMP EXP)			0 NEW CRC-B&F(BJH CAMP EXP)	1.03	0	26.03
26.04	Depreciation - NEW CRC-B&F(GSON)			0 NEW CRC-B&F(GSON)	1.04	0	26.04

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

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

Worksheet A-8

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
26.05	Depreciation - NEW CRC-B&F(THE HIGHLANDS)			0 NEW CRC-B&F(THE HIGHLANDS)	1.05	0	26.05
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	OTHER REVENUE	B	-79,205	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	OTHER REVENUE	B	-118,057	NONPATIENT TELEPHONES	5.01	0	33.01
33.02	OTHER REVENUE	B	-2,363,836	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.02
33.03	OTHER REVENUE	B	-616,442	CAFETERIA	11.00	0	33.03
33.04	OTHER REVENUE	B	-178,656	NURSING ADMINISTRATION	13.00	0	33.04
33.05	OTHER REVENUE	B	-4,723	CENTRAL SERVICES & SUPPLY	14.00	0	33.05
33.06	OTHER REVENUE	B	-471,942	PHARMACY	15.00	0	33.06
33.07	OTHER REVENUE	B	-23,664	MEDICAL RECORDS & LIBRARY	16.00	0	33.07
33.08	OTHER REVENUE	B	-21,365,439	NURSING SCHOOL	20.00	0	33.08
33.09	OTHER REVENUE	B	-25,951	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.09
33.10	OTHER REVENUE	B	-1,900	PARAMED ED PRGM-PASTORAL ED	23.02	0	33.10
33.11	OTHER REVENUE	B	-1,657,573	ADULTS & PEDIATRICS	30.00	0	33.11
33.12	OTHER REVENUE	B	-36	SURGICAL INTENSIVE CARE UNIT	34.00	0	33.12
33.13	OTHER REVENUE	B	-49,420	OPERATING ROOM	50.00	0	33.13
33.14	OTHER REVENUE	B	-19,944	DELIVERY ROOM & LABOR ROOM	52.00	0	33.14
33.15	OTHER REVENUE	B	-79,978	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16	OTHER REVENUE	B	-3,551	RADIOLOGY-THERAPEUTIC	55.00	0	33.16
33.17	OTHER REVENUE	B	-5,035	RADIOISOTOPE	56.00	0	33.17
33.18	OTHER REVENUE	B	-1,000	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33.18
33.19	OTHER REVENUE	B	-55	RESPIRATORY THERAPY	65.00	0	33.19
33.20	OTHER REVENUE	B	-3,084	PHYSICAL THERAPY	66.00	0	33.20
33.21	OTHER REVENUE	B	-4,475	ELECTROCARDIOLOGY	69.00	0	33.21
33.22	OTHER REVENUE	B	-193	ELECTROENCEPHALOGRAPHY	70.00	0	33.22
33.23	OTHER REVENUE	B	-109,175	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	33.23
33.24	OTHER REVENUE	B	-173,120	CLINIC	90.00	0	33.24
33.25	OTHER REVENUE	B	-156,946	EMERGENCY	91.00	0	33.25
35.00	RESEARCH ADMINISTRATIVE COST	A	140,379	RESEARCH ADMINISTRATION	18.02	0	35.00
36.00	ALLOWABLE FRA COSTS	A	115,691,081	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
38.00	CONTRIBUTIONS	A	-15,521,927	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.00
38.01	REMOVE ASBESTOS ACCRUAL	A	-542,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.01
39.00	BAD DEBTS	A	2,653	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.00
39.01	BAD DEBTS	A	-253,867	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39.01
39.02	BAD DEBTS	A	-2,393	OPERATION OF PLANT	7.00	0	39.02
39.03	BAD DEBTS	A	-99,828	NURSING SCHOOL	20.00	0	39.03
41.00	PATIENT PHONES	A	-212,447	ADULTS & PEDIATRICS	30.00	0	41.00
43.00	MALPRACTICE EXP	A	-10,753,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00	WASH UNIV ASSESSMENTS	A	-540,573	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
44.01	LOBBYING PORTION OF DUES	A	-140,335	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.01
44.02	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-106,390	NURSING ADMINISTRATION	13.00	0	44.02
44.03	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-2,542,905	ADULTS & PEDIATRICS	30.00	0	44.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

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

Worksheet A-8

Date/Time Prepared:
5/25/2021 5:57 pm

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	
44.04	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-9,714	CARDIAC CATHETERIZATION		59.00	0	44.04
44.05	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-815	EMERGENCY		91.00	0	44.05
44.11	ENTERTAINMENT/PROMOTION EXPENSE	A	-3,649	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	44.11
44.12	ENTERTAINMENT/PROMOTION EXPENSE	A	-27	NONPATIENT TELEPHONES		5.01	0	44.12
44.13	ENTERTAINMENT/PROMOTION EXPENSE	A	-2,647	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	44.13
44.14	ENTERTAINMENT/PROMOTION EXPENSE	A	-1,108	OPERATION OF PLANT		7.00	0	44.14
44.15	ENTERTAINMENT/PROMOTION EXPENSE	A	250	NURSING ADMINISTRATION		13.00	0	44.15
44.16	ENTERTAINMENT/PROMOTION EXPENSE	A	-892	SOCIAL SERVICE		17.00	0	44.16
44.17	ENTERTAINMENT/PROMOTION EXPENSE	A	-1,595	NURSING SCHOOL		20.00	0	44.17
44.18	ENTERTAINMENT/PROMOTION EXPENSE	A	-1,492	ADULTS & PEDIATRICS		30.00	0	44.18
44.19	ENTERTAINMENT/PROMOTION EXPENSE	A	-20	SURGICAL INTENSIVE CARE UNIT		34.00	0	44.19
44.20	ENTERTAINMENT/PROMOTION EXPENSE	A	-30	OPERATING ROOM		50.00	0	44.20
44.21	ENTERTAINMENT/PROMOTION EXPENSE	A	-1,457	DELIVERY ROOM & LABOR ROOM		52.00	0	44.21
44.22	ENTERTAINMENT/PROMOTION EXPENSE	A	-327	RADIOLOGY-THERAPEUTIC		55.00	0	44.22
44.23	ENTERTAINMENT/PROMOTION EXPENSE	A	-3,077	RENAL DIALYSIS		74.00	0	44.23
44.24	ENTERTAINMENT/PROMOTION EXPENSE	A	-1,820	OB/GYN IN VITRO		76.01	0	44.24
44.25	ENTERTAINMENT/PROMOTION EXPENSE	A	-1,253	EMERGENCY		91.00	0	44.25
44.26	ALCOHOLIC BEVERAGES EXPENSE	A	37	NONPATIENT TELEPHONES		5.01	0	44.26
44.27	ALCOHOLIC BEVERAGES EXPENSE	A	-2,535	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	44.27
44.28	ALCOHOLIC BEVERAGES EXPENSE	A	-436	NURSING ADMINISTRATION		13.00	0	44.28
44.29	ALCOHOLIC BEVERAGES EXPENSE	A	-250	NURSING SCHOOL		20.00	0	44.29
44.30	ALCOHOLIC BEVERAGES EXPENSE	A	-77	I&R SERVICES-SALARY & FRINGES APPRVD		21.00	0	44.30
44.31	ALCOHOLIC BEVERAGES EXPENSE	A	-133	ADULTS & PEDIATRICS		30.00	0	44.31
44.32	ALCOHOLIC BEVERAGES EXPENSE	A	-1,444	SURGICAL INTENSIVE CARE UNIT		34.00	0	44.32
44.33	ALCOHOLIC BEVERAGES EXPENSE	A	-226	OPERATING ROOM		50.00	0	44.33
44.34	ALCOHOLIC BEVERAGES EXPENSE	A	-53	RADIOLOGY-DIAGNOSTIC		54.00	0	44.34
44.35	ALCOHOLIC BEVERAGES EXPENSE	A	-63	RADIOLOGY-THERAPEUTIC		55.00	0	44.35
44.36	ALCOHOLIC BEVERAGES EXPENSE	A	-53	RESPIRATORY THERAPY		65.00	0	44.36
44.37	ALCOHOLIC BEVERAGES EXPENSE	A	-52	PHYSICAL THERAPY		66.00	0	44.37
44.38	ALCOHOLIC BEVERAGES EXPENSE	A	-9	ALLOGENEIC STEM CELL ACQUISITION		77.00	0	44.38
44.39	ALCOHOLIC BEVERAGES EXPENSE	A	-144	EMERGENCY		91.00	0	44.39
44.40	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-1,712,405	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	44.40
44.41	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-1,008,153	NEW CRC-B&F(BJH CAMP EXP)		1.03	9	44.41
44.42	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-192,669	NEW CRC-B&F(THE HIGHLANDS)		1.05	9	44.42
44.43	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-2,541,096	OPERATION OF PLANT		7.00	0	44.43
44.44	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-1,627,547	HOUSEKEEPING		9.00	0	44.44
44.45	ADVERTISING EXPENSE	A	-10,225	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	44.45
44.46	ADVERTISING EXPENSE	A	-56,529	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	44.46
44.47	ADVERTISING EXPENSE	A	-16,360	DIETARY		10.00	0	44.47
44.48	ADVERTISING EXPENSE	A	-195,329	NURSING ADMINISTRATION		13.00	0	44.48
44.49	ADVERTISING EXPENSE	A	-297,286	NURSING SCHOOL		20.00	0	44.49
44.50	ADVERTISING EXPENSE	A	-200	PARAMED ED PRGM-PASTORAL ED		23.02	0	44.50
44.51	ADVERTISING EXPENSE	A	-79,128	RADIOLOGY-DIAGNOSTIC		54.00	0	44.51
44.52	ADVERTISING EXPENSE	A	-215,321	RADIOLOGY-THERAPEUTIC		55.00	0	44.52

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

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

Worksheet A-8

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
44.53	ADVERTISING EXPENSE	A	-60,942	OTHER ORGAN ACQUISITION-BONE MARROW	112.00	0	44.53
44.54	PHYSICIAN RECRUITMENT	A	-162,796	NURSING ADMINISTRATION	13.00	0	44.54
44.55	SPECIAL EVENTS-NONALLOWABLE	A	-168,868	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.55
44.56	SPECIAL EVENTS-NONALLOWABLE	A	-32,472	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.56
44.57	SPECIAL EVENTS-NONALLOWABLE	A	-11,233	NURSING ADMINISTRATION	13.00	0	44.57
44.58	SPECIAL EVENTS-NONALLOWABLE	A	-14,284	PHARMACY	15.00	0	44.58
44.59	SPECIAL EVENTS-NONALLOWABLE	A	-40,855	NURSING SCHOOL	20.00	0	44.59
44.60	SPECIAL EVENTS-NONALLOWABLE	A	-8,520	RADIOLOGY-THERAPEUTIC	55.00	0	44.60
44.61	SPECIAL EVENTS-NONALLOWABLE	A	-1,540	EMERGENCY	91.00	0	44.61
44.62	STL CARDS	A	-136	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.62
44.63	STL CARDS	A	-206	RADIOLOGY-THERAPEUTIC	55.00	0	44.63
44.64	ALLOWABLE PENSION EXP/FUNDING	A	1,315,147	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.64
44.65	REMOVE ACCELERATED DEPRECIATION	A	-706,606	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	44.65
44.66	REMOVE ACCELERATED DEPRECIATION	A	-146,729	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	44.66
44.67	REMOVE ACCELERATED DEPRECIATION	A	-26,034	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.67
44.68	FRADULENT CHARGES EXPENSE	A	-24	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.68
44.69	FRADULENT CHARGES EXPENSE	A	-32	CARDIO-THORACIC ICU	35.02	0	44.69
44.70	FRADULENT CHARGES EXPENSE	A	-2	EMERGENCY	91.00	0	44.70
44.71	RESEARCH IN WU CONTRACT MATRIX	A	-131,579	NURSING ADMINISTRATION	13.00	0	44.71
44.72	RESEARCH IN WU CONTRACT MATRIX	A	-20,112	RADIOLOGY-DIAGNOSTIC	54.00	0	44.72
44.73	RESEARCH IN WU CONTRACT MATRIX	A	-92,696	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	44.73
44.74	RESEARCH IN WU CONTRACT MATRIX	A	-721,571	BLOOD STORING, PROCESSING & TRANS.	63.00	0	44.74
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-87,397,622				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: 26-0032

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2021 5:57 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	60.00	LABORATORY	AFFILIATE BILLING TO BJC FAC	-13,431,858	-13,552,029	1.00
2.00	60.01	HLA LAB	AFFILIATE BILLING TO BJC FAC	-619,518	-1,199,542	2.00
3.00	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO BJC FAC	-552,929	-441,464	3.00
4.00	60.00	LABORATORY	AFFILIATE BILLING TO REHAB I	-554,162	-297,188	4.00
4.01	50.00	OPERATING ROOM	MIDWEST STONE	319,059	312,788	4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	TFC	5,373,761	5,409,463	4.02
4.03	1.00	NEW CAP REL COSTS-BLDG & FIX	GAMMA KNIFE DEPR - B&F	112,086	0	4.03
4.04	2.00	NEW CAP REL COSTS-MVBLE EQUI	GAMMA KNIFE DEPR - MME	314,540	0	4.04
4.05	55.00	RADIOLOGY-THERAPEUTIC	GAMMA KNIFE EXPENSES	2,325,013	8,517,236	4.05
4.06	4.00	EMPLOYEE BENEFITS DEPARTMENT	BJC EMPLOYEE BENEFITS	30,470,819	0	4.06
4.07	5.03	PURCHASING RECEIVING AND STO	BJC PURCHASING	11,207,230	0	4.07
4.08	5.06	OTHER ADMINISTRATIVE AND GEN	BJC OTHER A & G	176,747,048	262,957,013	4.08
4.09	7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	26,787,139	0	4.09
4.10	60.00	LABORATORY	SLCH AFFILIATE BILLINGS	772,613	1,209,999	4.10
4.11	59.00	CARDIAC CATHETERIZATION	SLCH AFFILIATE BILLINGS	250,400	803,983	4.11
4.12	20.00	NURSING SCHOOL	MO BAP BUILDING RENT	2,670,703	839,328	4.12
5.00	0		0	242,191,944	264,559,587	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:						

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

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

6.00	B		0.00	BJC HEALTHCARE	100.00	6.00
7.00	B		0.00	BJC STAFFING AGENCY	100.00	7.00
8.00	G	JOINT VENTURE	50.00	TFC	50.00	8.00
9.00	G	JOINT VENTURE	50.00	BJ GAMMA KNIFE FACILITY	50.00	9.00
10.00	C		50.00	MIDWEST STONE	50.00	10.00
10.01	G	JOINT VENTURE	50.00	REHAB INSTITUTE	50.00	10.01
100.00	G. Other (financial or non-financial) specify:	JOINT VENTURE				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: 26-0032

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2021 5:57 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	120,171	0		1.00
2.00	580,024	0		2.00
3.00	-111,465	0		3.00
4.00	-256,974	0		4.00
4.01	6,271	0		4.01
4.02	-35,702	0		4.02
4.03	112,086	9		4.03
4.04	314,540	9		4.04
4.05	-6,192,223	0		4.05
4.06	30,470,819	0		4.06
4.07	11,207,230	0		4.07
4.08	-86,209,965	0		4.08
4.09	26,787,139	0		4.09
4.10	-437,386	0		4.10
4.11	-553,583	0		4.11
4.12	1,831,375	0		4.12
5.00	-22,367,643			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	HEALTH CARE		6.00
7.00	TEMPORARY STAFFING		7.00
8.00	TELECOMMUNICATIONS		8.00
9.00	NEURO-SURGICAL PROCEDURES		9.00
10.00	LITHOTRIpsy PROCEDURES		10.00
10.01	REHAB SERVICES		10.01
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: 26-0032

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2021 5:57 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	3,748,017	3,748,017	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	11,595,499	11,595,499	0	0	0	2.00
3.00	18.01	LAB ADMINISTRATION	26,250	26,250	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	27,627,447	27,627,447	0	0	0	4.00
5.00	50.00	OPERATING ROOM	946,500	946,500	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	17,307,758	17,307,758	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	200,008	200,008	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	360,500	360,500	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	100,192	100,192	0	0	0	9.00
10.00	76.00	ENDOSCOPY	1,137	1,137	0	0	0	10.00
11.00	90.00	CLINIC	645,216	645,216	0	0	0	11.00
12.00	90.01	OUTPATIENT PSYCH	352,643	352,643	0	0	0	12.00
13.00	91.00	EMERGENCY	11,511,745	11,511,745	0	0	0	13.00
200.00			74,422,912	74,422,912	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	18.01	LAB ADMINISTRATION	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	9.00
10.00	76.00	ENDOSCOPY	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	90.01	OUTPATIENT PSYCH	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
200.00			0	0	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	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	3,748,017		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	11,595,499		2.00
3.00	18.01	LAB ADMINISTRATION	0	0	0	26,250		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	27,627,447		4.00
5.00	50.00	OPERATING ROOM	0	0	0	946,500		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	17,307,758		6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	200,008		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	360,500		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	100,192		9.00
10.00	76.00	ENDOSCOPY	0	0	0	1,137		10.00
11.00	90.00	CLINIC	0	0	0	645,216		11.00
12.00	90.01	OUTPATIENT PSYCH	0	0	0	352,643		12.00
13.00	91.00	EMERGENCY	0	0	0	11,511,745		13.00
200.00			0	0	0	74,422,912		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)	
		0	1.00	1.03	1.04	1.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	40,877,239	40,877,239			1.00
1.03	00103	NEW CRC-B&F (BJH CAMP EXP)	28,060,039	0	28,060,039		1.03
1.04	00104	NEW CRC-B&F (GSON)	1,143,177	0	0	1,143,177	1.04
1.05	00105	NEW CRC-B&F (THE HIGHLANDS)	1,024,204	0	0	0	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	70,177,380			1,024,204	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	44,178,420	553,060	237,421	0	4.00
5.01	00540	NONPATIENT TELEPHONES	549,347	203,674	60,524	0	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	15,239,634	273,003	283,760	0	5.03
5.04	00570	ADMITTING	12,534,166	399,260	112,479	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	397,238,014	8,756,136	6,621,988	26,833	5.06
7.00	00700	OPERATION OF PLANT	65,461,409	5,656,821	3,400,966	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,848,655	12,670	10,216	0	8.00
9.00	00900	HOUSEKEEPING	24,124,815	459,523	62,940	0	9.00
10.00	01000	DIETARY	15,613,207	472,384	742,601	0	10.00
11.00	01100	CAFETERIA	4,643,917	938,347	46,709	0	11.00
13.00	01300	NURSING ADMINISTRATION	63,378,707	298,688	73,525	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,386,161	1,167,476	62,632	0	14.00
15.00	01500	PHARMACY	180,188,767	72,626	568,028	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	857,320	31,320	161,680	0	16.00
17.00	01700	SOCIAL SERVICE	15,182,507	24,017	106,648	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	13,831,908	0	534,396	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	140,379	0	0	0	18.02
20.00	02000	NURSING SCHOOL	-5,521,261	0	0	1,116,344	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	139,077,105	261,522	70,509	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	280,000	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	382,159	0	3,923	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	188,303,027	11,753,768	650,091	0	30.00
31.00	03100	INTENSIVE CARE UNIT	24,158,412	1,104,836	3,339	0	31.00
32.00	03200	CORONARY CARE UNIT	7,198,605	190,717	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	15,369,259	664,347	0	0	34.00
35.01	02400	NEURO ICU	17,153,401	630,804	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	13,265,435	101,185	294,899	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	2,866,060	122,960	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	80,367,802	1,857,642	1,600,958	0	50.00
51.00	05100	RECOVERY ROOM	19,779,168	654,437	273,175	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,562,914	433,052	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,815,945	6,689	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,805,609	474,033	650,522	0	54.00
54.01	03630	ULTRASOUND	3,896,695	184,353	85,310	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	31,264,057	78,625	1,021,776	0	55.00
56.00	05600	RADIOISOTOPE	1,576,271	189,931	0	0	56.00
57.00	05700	CT SCAN	6,246,443	0	45,139	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,719,239	248,737	123,757	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,174,639	0	393,070	0	59.00
60.00	06000	LABORATORY	65,151,698	65,687	1,021,622	0	60.00
60.01	06001	HLA LAB	4,518,143	0	41,647	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	37,345,243	6,728	269,283	0	63.00
65.00	06500	RESPIRATORY THERAPY	15,586,303	153,494	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,976,756	59,554	206,420	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,103,559	16,695	4,231	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,170,285	8,357	2,123	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,182,224	119,433	42,186	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,225,945	52,059	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	66,656,254	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	93,917,134	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,967,023	211,265	0	0	74.00
76.00	03330	ENDOSCOPY	6,505,340	99,422	244,728	0	76.00
76.01	03950	OB/GYN IN VITRO	3,445,300	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	471,733	44,239	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	685,647	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	114,252	0	12,462	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	5,051,882	0	15,908	0	77.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	18,147,652	0	1,002,129	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	358,434	0	83,617	0	0	90.01
91.00	09100	EMERGENCY	24,082,015	59,534	700,215	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	13,981,456	0	36,816	0	0	105.00
106.00	10600	HEART ACQUISITION	4,209,295	0	20,985	0	0	106.00
107.00	10700	LIVER ACQUISITION	7,801,197	0	17,754	0	0	107.00
108.00	10800	LUNG ACQUISITION	5,882,138	0	15,416	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	429,709	0	338	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	16,558,068	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,045,945,041	39,173,110	22,040,861	1,143,177	272,442	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	226,541	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	6,804	0	908	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	908	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	16,744,649	1,704,129	5,821,542	0	751,762	194.00
194.01	07951	RETAIL PHARMACY	5,112,315	0	63,140	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	88,939	0	132,680	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	2,068,124,289	40,877,239	28,060,039	1,143,177	1,024,204	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	
			NEW MVBLE EQUIP					
			2.00	4.00	5.01	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	70,177,380					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	44,968,901				4.00
5.01	00540	NONPATIENT TELEPHONES	293	89,479	903,317			5.01
5.03	00560	PURCHASING RECEIVING AND STORES	1,947,729	113,796	1,028	17,858,950		5.03
5.04	00570	ADMITTING	10,024	688,599	35,216	6,983	13,797,117	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	34,663,180	2,640,116	79,956	685,601	0	5.06
7.00	00700	OPERATION OF PLANT	0	789,168	19,829	75,231	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	67	0	0	70,528	0	8.00
9.00	00900	HOUSEKEEPING	77,043	1,110,823	9,334	68,232	0	9.00
10.00	01000	DIETARY	48,001	555,111	6,586	138,951	0	10.00
11.00	01100	CAFETERIA	38,877	280,899	4,713	199,176	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,481,900	2,433,618	31,357	24,888	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	240,515	439,463	4,924	298,473	0	14.00
15.00	01500	PHARMACY	101,967	1,851,588	18,721	4,930,379	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,524	33,501	6,491	1,263	0	16.00
17.00	01700	SOCIAL SERVICE	4,182	753,468	12,968	6,123	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	5,873	440,990	6,142	3,726	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	8,119	0	0	0	18.02
20.00	02000	NURSING SCHOOL	189,506	660,558	15,974	9,133	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,245	3,934,697	6,869	7,709	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	16,171	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	21,129	77	60	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,831,424	9,035,412	250,336	394,477	1,621,402	30.00
31.00	03100	INTENSIVE CARE UNIT	125,913	1,095,305	16,301	96,292	211,426	31.00
32.00	03200	CORONARY CARE UNIT	31,872	287,080	4,664	25,062	58,612	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	44,380	775,762	8,875	71,411	129,732	34.00
35.01	02400	NEURO ICU	106,156	810,309	15,127	57,257	139,640	35.01
35.02	02401	CARDIO-THORACIC ICU	110,931	655,972	14,326	50,633	95,371	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	9,217	139,285	4,830	6,740	21,537	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,113,316	3,273,643	58,189	521,782	1,510,402	50.00
51.00	05100	RECOVERY ROOM	198,121	979,073	15,401	78,855	212,518	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	119,006	650,210	12,054	40,142	38,134	52.00
53.00	05300	ANESTHESIOLOGY	785,144	190,909	10,109	213,857	423,610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,941,782	1,123,509	25,837	258,104	786,146	54.00
54.01	03630	ULTRASOUND	460,390	111,319	1,721	5,985	91,855	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,180,704	728,728	21,538	356,827	822,009	55.00
56.00	05600	RADIOISOTOPE	754,570	65,082	3,752	41,482	28,906	56.00
57.00	05700	CT SCAN	765,479	313,888	5,270	20,017	656,875	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	107,178	292,476	4,444	42,009	324,703	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,834,954	316,407	8,603	68,792	307,319	59.00
60.00	06000	LABORATORY	700,289	1,487,848	22,947	954,528	1,493,475	60.00
60.01	06001	HLA LAB	110,473	88,235	1,528	89,677	70,601	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	242,897	342,362	5,435	1,150,648	561,947	63.00
65.00	06500	RESPIRATORY THERAPY	292,039	656,556	7,560	94,745	241,719	65.00
66.00	06600	PHYSICAL THERAPY	3,566	324,567	1,641	1,276	34,868	66.00
67.00	06700	OCCUPATIONAL THERAPY	541	169,822	0	462	22,162	67.00
68.00	06800	SPEECH PATHOLOGY	51,200	66,083	0	445	9,977	68.00
69.00	06900	ELECTROCARDIOLOGY	532,421	217,191	3,553	26,731	338,993	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	255,636	99,527	1,323	1,810	38,467	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,525,672	457,804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,558,614	684,721	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,141,617	73.00
74.00	07400	RENAL DIALYSIS	81,246	176,338	3,252	53,457	64,874	74.00
76.00	03330	ENDOSCOPY	0	222,160	6,667	41,881	104,481	76.00
76.01	03950	OB/GYN IN VITRO	0	68,909	923	20,062	16,531	76.01
76.02	03320	ELECTROSHOCK THERAPY	4,562	21,644	735	2,871	5,936	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	25,980	5,170	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	728	13	3,051	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	79,902	1,830	375	7,728	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	99,614	847,170	40,641	38,152	137,970	90.00

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COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	
			NEW MVBLE EQUIP					
			2.00	4.00	5.01	5.03	5.04	
90.01	04950	OUTPATIENT PSYCH	2,203	9,919	2,398	230	1,329	90.01
91.00	09100	EMERGENCY	409,036	1,089,537	26,244	126,440	699,591	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	820	113,010	1,660	246	41,500	105.00
106.00	10600	HEART ACQUISITION	164	51,779	1,435	97	8,274	106.00
107.00	10700	LIVER ACQUISITION	0	52,878	1,432	125	21,760	107.00
108.00	10800	LUNG ACQUISITION	164	50,907	1,107	146	13,814	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,714	0	1	1,039	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	243,682	4,834	1,256	87,521	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	70,128,334	44,187,402	879,435	17,592,120	13,797,117	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	7,136	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	2	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	523,242	15,800	24,225	0	194.00
194.01	07951	RETAIL PHARMACY	49,046	244,971	7,980	242,545	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	6,150	102	58	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	70,177,380	44,968,901	903,317	17,858,950	13,797,117	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	450,935,491	450,935,491			5.06
7.00	00700	OPERATION OF PLANT	0	75,404,257	20,979,877	96,384,134		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,942,136	540,364	240,081	2,722,581	8.00
9.00	00900	HOUSEKEEPING	0	25,912,887	7,209,794	1,028,936	52	9.00
10.00	01000	DIETARY	0	17,576,841	4,890,440	2,935,131	0	10.00
11.00	01100	CAFETERIA	0	6,152,638	1,711,861	1,888,362	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	68,722,683	19,120,850	739,567	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	27,599,644	7,679,104	2,360,134	19,204	14.00
15.00	01500	PHARMACY	0	187,732,076	52,233,071	1,508,772	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,102,099	306,639	441,045	0	16.00
17.00	01700	SOCIAL SERVICE	0	16,089,913	4,476,729	297,287	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	14,823,035	4,124,243	1,261,608	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	148,498	41,317	0	0	18.02
20.00	02000	NURSING SCHOOL	0	-3,529,746	0	3,306,186	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	143,359,656	39,887,244	713,379	10,502	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	296,171	82,404	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	407,348	113,337	9,262	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	213,839,937	59,496,844	23,791,696	1,581,836	30.00
31.00	03100	INTENSIVE CARE UNIT	0	26,811,824	7,459,907	2,101,457	173,150	31.00
32.00	03200	CORONARY CARE UNIT	0	7,796,612	2,169,267	361,393	20,835	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	17,063,766	4,747,686	1,258,884	0	34.00
35.01	02400	NEURO ICU	0	18,912,694	5,262,117	1,195,322	53,112	35.01
35.02	02401	CARDIO-THORACIC ICU	0	14,588,752	4,059,058	887,938	58,985	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	3,170,629	882,170	248,472	164	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	96,303,734	26,794,781	7,299,636	282,633	50.00
51.00	05100	RECOVERY ROOM	0	22,190,748	6,174,176	1,885,020	146,543	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,855,512	3,855,047	820,599	64,382	52.00
53.00	05300	ANESTHESIOLOGY	0	9,446,263	2,628,253	12,676	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36,092,527	10,042,096	3,531,266	61,358	54.00
54.01	03630	ULTRASOUND	0	4,837,628	1,345,983	658,099	8,396	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	43,474,264	12,095,931	2,561,207	44,967	55.00
56.00	05600	RADIOISOTOPE	0	2,659,994	740,095	359,904	12,483	56.00
57.00	05700	CT SCAN	0	8,053,111	2,240,633	245,166	5,160	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,862,543	2,744,075	1,064,494	2,595	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,103,784	3,089,428	927,964	39,256	59.00
60.00	06000	LABORATORY	0	70,908,484	19,729,009	2,571,704	4,231	60.00
60.01	06001	HLA LAB	0	4,920,304	1,368,986	98,321	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	39,924,543	11,108,285	648,474	4,367	63.00
65.00	06500	RESPIRATORY THERAPY	0	17,032,416	4,738,963	290,858	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,608,648	1,838,737	600,203	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,317,472	923,027	41,624	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,308,470	364,058	20,812	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,462,732	1,519,907	325,908	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,674,767	744,206	98,648	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	69,639,730	19,376,001	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	98,160,469	27,311,384	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,141,617	317,634	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,557,455	1,546,262	400,329	0	74.00
76.00	03330	ENDOSCOPY	0	7,224,679	2,010,137	766,154	57,108	76.00
76.01	03950	OB/GYN IN VITRO	0	3,551,725	988,204	204,487	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	551,720	153,506	83,829	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	716,797	199,436	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	130,506	36,311	29,420	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	5,157,625	1,435,016	37,556	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	20,313,328	5,651,818	2,561,970	68,214	90.00
90.01	04950	OUTPATIENT PSYCH	0	458,130	127,466	197,404	0	90.01
91.00	09100	EMERGENCY	0	27,192,612	7,565,855	1,855,927	1,464	91.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	14,175,508	3,944,080	86,916	0	105.00
106.00	10600	HEART ACQUISITION	0	4,292,029	1,194,180	49,542	0	106.00
107.00	10700	LIVER ACQUISITION	0	7,895,146	2,196,682	41,914	0	107.00
108.00	10800	LUNG ACQUISITION	0	5,963,692	1,659,290	36,394	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	432,801	120,419	799	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	16,895,361	4,700,830	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,036,348,715	442,094,510	76,990,136	2,720,997	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	233,677	65,016	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	7,714	2,146	2,143	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	908	253	2,143	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	25,585,349	7,118,663	18,927,419	1,584	194.00
194.01	07951	RETAIL PHARMACY	0	5,719,997	1,591,486	149,061	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	227,929	63,417	313,232	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	0	2,068,124,289	450,935,491	96,384,134	2,722,581	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	34,151,669					9.00
10.00	01000	DIETARY	1,059,294	26,461,706				10.00
11.00	01100	CAFETERIA	681,513	0	10,434,374			11.00
13.00	01300	NURSING ADMINISTRATION	266,911	0	536,326	89,386,337		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	851,777	0	184,589	0	38,694,452	14.00
15.00	01500	PHARMACY	544,518	0	431,677	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	159,174	0	14,535	0	0	16.00
17.00	01700	SOCIAL SERVICE	105,600	0	204,938	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	455,316	0	104,649	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	1,453	0	0	18.02
20.00	02000	NURSING SCHOOL	1,193,208	0	139,532	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	257,460	0	1,152,592	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	5,814	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	3,343	0	7,267	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,586,469	23,605,735	2,530,471	41,834,677	0	30.00
31.00	03100	INTENSIVE CARE UNIT	758,419	558,570	270,343	4,501,257	0	31.00
32.00	03200	CORONARY CARE UNIT	130,427	129,646	66,859	1,097,679	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	454,333	554,661	181,682	3,010,454	0	34.00
35.01	02400	NEURO ICU	431,394	242,902	203,484	3,358,182	0	35.01
35.02	02401	CARDIO-THORACIC ICU	320,458	278,909	146,799	2,425,690	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	89,674	0	40,697	675,994	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,634,452	0	748,531	11,991,779	0	50.00
51.00	05100	RECOVERY ROOM	680,307	0	247,088	3,952,159	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	296,156	0	172,961	2,865,052	0	52.00
53.00	05300	ANESTHESIOLOGY	4,575	0	93,021	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,274,440	0	319,761	0	0	54.00
54.01	03630	ULTRASOUND	237,509	0	29,069	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	771,239	0	188,950	0	0	55.00
56.00	05600	RADIOISOTOPE	129,890	0	14,535	0	0	56.00
57.00	05700	CT SCAN	88,481	0	77,033	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	384,178	0	77,033	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	334,904	0	81,394	1,338,468	0	59.00
60.00	06000	LABORATORY	907,736	0	529,059	0	0	60.00
60.01	06001	HLA LAB	35,484	0	26,162	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	234,035	0	100,289	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	104,971	0	172,961	0	0	65.00
66.00	06600	PHYSICAL THERAPY	216,614	0	85,754	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,022	0	45,057	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,511	0	15,988	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	117,621	0	59,592	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35,602	0	34,883	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	16,062,624	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	22,631,828	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	144,480	0	40,697	0	0	74.00
76.00	03330	ENDOSCOPY	276,506	0	59,592	972,729	0	76.00
76.01	03950	OB/GYN IN VITRO	73,800	0	17,441	280,751	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	30,254	0	5,814	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,618	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	13,554	0	17,441	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	924,619	0	234,007	3,777,897	0	90.00
90.01	04950	OUTPATIENT PSYCH	71,244	0	2,907	0	0	90.01
91.00	09100	EMERGENCY	669,807	0	309,587	5,127,801	0	91.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	31,368	0	31,976	518,869	0	105.00
106.00	10600	HEART ACQUISITION	17,880	0	13,081	214,038	0	106.00
107.00	10700	LIVER ACQUISITION	15,127	0	14,535	242,897	0	107.00
108.00	10800	LUNG ACQUISITION	13,135	0	13,081	214,487	0	108.00
109.00	10900	PANCREAS ACQUISITION	288	0	0	5,113	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	59,592	980,364	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,152,695	25,370,423	10,162,579	89,386,337	38,694,452	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	1,453	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	773	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	773	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	6,830,586	21,482	207,844	0	0	194.00
194.01	07951	RETAIL PHARMACY	53,796	0	61,045	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	113,046	0	1,453	0	0	194.02
194.03	07953	GUEST MEALS	0	1,069,801	0	0	0	194.03
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)	34,151,669	26,461,706	10,434,374	89,386,337	38,694,452	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
					EXTENDED CARE SERVICES	LAB ADMINISTRATION	
		15.00	16.00	17.00	18.00	18.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	242,450,114				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,023,492			16.00
17.00	01700	SOCIAL SERVICE	190,220	0	21,364,687		17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	20,768,851	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	21	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	173,306	239,269	17,682,645	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,121	30,982	1,111,237	0	31.00
32.00	03200	CORONARY CARE UNIT	1,011	8,589	308,482	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,911	19,011	685,433	0	34.00
35.01	02400	NEURO ICU	4,455	20,463	737,000	0	35.01
35.02	02401	CARDIO-THORACIC ICU	4,525	13,976	518,886	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	3,156	321,004	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	561,887	221,333	0	0	50.00
51.00	05100	RECOVERY ROOM	169	31,142	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	293	5,588	0	0	52.00
53.00	05300	ANESTHESIOLOGY	783,227	62,076	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,754,545	115,201	0	0	54.00
54.01	03630	ULTRASOUND	0	13,460	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,092,921	120,457	0	0	55.00
56.00	05600	RADIOISOTOPE	1,715,329	4,236	0	0	56.00
57.00	05700	CT SCAN	2,403	96,258	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	47,582	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	105	45,034	0	0	59.00
60.00	06000	LABORATORY	277	218,853	0	0	60.00
60.01	06001	HLA LAB	308	10,346	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,823	82,347	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,434	35,421	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,110	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,248	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,462	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	871,789	49,676	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,637	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	67,086	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	100,339	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	216,750,876	167,292	0	0	73.00
74.00	07400	RENAL DIALYSIS	61,345	9,507	0	0	74.00
76.00	03330	ENDOSCOPY	3,417	15,311	0	0	76.00
76.01	03950	OB/GYN IN VITRO	2,870	2,422	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	361	870	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	758	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	447	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,132	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,418	20,218	0	0	90.00

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COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						EXTENDED CARE SERVICES	LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
90.01	04950	OUTPATIENT PSYCH	0	195	0	0	0	90.01
91.00	09100	EMERGENCY	11,521	102,518	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	6,081	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	1,213	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	3,189	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	2,024	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	152	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	12,825	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	232,031,888	2,023,492	21,364,687	0	20,768,851	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	224,939	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	10,193,287	0	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	242,450,114	2,023,492	21,364,687	0	20,768,851	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY	Subtotal	
			RESEARCH ADMINISTRATION		SERVICES-SALARY & FRINGES			
			18.02		21.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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
18.00	01852	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION	191,268					18.02
20.00	02000	NURSING SCHOOL	0	1,109,201				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		185,380,833			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0			384,389		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0				540,557	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	587,012	38,744,595	0	432,694,492	30.00
31.00	03100	INTENSIVE CARE UNIT	0	21,498	5,005,282	0	48,812,047	31.00
32.00	03200	CORONARY CARE UNIT	0	4,526	2,428,489	0	14,523,815	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	22,983	4,115,454	0	32,117,258	34.00
35.01	02400	NEURO ICU	0	7,920	1,186,437	0	31,615,482	35.01
35.02	02401	CARDIO-THORACIC ICU	0	16,335	2,929,017	0	26,249,328	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	5,431,960	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,486	32,868,022	0	179,715,274	50.00
51.00	05100	RECOVERY ROOM	0	0	222,457	0	35,529,809	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,334	2,854,865	0	24,799,789	52.00
53.00	05300	ANESTHESIOLOGY	0	401,807	9,417,346	0	22,849,244	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	13,384,496	0	68,575,690	54.00
54.01	03630	ULTRASOUND	0	0	2,372,875	0	9,503,019	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,354,337	0	68,704,273	55.00
56.00	05600	RADIOISOTOPE	0	0	3,077,322	0	8,713,788	56.00
57.00	05700	CT SCAN	0	0	963,980	0	11,772,225	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	500,528	0	14,683,028	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,263	2,521,179	0	19,483,779	59.00
60.00	06000	LABORATORY	0	0	11,030,160	0	122,201,538	60.00
60.01	06001	HLA LAB	0	0	55,614	0	7,413,670	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,390,356	0	57,086,200	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,261,646	0	24,638,670	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,131,880	0	11,486,946	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	4,345,450	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,718,301	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,538,661	0	9,945,886	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,524,349	0	9,118,092	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	105,145,441	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	148,204,020	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	384,389	218,761,808	73.00
74.00	07400	RENAL DIALYSIS	0	0	982,518	0	8,742,593	74.00
76.00	03330	ENDOSCOPY	0	0	2,650,946	0	14,036,579	76.00
76.01	03950	OB/GYN IN VITRO	0	0	185,381	0	5,307,081	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	240,995	0	1,067,349	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	916,991	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	207,302	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	6,662,324	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	16,369,128	0	49,928,617	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	2,854,865	0	3,712,211	90.01

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COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY	Subtotal	
			RESEARCH ADMINISTRATION		SERVICES-SALAR Y & FRINGES			
			18.02		21.00			
91.00	09100	EMERGENCY	0	27,037	12,457,592	0	55,321,721	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	18,794,798	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	5,781,963	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	10,409,490	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	7,902,103	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	559,572	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	22,648,972	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,109,201	184,620,772	384,389	1,988,380,545	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	191,268	0	0	0	491,414	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	315,147	0	327,923	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	444,914	0	448,991	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	58,917,866	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	17,768,672	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	719,077	194.02
194.03	07953	GUEST MEALS	0	0	0	0	1,069,801	194.03
200.00		Cross Foot Adjustments		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)	191,268	1,109,201	185,380,833	384,389	2,068,124,289	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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
18.00	01852	EXTENDED CARE SERVICES					18.00
18.01	01851	LAB ADMINISTRATION					18.01
18.02	01850	RESEARCH ADMINISTRATION					18.02
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
23.01	02301	PARAMED ED PRGM-PHARMACY					23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	540,557				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	113,850	432,808,342	-38,744,595	394,063,747	30.00
31.00	03100	INTENSIVE CARE UNIT	12,740	48,824,787	-5,005,282	43,819,505	31.00
32.00	03200	CORONARY CARE UNIT	3,791	14,527,606	-2,428,489	12,099,117	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,383	32,125,641	-4,115,454	28,010,187	34.00
35.01	02400	NEURO ICU	8,252	31,623,734	-1,186,437	30,437,297	35.01
35.02	02401	CARDIO-THORACIC ICU	6,851	26,256,179	-2,929,017	23,327,162	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	1,418	5,433,378	0	5,433,378	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	46,906	179,762,180	-32,868,022	146,894,158	50.00
51.00	05100	RECOVERY ROOM	9,273	35,539,082	-222,457	35,316,625	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,473	24,806,262	-2,854,865	21,951,397	52.00
53.00	05300	ANESTHESIOLOGY	5,964	22,855,208	-9,417,346	13,437,862	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,898	68,593,588	-13,384,496	55,209,092	54.00
54.01	03630	ULTRASOUND	2,480	9,505,499	-2,372,875	7,132,624	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	17,932	68,722,205	-2,354,337	66,367,868	55.00
56.00	05600	RADIOISOTOPE	2,274	8,716,062	-3,077,322	5,638,740	56.00
57.00	05700	CT SCAN	3,073	11,775,298	-963,980	10,811,318	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,832	14,686,860	-500,528	14,186,332	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,085	19,488,864	-2,521,179	16,967,685	59.00
60.00	06000	LABORATORY	31,895	122,233,433	-11,030,160	111,203,273	60.00
60.01	06001	HLA LAB	1,935	7,415,605	-55,614	7,359,991	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,899	57,101,099	-1,390,356	55,710,743	63.00
65.00	06500	RESPIRATORY THERAPY	6,431	24,645,101	-2,261,646	22,383,455	65.00
66.00	06600	PHYSICAL THERAPY	2,998	11,489,944	-2,131,880	9,358,064	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,134	4,346,584	0	4,346,584	67.00
68.00	06800	SPEECH PATHOLOGY	448	1,718,749	0	1,718,749	68.00
69.00	06900	ELECTROCARDIOLOGY	2,596	9,948,482	-1,538,661	8,409,821	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,380	9,120,472	-5,524,349	3,596,123	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,443	105,172,884	0	105,172,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	38,681	148,242,701	0	148,242,701	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,097	218,818,905	0	218,818,905	73.00
74.00	07400	RENAL DIALYSIS	2,282	8,744,875	-982,518	7,762,357	74.00
76.00	03330	ENDOSCOPY	3,664	14,040,243	-2,650,946	11,389,297	76.00
76.01	03950	OB/GYN IN VITRO	1,385	5,308,466	-185,381	5,123,085	76.01
76.02	03320	ELECTROSHOCK THERAPY	279	1,067,628	-240,995	826,633	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	239	917,230	0	917,230	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	54	207,356	0	207,356	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,739	6,664,063	0	6,664,063	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	13,031	49,941,648	-16,369,128	33,572,520	90.00

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COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
90.01	04950	OUTPATIENT PSYCH	969	3,713,180	-2,854,865	858,315	90.01
91.00	09100	EMERGENCY	14,439	55,336,160	-12,457,592	42,878,568	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	4,905	18,799,703	0	18,799,703	105.00
106.00	10600	HEART ACQUISITION	1,509	5,783,472	0	5,783,472	106.00
107.00	10700	LIVER ACQUISITION	2,717	10,412,207	0	10,412,207	107.00
108.00	10800	LUNG ACQUISITION	2,062	7,904,165	0	7,904,165	108.00
109.00	10900	PANCREAS ACQUISITION	146	559,718	0	559,718	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	5,911	22,654,883	0	22,654,883	112.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	519,743	1,988,359,731	-184,620,772	1,803,738,959	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	128	491,542	0	491,542	191.00
191.01	19101	RESEARCH CTSA I/P	86	328,009	-315,147	12,862	191.01
191.02	19102	RESEARCH CTSA O/P	117	449,108	-444,914	4,194	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	15,378	58,933,244	0	58,933,244	194.00
194.01	07951	RETAIL PHARMACY	4,638	17,773,310	0	17,773,310	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	188	719,265	0	719,265	194.02
194.03	07953	GUEST MEALS	279	1,070,080	0	1,070,080	194.03
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	540,557	2,068,124,289	-185,380,833	1,882,743,456	202.00

COST ALLOCATION STATISTICS

Provider CCN: 26-0032

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

Worksheet Non-CMS W

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	100	BJH SQ FT	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	103	NEW STRUCT SQ FT	1.03
1.04	NEW CRC-B&F(GSON)	104	GSON SQ FT	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	105	THE HIGHLANDS SQ FT	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	200	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	540	TELEPHONE EXPENSE	5.01
5.03	PURCHASING RECEIVING AND STORES	560	SUPPLY EXPENSE	5.03
5.04	ADMITTING	570	GROSS REVENUES	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	580	TOTAL REVENUE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM COST	5.06
7.00	OPERATION OF PLANT	700	BJH TOTAL SQ FT	7.00
8.00	LAUNDRY & LINEN SERVICE	800	LAUNDRY POUNDS	8.00
9.00	HOUSEKEEPING	900	BJH TOTAL SQ FT	9.00
10.00	DIETARY	1000	MEALS SERVED	10.00
11.00	CAFETERIA	1100	FTE HOURS	11.00
13.00	NURSING ADMINISTRATION	1300	NURSING HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	1400	COSTED REQUIS.	14.00
15.00	PHARMACY	1500	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	570	GROSS REVENUES	16.00
17.00	SOCIAL SERVICE	1700	PATIENT DAYS	17.00
18.00	EXTENDED CARE SERVICES	1800	ECF PT DAYS	18.00
18.01	LAB ADMINISTRATION	1801	TIME SPENT	18.01
18.02	RESEARCH ADMINISTRATION	1802	TIME SPENT	18.02
20.00	NURSING SCHOOL	2000	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2100	ASSIGNED TIME	21.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 5:57 pm

			CAPITAL RELATED COSTS					
Cost Center Description			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	23,151	553,060	237,421	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	18,639	203,674	60,524	0	0	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	2,609	273,003	283,760	0	0	5.03
5.04	00570	ADMITTING	107,251	399,260	112,479	0	10,390	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	11,348,048	8,756,136	6,621,988	26,833	223,667	5.06
7.00	00700	OPERATION OF PLANT	171,197	5,656,821	3,400,966	0	833	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,806	12,670	10,216	0	0	8.00
9.00	00900	HOUSEKEEPING	27,441	459,523	62,940	0	177	9.00
10.00	01000	DIETARY	19,052	472,384	742,601	0	0	10.00
11.00	01100	CAFETERIA	13,447	938,347	46,709	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	87,159	298,688	73,525	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,108,954	1,167,476	62,632	0	0	14.00
15.00	01500	PHARMACY	2,787,147	72,626	568,028	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	95,336	31,320	161,680	0	0	16.00
17.00	01700	SOCIAL SERVICE	31,949	24,017	106,648	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	14,009	0	534,396	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	887,835	0	0	1,116,344	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	28,349	261,522	70,509	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	218	0	3,923	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	681,879	11,753,768	650,091	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	41,137	1,104,836	3,339	0	0	31.00
32.00	03200	CORONARY CARE UNIT	7,519	190,717	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	15,700	664,347	0	0	0	34.00
35.01	02400	NEURO ICU	28,702	630,804	0	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	27,392	101,185	294,899	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	11,614	122,960	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,084,154	1,857,642	1,600,958	0	0	50.00
51.00	05100	RECOVERY ROOM	38,721	654,437	273,175	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,762	433,052	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	25,958	6,689	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,349,704	474,033	650,522	0	26,985	54.00
54.01	03630	ULTRASOUND	6,518	184,353	85,310	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-37,032	78,625	1,021,776	0	0	55.00
56.00	05600	RADIOISOTOPE	321,778	189,931	0	0	0	56.00
57.00	05700	CT SCAN	14,698	0	45,139	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,333	248,737	123,757	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,188	0	393,070	0	0	59.00
60.00	06000	LABORATORY	110,181	65,687	1,021,622	0	10,390	60.00
60.01	06001	HLA LAB	10,840	0	41,647	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	26,721	6,728	269,283	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	309,570	153,494	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,595	59,554	206,420	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,695	4,231	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,357	2,123	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,059	119,433	42,186	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,760	52,059	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	4,215	211,265	0	0	0	74.00
76.00	03330	ENDOSCOPY	59,957	99,422	244,728	0	0	76.00
76.01	03950	OB/GYN IN VITRO	8,810	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	937	44,239	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	928	0	12,462	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,333	0	15,908	0	0	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
				NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)		
			0	1.00	1.03	1.04	1.05		
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	83,328	0	1,002,129	0	0	90.00	
90.01	04950	OUTPATIENT PSYCH	3,057	0	83,617	0	0	90.01	
91.00	09100	EMERGENCY	57,925	59,534	700,215	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
	SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,697	0	36,816	0	0	105.00	
106.00	10600	HEART ACQUISITION	14,197	0	20,985	0	0	106.00	
107.00	10700	LIVER ACQUISITION	4,035	0	17,754	0	0	107.00	
108.00	10800	LUNG ACQUISITION	5,946	0	15,416	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	42	0	338	0	0	109.00	
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	6,162	0	0	0	0	112.00	
113.00	11300	INTEREST EXPENSE						113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,191,617	39,173,110	22,040,861	1,143,177	272,442	118.00	
	NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00	
191.01	19101	RESEARCH CTSA I/P	0	0	908	0	0	191.01	
191.02	19102	RESEARCH CTSA O/P	0	0	908	0	0	191.02	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	981,089	1,704,129	5,821,542	0	751,762	194.00	
194.01	07951	RETAIL PHARMACY	22,423	0	63,140	0	0	194.01	
194.02	07952	MARKETING/COMMUNITY RELATIONS	129	0	132,680	0	0	194.02	
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03	
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)	29,195,258	40,877,239	28,060,039	1,143,177	1,024,204	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
			NEW MVBLE EQUIP					
			2.00	2A	4.00	5.01	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	813,632	813,632			4.00
5.01	00540	NONPATIENT TELEPHONES	293	283,130	1,619	284,749		5.01
5.03	00560	PURCHASING RECEIVING AND STORES	1,947,729	2,507,101	2,059	324	2,509,484	5.03
5.04	00570	ADMITTING	10,024	639,404	12,460	11,101	981	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	34,663,180	61,639,852	47,771	25,204	96,333	5.06
7.00	00700	OPERATION OF PLANT	0	9,229,817	14,279	6,250	10,571	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	67	26,759	0	0	9,910	8.00
9.00	00900	HOUSEKEEPING	77,043	627,124	20,099	2,942	9,587	9.00
10.00	01000	DIETARY	48,001	1,282,038	10,044	2,076	19,524	10.00
11.00	01100	CAFETERIA	38,877	1,037,380	5,083	1,486	27,986	11.00
13.00	01300	NURSING ADMINISTRATION	2,481,900	2,941,272	44,034	9,884	3,497	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	240,515	8,579,577	7,952	1,552	41,938	14.00
15.00	01500	PHARMACY	101,967	3,529,768	33,503	5,902	692,912	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,524	298,860	606	2,046	177	16.00
17.00	01700	SOCIAL SERVICE	4,182	166,796	13,633	4,088	860	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	5,873	554,278	7,979	1,936	523	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	147	0	0	18.02
20.00	02000	NURSING SCHOOL	189,506	2,193,685	11,952	5,035	1,283	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,245	361,625	71,195	2,165	1,083	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	293	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	4,141	382	24	8	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,831,424	14,917,162	163,444	78,916	55,427	30.00
31.00	03100	INTENSIVE CARE UNIT	125,913	1,275,225	19,819	5,139	13,530	31.00
32.00	03200	CORONARY CARE UNIT	31,872	230,108	5,194	1,470	3,521	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	44,380	724,427	14,037	2,798	10,034	34.00
35.01	02400	NEURO ICU	106,156	765,662	14,662	4,768	8,045	35.01
35.02	02401	CARDIO-THORACIC ICU	110,931	534,407	11,869	4,516	7,114	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	9,217	143,791	2,520	1,523	947	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,113,316	12,656,070	59,234	18,343	73,315	50.00
51.00	05100	RECOVERY ROOM	198,121	1,164,454	17,715	4,855	11,080	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	119,006	582,820	11,765	3,800	5,640	52.00
53.00	05300	ANESTHESIOLOGY	785,144	817,791	3,454	3,186	30,049	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,941,782	6,443,026	20,329	8,145	36,266	54.00
54.01	03630	ULTRASOUND	460,390	736,571	2,014	542	841	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,180,704	10,244,073	13,186	6,789	50,137	55.00
56.00	05600	RADIOISOTOPE	754,570	1,266,279	1,178	1,183	5,829	56.00
57.00	05700	CT SCAN	765,479	825,316	5,680	1,661	2,812	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	107,178	489,005	5,292	1,401	5,903	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,834,954	2,240,212	5,725	2,712	9,666	59.00
60.00	06000	LABORATORY	700,289	1,908,169	26,921	7,233	134,119	60.00
60.01	06001	HLA LAB	110,473	162,960	1,597	482	12,600	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	242,897	545,629	6,195	1,713	161,676	63.00
65.00	06500	RESPIRATORY THERAPY	292,039	755,103	11,880	2,383	13,312	65.00
66.00	06600	PHYSICAL THERAPY	3,566	281,135	5,873	517	179	66.00
67.00	06700	OCCUPATIONAL THERAPY	541	21,467	3,073	0	65	67.00
68.00	06800	SPEECH PATHOLOGY	51,200	61,680	1,196	0	63	68.00
69.00	06900	ELECTROCARDIOLOGY	532,421	710,099	3,930	1,120	3,756	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	255,636	309,455	1,801	417	254	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	354,878	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	500,015	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	81,246	296,726	3,191	1,025	7,511	74.00
76.00	03330	ENDOSCOPY	0	404,107	4,020	2,102	5,885	76.00
76.01	03950	OB/GYN IN VITRO	0	8,810	1,247	291	2,819	76.01
76.02	03320	ELECTROSHOCK THERAPY	4,562	49,738	392	232	403	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	3,650	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	13,390	0	229	2	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	18,241	1,446	577	53	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	99,614	1,185,071	15,329	12,811	5,361	90.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
			NEW MVBLE EQUIP					
			2.00	2A	4.00	5.01	5.03	
90.01	04950	OUTPATIENT PSYCH	2,203	88,877	179	756	32	90.01
91.00	09100	EMERGENCY	409,036	1,226,710	19,714	8,273	17,766	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	820	44,333	2,045	523	35	105.00
106.00	10600	HEART ACQUISITION	164	35,346	937	452	14	106.00
107.00	10700	LIVER ACQUISITION	0	21,789	957	451	18	107.00
108.00	10800	LUNG ACQUISITION	164	21,526	921	349	21	108.00
109.00	10900	PANCREAS ACQUISITION	0	380	31	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	6,162	4,409	1,524	176	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	70,128,334	160,949,541	799,491	277,222	2,471,992	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	129	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	908	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	908	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	9,258,522	9,468	4,980	3,404	194.00
194.01	07951	RETAIL PHARMACY	49,046	134,609	4,433	2,515	34,080	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	132,809	111	32	8	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	70,177,380	170,477,297	813,632	284,749	2,509,484	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	663,946					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	61,809,160			5.06
7.00	00700	OPERATION OF PLANT	0	0	2,875,692	12,136,609		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	74,067	30,231	140,967	8.00
9.00	00900	HOUSEKEEPING	0	0	988,240	129,563	3	9.00
10.00	01000	DIETARY	0	0	670,328	369,589	0	10.00
11.00	01100	CAFETERIA	0	0	234,643	237,781	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,620,877	93,126	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,052,568	297,186	994	14.00
15.00	01500	PHARMACY	0	0	7,159,538	189,983	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	42,031	55,536	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	613,621	37,434	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	0	565,306	158,861	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	5,663	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	0	416,312	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	5,467,307	89,828	544	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	11,295	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	15,535	1,166	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,955	0	8,155,031	2,995,830	81,902	30.00
31.00	03100	INTENSIVE CARE UNIT	10,193	0	1,022,523	264,614	8,965	31.00
32.00	03200	CORONARY CARE UNIT	2,826	0	297,339	45,506	1,079	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,254	0	650,761	158,518	0	34.00
35.01	02400	NEURO ICU	6,732	0	721,273	150,514	2,750	35.01
35.02	02401	CARDIO-THORACIC ICU	4,598	0	556,371	111,808	3,054	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	1,038	0	120,918	31,287	8	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	72,817	0	3,672,736	919,164	14,634	50.00
51.00	05100	RECOVERY ROOM	10,246	0	846,289	237,360	7,588	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,838	0	528,408	103,329	3,334	52.00
53.00	05300	ANESTHESIOLOGY	20,422	0	360,252	1,596	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,900	0	1,376,461	444,654	3,177	54.00
54.01	03630	ULTRASOUND	4,428	0	184,493	82,867	435	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	39,629	0	1,657,978	322,505	2,328	55.00
56.00	05600	RADIOISOTOPE	1,394	0	101,444	45,319	646	56.00
57.00	05700	CT SCAN	31,668	0	307,121	30,871	267	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,654	0	376,128	134,040	134	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,816	0	423,465	116,848	2,033	59.00
60.00	06000	LABORATORY	72,000	0	2,704,237	323,827	219	60.00
60.01	06001	HLA LAB	3,404	0	187,646	12,380	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	27,092	0	1,522,602	81,655	226	63.00
65.00	06500	RESPIRATORY THERAPY	11,653	0	649,565	36,625	0	65.00
66.00	06600	PHYSICAL THERAPY	1,681	0	252,034	75,577	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,068	0	126,518	5,241	0	67.00
68.00	06800	SPEECH PATHOLOGY	481	0	49,901	2,621	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,343	0	208,332	41,038	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,854	0	102,008	12,422	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,071	0	2,655,850	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	33,010	0	3,743,546	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,037	0	43,538	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,128	0	211,945	50,409	0	74.00
76.00	03330	ENDOSCOPY	5,037	0	275,528	96,473	2,957	76.00
76.01	03950	OB/GYN IN VITRO	797	0	135,452	25,749	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	286	0	21,041	10,556	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	249	0	27,336	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	147	0	4,977	3,705	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	373	0	196,696	4,729	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,652	0	774,689	322,601	3,532	90.00
90.01	04950	OUTPATIENT PSYCH	64	0	17,472	24,857	0	90.01
91.00	09100	EMERGENCY	33,727	0	1,037,045	233,697	76	91.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,001	0	540,611	10,944	0	105.00
106.00	10600	HEART ACQUISITION	399	0	163,685	6,238	0	106.00
107.00	10700	LIVER ACQUISITION	1,049	0	301,097	5,278	0	107.00
108.00	10800	LUNG ACQUISITION	666	0	227,437	4,583	0	108.00
109.00	10900	PANCREAS ACQUISITION	50	0	16,506	101	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	4,219	0	644,338	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	663,946	0	60,597,334	9,694,532	140,885	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	8,912	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	294	270	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	35	270	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	975,748	2,383,325	82	194.00
194.01	07951	RETAIL PHARMACY	0	0	218,144	18,770	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	8,693	39,442	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	663,946	0	61,809,160	12,136,609	140,967	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,777,558					9.00
10.00	01000	DIETARY	55,135	2,408,734				10.00
11.00	01100	CAFETERIA	35,472	0	1,579,831			11.00
13.00	01300	NURSING ADMINISTRATION	13,892	0	81,203	5,807,785		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	44,334	0	27,948	0	10,054,049	14.00
15.00	01500	PHARMACY	28,342	0	65,359	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,285	0	2,201	0	0	16.00
17.00	01700	SOCIAL SERVICE	5,496	0	31,029	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	23,699	0	15,845	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	220	0	0	18.02
20.00	02000	NURSING SCHOOL	62,105	0	21,126	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	13,401	0	174,510	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	880	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	174	0	1,100	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	446,915	2,148,764	383,126	2,718,162	0	30.00
31.00	03100	INTENSIVE CARE UNIT	39,475	50,845	40,932	292,465	0	31.00
32.00	03200	CORONARY CARE UNIT	6,789	11,801	10,123	71,321	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	23,648	50,489	27,508	195,601	0	34.00
35.01	02400	NEURO ICU	22,454	22,111	30,809	218,195	0	35.01
35.02	02401	CARDIO-THORACIC ICU	16,680	25,388	22,226	157,607	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	4,667	0	6,162	43,922	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	137,120	0	113,332	779,154	0	50.00
51.00	05100	RECOVERY ROOM	35,409	0	37,411	256,788	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,415	0	26,187	186,154	0	52.00
53.00	05300	ANESTHESIOLOGY	238	0	14,084	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,333	0	48,414	0	0	54.00
54.01	03630	ULTRASOUND	12,362	0	4,401	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	40,142	0	28,608	0	0	55.00
56.00	05600	RADIOISOTOPE	6,761	0	2,201	0	0	56.00
57.00	05700	CT SCAN	4,605	0	11,663	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,996	0	11,663	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,431	0	12,324	86,966	0	59.00
60.00	06000	LABORATORY	47,247	0	80,103	0	0	60.00
60.01	06001	HLA LAB	1,847	0	3,961	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,181	0	15,184	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,464	0	26,187	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,275	0	12,984	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	782	0	6,822	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	391	0	2,421	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,122	0	9,023	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,853	0	5,282	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,173,548	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,880,501	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,520	0	6,162	0	0	74.00
76.00	03330	ENDOSCOPY	14,392	0	9,023	63,202	0	76.00
76.01	03950	OB/GYN IN VITRO	3,841	0	2,641	18,241	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,575	0	880	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	553	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	705	0	2,641	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	48,125	0	35,430	245,465	0	90.00
90.01	04950	OUTPATIENT PSYCH	3,708	0	440	0	0	90.01
91.00	09100	EMERGENCY	34,863	0	46,873	333,174	0	91.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,633	0	4,841	33,713	0	105.00
106.00	10600	HEART ACQUISITION	931	0	1,981	13,907	0	106.00
107.00	10700	LIVER ACQUISITION	787	0	2,201	15,782	0	107.00
108.00	10800	LUNG ACQUISITION	684	0	1,981	13,936	0	108.00
109.00	10900	PANCREAS ACQUISITION	15	0	0	332	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	9,023	63,698	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,413,269	2,309,398	1,538,679	5,807,785	10,054,049	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	220	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	40	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	40	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	355,525	1,955	31,469	0	0	194.00
194.01	07951	RETAIL PHARMACY	2,800	0	9,243	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	5,884	0	220	0	0	194.02
194.03	07953	GUEST MEALS	0	97,381	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,777,558	2,408,734	1,579,831	5,807,785	10,054,049	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
					EXTENDED CARE SERVICES	LAB ADMINISTRATION	
		15.00	16.00	17.00	18.00	18.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	11,705,307				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	409,742			16.00
17.00	01700	SOCIAL SERVICE	9,184	0	882,141		17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	1,328,427	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	1	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,367	49,415	730,110	0	30.00
31.00	03100	INTENSIVE CARE UNIT	392	6,257	45,883	0	31.00
32.00	03200	CORONARY CARE UNIT	49	1,735	12,737	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	141	3,839	28,301	0	34.00
35.01	02400	NEURO ICU	215	4,133	30,431	0	35.01
35.02	02401	CARDIO-THORACIC ICU	218	2,822	21,425	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	637	13,254	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,127	44,699	0	0	50.00
51.00	05100	RECOVERY ROOM	8	6,289	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14	1,129	0	0	52.00
53.00	05300	ANESTHESIOLOGY	37,814	12,536	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,266	23,265	0	0	54.00
54.01	03630	ULTRASOUND	0	2,718	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	342,440	24,327	0	0	55.00
56.00	05600	RADIOISOTOPE	82,815	855	0	0	56.00
57.00	05700	CT SCAN	116	19,440	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,609	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5	9,095	0	0	59.00
60.00	06000	LABORATORY	13	44,198	0	0	60.00
60.01	06001	HLA LAB	15	2,089	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,198	16,630	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	69	7,153	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,032	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	656	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	295	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	42,089	10,032	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,138	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,548	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	20,264	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,464,571	33,785	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,962	1,920	0	0	74.00
76.00	03330	ENDOSCOPY	165	3,092	0	0	76.00
76.01	03950	OB/GYN IN VITRO	139	489	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	17	176	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	153	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	90	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	229	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	358	4,083	0	0	90.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						EXTENDED CARE SERVICES	LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
90.01	04950	OUTPATIENT PSYCH	0	39	0	0	0	90.01
91.00	09100	EMERGENCY	556	20,704	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,228	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	245	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	644	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	409	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	31	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	2,590	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,202,324	409,742	882,141	0	1,328,427	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	10,860	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	492,123	0	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	11,705,307	409,742	882,141	0	1,328,427	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
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Part II
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Cost Center Description			OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	
			RESEARCH ADMINISTRATION		SERVICES-SALARY & FRINGES			
			18.02		21.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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
18.00	01852	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION	6,030					18.02
20.00	02000	NURSING SCHOOL	0	453,603				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		6,181,658			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0			12,468		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0				22,530	23.02
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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.01	02400	NEURO ICU	0					35.01
35.02	02401	CARDIO-THORACIC ICU	0					35.02
40.00	04000	SUBPROVIDER - IPF	0					40.00
43.00	04300	NURSERY	0					43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
54.01	03630	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	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0					59.00
60.00	06000	LABORATORY	0					60.00
60.01	06001	HLA LAB	0					60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0					63.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.00	03330	ENDOSCOPY	0					76.00
76.01	03950	OB/GYN IN VITRO	0					76.01
76.02	03320	ELECTROSHOCK THERAPY	0					76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0					76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0					76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0					77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0					90.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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Cost Center Description			OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	
			RESEARCH ADMINISTRATION		SERVICES-SALAR Y & FRINGES			
			18.02		21.00			
90.01	04950	OUTPATIENT PSYCH	0					90.01
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0					112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	6,030					191.00
191.01	19101	RESEARCH CTSA I/P	0					191.01
191.02	19102	RESEARCH CTSA O/P	0					191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0					194.00
194.01	07951	RETAIL PHARMACY	0					194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0					194.02
194.03	07953	GUEST MEALS	0					194.03
200.00		Cross Foot Adjustments		453,603	6,181,658	12,468	22,530	200.00
201.00		Negative Cost Centers	0	2,257,896	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,030	2,711,499	6,181,658	12,468	22,530	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)				1.03
1.04	00104	NEW CRC-B&F(GSON)				1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)				1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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
18.00	01852	EXTENDED CARE SERVICES				18.00
18.01	01851	LAB ADMINISTRATION				18.01
18.02	01850	RESEARCH ADMINISTRATION				18.02
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
23.01	02301	PARAMED ED PRGM-PHARMACY				23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	33,009,526	0	33,009,526	30.00
31.00	03100	INTENSIVE CARE UNIT	3,096,257	0	3,096,257	31.00
32.00	03200	CORONARY CARE UNIT	701,598	0	701,598	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,896,356	0	1,896,356	34.00
35.01	02400	NEURO ICU	2,002,754	0	2,002,754	35.01
35.02	02401	CARDIO-THORACIC ICU	1,480,103	0	1,480,103	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	370,674	0	370,674	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,587,745	0	18,587,745	50.00
51.00	05100	RECOVERY ROOM	2,635,492	0	2,635,492	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,469,833	0	1,469,833	52.00
53.00	05300	ANESTHESIOLOGY	1,301,422	0	1,301,422	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,689,236	0	8,689,236	54.00
54.01	03630	ULTRASOUND	1,031,672	0	1,031,672	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	12,772,142	0	12,772,142	55.00
56.00	05600	RADIOISOTOPE	1,515,904	0	1,515,904	56.00
57.00	05700	CT SCAN	1,241,220	0	1,241,220	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,068,825	0	1,068,825	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,941,298	0	2,941,298	59.00
60.00	06000	LABORATORY	6,391,003	0	6,391,003	60.00
60.01	06001	HLA LAB	446,429	0	446,429	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,620,243	0	2,620,243	63.00
65.00	06500	RESPIRATORY THERAPY	1,519,394	0	1,519,394	65.00
66.00	06600	PHYSICAL THERAPY	642,287	0	642,287	66.00
67.00	06700	OCCUPATIONAL THERAPY	165,692	0	165,692	67.00
68.00	06800	SPEECH PATHOLOGY	119,049	0	119,049	68.00
69.00	06900	ELECTROCARDIOLOGY	1,051,884	0	1,051,884	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	436,484	0	436,484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,219,895	0	7,219,895	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,177,336	0	10,177,336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,596,931	0	10,596,931	73.00
74.00	07400	RENAL DIALYSIS	592,499	0	592,499	74.00
76.00	03330	ENDOSCOPY	885,983	0	885,983	76.00
76.01	03950	OB/GYN IN VITRO	200,516	0	200,516	76.01
76.02	03320	ELECTROSHOCK THERAPY	85,296	0	85,296	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	31,388	0	31,388	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	23,093	0	23,093	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	225,690	0	225,690	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,659,507	0	2,659,507	90.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
90.01	04950	OUTPATIENT PSYCH	136,424	0	136,424		90.01
91.00	09100	EMERGENCY	3,013,178	0	3,013,178		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	641,907	0	641,907		105.00
106.00	10600	HEART ACQUISITION	224,135	0	224,135		106.00
107.00	10700	LIVER ACQUISITION	350,053	0	350,053		107.00
108.00	10800	LUNG ACQUISITION	272,513	0	272,513		108.00
109.00	10900	PANCREAS ACQUISITION	17,446	0	17,446		109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	736,139	0	736,139		112.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	147,294,451	0	147,294,451		118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	15,291	0	15,291		191.00
191.01	19101	RESEARCH CTSA I/P	1,512	0	1,512		191.01
191.02	19102	RESEARCH CTSA O/P	1,253	0	1,253		191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	13,035,338	0	13,035,338		194.00
194.01	07951	RETAIL PHARMACY	916,717	0	916,717		194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	187,199	0	187,199		194.02
194.03	07953	GUEST MEALS	97,381	0	97,381		194.03
200.00		Cross Foot Adjustments	6,670,259	0	6,670,259		200.00
201.00		Negative Cost Centers	2,257,896	0	2,257,896		201.00
202.00		TOTAL (sum lines 118 through 201)	170,477,297	0	170,477,297		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (DOLLAR VALUE)	
			1.00	1.03	1.04	1.05	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,132,628					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	0	1,823,863				1.03
1.04	00104	NEW CRC-B&F(GSON)	0	0	93,215			1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	57,766		1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					57,714,304	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,854	15,432	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	10,626	3,934	0	0	241	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	14,243	18,444	0	0	1,601,825	5.03
5.04	00570	ADMITTING	20,830	7,311	0	586	8,244	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	456,821	430,420	2,188	12,615	28,507,201	5.06
7.00	00700	OPERATION OF PLANT	295,125	221,058	0	47	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	661	664	0	0	55	8.00
9.00	00900	HOUSEKEEPING	23,974	4,091	0	10	63,361	9.00
10.00	01000	DIETARY	24,645	48,268	0	0	39,476	10.00
11.00	01100	CAFETERIA	48,955	3,036	0	0	31,973	11.00
13.00	01300	NURSING ADMINISTRATION	15,583	4,779	0	0	2,041,130	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	60,909	4,071	0	0	197,801	14.00
15.00	01500	PHARMACY	3,789	36,921	0	0	83,858	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,634	10,509	0	0	8,655	16.00
17.00	01700	SOCIAL SERVICE	1,253	6,932	0	0	3,439	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	34,735	0	0	4,830	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	91,027	0	155,851	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	13,644	4,583	0	0	1,024	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	255	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	613,212	42,255	0	0	1,506,175	30.00
31.00	03100	INTENSIVE CARE UNIT	57,641	217	0	0	103,552	31.00
32.00	03200	CORONARY CARE UNIT	9,950	0	0	0	26,212	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34,660	0	0	0	36,498	34.00
35.01	02400	NEURO ICU	32,910	0	0	0	87,303	35.01
35.02	02401	CARDIO-THORACIC ICU	5,279	19,168	0	0	91,230	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	6,415	0	0	0	7,580	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	96,916	104,060	0	0	5,850,036	50.00
51.00	05100	RECOVERY ROOM	34,143	17,756	0	0	162,936	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,593	0	0	0	97,871	52.00
53.00	05300	ANESTHESIOLOGY	349	0	0	0	645,707	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,731	42,283	0	1,522	3,241,746	54.00
54.01	03630	ULTRASOUND	9,618	5,545	0	0	378,628	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,102	66,414	0	0	7,550,269	55.00
56.00	05600	RADIOISOTOPE	9,909	0	0	0	620,563	56.00
57.00	05700	CT SCAN	0	2,934	0	0	629,535	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,977	8,044	0	0	88,144	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,549	0	0	1,509,078	59.00
60.00	06000	LABORATORY	3,427	66,404	0	586	575,922	60.00
60.01	06001	HLA LAB	0	2,707	0	0	90,854	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	351	17,503	0	0	199,760	63.00
65.00	06500	RESPIRATORY THERAPY	8,008	0	0	0	240,175	65.00
66.00	06600	PHYSICAL THERAPY	3,107	13,417	0	0	2,933	66.00
67.00	06700	OCCUPATIONAL THERAPY	871	275	0	0	445	67.00
68.00	06800	SPEECH PATHOLOGY	436	138	0	0	42,107	68.00
69.00	06900	ELECTROCARDIOLOGY	6,231	2,742	0	0	437,866	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,716	0	0	0	210,237	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	11,022	0	0	0	66,817	74.00
76.00	03330	ENDOSCOPY	5,187	15,907	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	2,308	0	0	0	3,752	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	810	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,034	0	0	0	77.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (DOLLAR VALUE)	
			1.00	1.03	1.04	1.05	2.00	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	65,137	0	0	81,923	90.00
90.01	04950	OUTPATIENT PSYCH	0	5,435	0	0	1,812	90.01
91.00	09100	EMERGENCY	3,106	45,513	0	0	336,394	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	2,393	0	0	674	105.00
106.00	10600	HEART ACQUISITION	0	1,364	0	0	135	106.00
107.00	10700	LIVER ACQUISITION	0	1,154	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	1,002	0	0	135	108.00
109.00	10900	PANCREAS ACQUISITION	0	22	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,043,721	1,432,625	93,215	15,366	57,673,968	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	59	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	59	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	88,907	378,392	0	42,400	0	194.00
194.01	07951	RETAIL PHARMACY	0	4,104	0	0	40,336	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	8,624	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	40,877,239	28,060,039	1,143,177	1,024,204	70,177,380	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.167543	15.384949	12.263874	17.730222	1.215944	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONE EXPENSE)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (GROSS REVENUES)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REVENUE)	
			4.00	5.01	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	612,702,397					4.00
5.01	00540	NONPATIENT TELEPHONES	1,219,155	4,081,502				5.01
5.03	00560	PURCHASING RECEIVING AND STORES	1,550,476	4,643	471,320,419			5.03
5.04	00570	ADMITTING	9,382,228	159,117	184,295	6,584,802,777		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	35,971,826	361,268	18,094,035	0	0	5.06
7.00	00700	OPERATION OF PLANT	10,752,480	89,592	1,985,454	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,861,332	0	0	8.00
9.00	00900	HOUSEKEEPING	15,135,066	42,174	1,800,756	0	0	9.00
10.00	01000	DIETARY	7,563,434	29,756	3,667,114	0	0	10.00
11.00	01100	CAFETERIA	3,827,275	21,296	5,256,548	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	33,158,270	141,680	656,823	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,987,721	22,248	7,877,139	0	0	14.00
15.00	01500	PHARMACY	25,228,054	84,590	130,116,205	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	456,450	29,329	33,320	0	0	16.00
17.00	01700	SOCIAL SERVICE	10,266,064	58,594	161,585	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	6,008,525	27,750	98,325	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	110,621	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	9,000,161	72,174	241,036	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	53,610,607	31,035	203,442	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	220,328	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	287,891	350	1,586	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	123,105,351	1,131,130	10,410,824	773,004,992	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,923,633	73,654	2,541,283	100,919,196	0	31.00
32.00	03200	CORONARY CARE UNIT	3,911,490	21,072	661,425	27,977,294	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,569,823	40,101	1,884,630	61,924,614	0	34.00
35.01	02400	NEURO ICU	11,040,534	68,349	1,511,095	66,653,769	0	35.01
35.02	02401	CARDIO-THORACIC ICU	8,937,683	64,728	1,336,285	45,523,082	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	1,897,769	21,823	177,870	10,280,399	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,603,685	262,918	13,770,606	720,955,459	0	50.00
51.00	05100	RECOVERY ROOM	13,339,954	69,587	2,081,113	101,440,714	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,859,173	54,466	1,059,398	18,202,351	0	52.00
53.00	05300	ANESTHESIOLOGY	2,601,154	45,674	5,643,999	202,200,536	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,307,915	116,742	6,811,755	375,248,909	0	54.00
54.01	03630	ULTRASOUND	1,516,725	7,774	157,942	43,844,661	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,928,981	97,314	9,417,209	392,367,104	0	55.00
56.00	05600	RADIOISOTOPE	886,747	16,952	1,094,773	13,797,505	0	56.00
57.00	05700	CT SCAN	4,276,748	23,811	528,267	313,544,327	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,985,006	20,078	1,108,690	154,989,388	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,311,071	38,873	1,815,525	146,691,681	0	59.00
60.00	06000	LABORATORY	20,272,072	103,681	25,191,405	712,876,086	0	60.00
60.01	06001	HLA LAB	1,202,216	6,906	2,366,699	33,699,754	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,664,720	24,558	30,367,323	268,232,691	0	63.00
65.00	06500	RESPIRATORY THERAPY	8,945,641	34,158	2,500,463	115,378,955	0	65.00
66.00	06600	PHYSICAL THERAPY	4,422,257	7,413	33,679	16,643,323	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,313,843	0	12,189	10,578,529	0	67.00
68.00	06800	SPEECH PATHOLOGY	900,390	0	11,746	4,762,318	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,959,249	16,055	705,460	161,810,640	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,356,065	5,976	47,778	18,361,274	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	66,656,254	218,522,326	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	93,917,134	326,836,032	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	544,924,781	0	73.00
74.00	07400	RENAL DIALYSIS	2,402,617	14,694	1,410,797	30,966,201	0	74.00
76.00	03330	ENDOSCOPY	3,026,954	30,124	1,105,296	49,871,527	0	76.00
76.01	03950	OB/GYN IN VITRO	938,885	4,171	529,479	7,890,510	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	294,899	3,319	75,778	2,833,489	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	685,647	2,467,605	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	3,289	353	1,456,239	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,088,669	8,270	9,896	3,688,728	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,542,771	183,630	1,006,881	65,856,604	0	90.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONE EXPENSE)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (GROSS REVENUES)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REVENUE)	
			4.00	5.01	5.03	5.04	5.05	
90.01	04950	OUTPATIENT PSYCH	135,145	10,834	6,067	634,520	0	90.01
91.00	09100	EMERGENCY	14,845,037	118,581	3,336,952	333,933,739	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,539,773	7,499	6,491	19,809,000	0	105.00
106.00	10600	HEART ACQUISITION	705,489	6,485	2,561	3,949,600	0	106.00
107.00	10700	LIVER ACQUISITION	720,473	6,471	3,303	10,386,500	0	107.00
108.00	10800	LUNG ACQUISITION	693,617	5,003	3,866	6,593,825	0	108.00
109.00	10900	PANCREAS ACQUISITION	23,349	0	33	496,000	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	3,320,191	21,841	33,151	41,776,000	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	602,054,396	3,973,600	464,278,365	6,584,802,777	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	97,235	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	48	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	7,129,217	71,388	639,340	0	0	194.00
194.01	07951	RETAIL PHARMACY	3,337,756	36,055	6,401,132	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	83,793	459	1,534	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	44,968,901	903,317	17,858,950	13,797,117	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.073394	0.221320	0.037891	0.002095	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	813,632	284,749	2,509,484	663,946	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001328	0.069766	0.005324	0.000101	0.000000	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: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	
		5A.06	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-450,935,491	1,620,718,544			5.06
7.00	00700	OPERATION OF PLANT	0	75,404,257	2,653,680		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,942,136	6,610	6,615,488	8.00
9.00	00900	HOUSEKEEPING	0	25,912,887	28,329	126	9.00
10.00	01000	DIETARY	0	17,576,841	80,811	0	10.00
11.00	01100	CAFETERIA	0	6,152,638	51,991	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	68,722,683	20,362	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	27,599,644	64,980	46,664	14.00
15.00	01500	PHARMACY	0	187,732,076	41,540	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,102,099	12,143	0	16.00
17.00	01700	SOCIAL SERVICE	0	16,089,913	8,185	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	14,823,035	34,735	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	148,498	0	0	18.02
20.00	02000	NURSING SCHOOL	3,529,746	0	91,027	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	143,359,656	19,641	25,519	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	296,171	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	407,348	255	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	213,839,937	655,041	3,843,638	30.00
31.00	03100	INTENSIVE CARE UNIT	0	26,811,824	57,858	420,729	31.00
32.00	03200	CORONARY CARE UNIT	0	7,796,612	9,950	50,627	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	17,063,766	34,660	0	34.00
35.01	02400	NEURO ICU	0	18,912,694	32,910	129,055	35.01
35.02	02401	CARDIO-THORACIC ICU	0	14,588,752	24,447	143,325	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	3,170,629	6,841	398	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	96,303,734	200,976	686,757	50.00
51.00	05100	RECOVERY ROOM	0	22,190,748	51,899	356,079	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,855,512	22,593	156,439	52.00
53.00	05300	ANESTHESIOLOGY	0	9,446,263	349	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36,092,527	97,224	149,092	54.00
54.01	03630	ULTRASOUND	0	4,837,628	18,119	20,402	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	43,474,264	70,516	109,264	55.00
56.00	05600	RADIOISOTOPE	0	2,659,994	9,909	30,331	56.00
57.00	05700	CT SCAN	0	8,053,111	6,750	12,537	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,862,543	29,308	6,305	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,103,784	25,549	95,386	59.00
60.00	06000	LABORATORY	0	70,908,484	70,805	10,281	60.00
60.01	06001	HLA LAB	0	4,920,304	2,707	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	39,924,543	17,854	10,612	63.00
65.00	06500	RESPIRATORY THERAPY	0	17,032,416	8,008	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,608,648	16,525	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,317,472	1,146	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,308,470	573	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,462,732	8,973	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,674,767	2,716	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	69,639,730	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	98,160,469	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,141,617	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,557,455	11,022	0	74.00
76.00	03330	ENDOSCOPY	0	7,224,679	21,094	138,765	76.00
76.01	03950	OB/GYN IN VITRO	0	3,551,725	5,630	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	551,720	2,308	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	716,797	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	130,506	810	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	5,157,625	1,034	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	20,313,328	70,537	165,751	90.00
90.01	04950	OUTPATIENT PSYCH	0	458,130	5,435	0	90.01

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	
			5A.06	5.06	7.00	8.00	9.00	
91.00	09100	EMERGENCY	0	27,192,612	51,098	3,557	51,098	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	14,175,508	2,393	0	2,393	105.00
106.00	10600	HEART ACQUISITION	0	4,292,029	1,364	0	1,364	106.00
107.00	10700	LIVER ACQUISITION	0	7,895,146	1,154	0	1,154	107.00
108.00	10800	LUNG ACQUISITION	0	5,963,692	1,002	0	1,002	108.00
109.00	10900	PANCREAS ACQUISITION	0	432,801	22	0	22	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	16,895,361	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-447,405,745	1,588,942,970	2,119,718	6,611,639	2,071,414	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	233,677	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	7,714	59	0	59	191.01
191.02	19102	RESEARCH CTSA O/P	0	908	59	0	59	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	25,585,349	521,116	3,849	521,089	194.00
194.01	07951	RETAIL PHARMACY	0	5,719,997	4,104	0	4,104	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	227,929	8,624	0	8,624	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)		450,935,491	96,384,134	2,722,581	34,151,669	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.278232	36.320933	0.411547	13.108290	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		61,809,160	12,136,609	140,967	1,777,558	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.038137	4.573501	0.021309	0.682273	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: 26-0032

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	737,850					10.00
11.00	01100	CAFETERIA	0	7,179				11.00
13.00	01300	NURSING ADMINISTRATION	0	369	7,761,869			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	127	0	160,573,388		14.00
15.00	01500	PHARMACY	0	297	0	0	147,924,823	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	141	0	0	116,058	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	72	0	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	1	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	96	0	0	13	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	793	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	4	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	5	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	658,215	1,741	3,632,717	0	105,738	30.00
31.00	03100	INTENSIVE CARE UNIT	15,575	186	390,867	0	4,955	31.00
32.00	03200	CORONARY CARE UNIT	3,615	46	95,317	0	617	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	15,466	125	261,413	0	1,776	34.00
35.01	02400	NEURO ICU	6,773	140	291,608	0	2,718	35.01
35.02	02401	CARDIO-THORACIC ICU	7,777	101	210,635	0	2,761	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	28	58,700	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	515	1,041,307	0	342,821	50.00
51.00	05100	RECOVERY ROOM	0	170	343,186	0	103	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	119	248,787	0	179	52.00
53.00	05300	ANESTHESIOLOGY	0	64	0	0	477,866	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	220	0	0	2,290,741	54.00
54.01	03630	ULTRASOUND	0	20	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	130	0	0	4,327,567	55.00
56.00	05600	RADIOISOTOPE	0	10	0	0	1,046,565	56.00
57.00	05700	CT SCAN	0	53	0	0	1,466	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	53	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	56	116,226	0	64	59.00
60.00	06000	LABORATORY	0	364	0	0	169	60.00
60.01	06001	HLA LAB	0	18	0	0	188	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	69	0	0	15,145	63.00
65.00	06500	RESPIRATORY THERAPY	0	119	0	0	875	65.00
66.00	06600	PHYSICAL THERAPY	0	59	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	31	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	11	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	41	0	0	531,900	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	66,656,254	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	93,917,134	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	132,245,081	73.00
74.00	07400	RENAL DIALYSIS	0	28	0	0	37,428	74.00
76.00	03330	ENDOSCOPY	0	41	84,467	0	2,085	76.00
76.01	03950	OB/GYN IN VITRO	0	12	24,379	0	1,751	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	4	0	0	220	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	12	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	161	328,054	0	4,526	90.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
90.01	04950	OUTPATIENT PSYCH	0	2	0	0	0	90.01
91.00	09100	EMERGENCY	0	213	445,273	0	7,029	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	22	45,056	0	0	105.00
106.00	10600	HEART ACQUISITION	0	9	18,586	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	10	21,092	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	9	18,625	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	444	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	41	85,130	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	707,421	6,992	7,761,869	160,573,388	141,568,405	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	1	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	599	143	0	0	137,241	194.00
194.01	07951	RETAIL PHARMACY	0	42	0	0	6,219,177	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	1	0	0	0	194.02
194.03	07953	GUEST MEALS	29,830	0	0	0	0	194.03
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)	26,461,706	10,434,374	89,386,337	38,694,452	242,450,114	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	35.863259	1,453.457863	11.516084	0.240977	1.639009	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,408,734	1,579,831	5,807,785	10,054,049	11,705,307	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.264531	220.062822	0.748246	0.062613	0.079130	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: 26-0032

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE			
				EXTENDED CARE SERVICES (ECF PT DAYS)	LAB ADMINISTRATION (TIME SPENT)	RESEARCH ADMINISTRATION (TIME SPENT)	
		16.00	17.00	18.00	18.01	18.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	6,584,802,777				16.00
17.00	01700	SOCIAL SERVICE	0	346,357			17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0		18.00
18.01	01851	LAB ADMINISTRATION	0	0	846,367		18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	100	18.02
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	773,004,992	286,665	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	100,919,196	18,015	0	0	31.00
32.00	03200	CORONARY CARE UNIT	27,977,294	5,001	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	61,924,614	11,112	0	0	34.00
35.01	02400	NEURO ICU	66,653,769	11,948	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	45,523,082	8,412	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	10,280,399	5,204	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	720,955,459	0	0	0	50.00
51.00	05100	RECOVERY ROOM	101,440,714	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,202,351	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	202,200,536	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	375,248,909	0	0	0	54.00
54.01	03630	ULTRASOUND	43,844,661	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	392,367,104	0	0	0	55.00
56.00	05600	RADIOISOTOPE	13,797,505	0	0	0	56.00
57.00	05700	CT SCAN	313,544,327	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	154,989,388	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	146,691,681	0	0	0	59.00
60.00	06000	LABORATORY	712,876,086	0	0	664,336	60.00
60.01	06001	HLA LAB	33,699,754	0	0	36,601	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	268,232,691	0	0	145,430	63.00
65.00	06500	RESPIRATORY THERAPY	115,378,955	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	16,643,323	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,578,529	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,762,318	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	161,810,640	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,361,274	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	218,522,326	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	326,836,032	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	544,924,781	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	30,966,201	0	0	0	74.00
76.00	03330	ENDOSCOPY	49,871,527	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	7,890,510	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	2,833,489	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	2,467,605	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,456,239	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	3,688,728	0	0	0	77.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE				
				EXTENDED CARE SERVICES (ECF PT DAYS)	LAB ADMINISTRATION	RESEARCH ADMINISTRATION		
						(TIME SPENT)		(TIME SPENT)
		16.00	17.00	18.00	18.01	18.02		
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	65,856,604	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	634,520	0		0	0	90.01
91.00	09100	EMERGENCY	333,933,739	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	19,809,000	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	3,949,600	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	10,386,500	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	6,593,825	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	496,000	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	41,776,000	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,584,802,777	346,357	0	846,367	0	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	100	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	2,023,492	21,364,687	0	20,768,851	191,268	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000307	61.684005	0.000000	24.538824	1,912.680000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	409,742	882,141	0	1,328,427	6,030	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000062	2.546913	0.000000	1.569564	60.300000	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: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED	Reconciliation	PARAMED ED	
			SERVICES-SALARY & FRINGES	PRGM-PHARMACY		PRGM-PASTORAL ED	
			(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ACCUM COST)	
			20.00	21.00	23.01	23A.02	23.02
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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
18.00	01852	EXTENDED CARE SERVICES					18.00
18.01	01851	LAB ADMINISTRATION					18.01
18.02	01850	RESEARCH ADMINISTRATION					18.02
20.00	02000	NURSING SCHOOL	47,056				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		10,000			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY			100		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED				-540,557	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,903	2,090	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	912	270	0	0	31.00
32.00	03200	CORONARY CARE UNIT	192	131	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	975	222	0	0	34.00
35.01	02400	NEURO ICU	336	64	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	693	158	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	360	1,773	0	0	50.00
51.00	05100	RECOVERY ROOM	0	12	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	396	154	0	0	52.00
53.00	05300	ANESTHESIOLOGY	17,046	508	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	722	0	0	54.00
54.01	03630	ULTRASOUND	0	128	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	127	0	0	55.00
56.00	05600	RADIOISOTOPE	0	166	0	0	56.00
57.00	05700	CT SCAN	0	52	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	96	136	0	0	59.00
60.00	06000	LABORATORY	0	595	0	0	60.00
60.01	06001	HLA LAB	0	3	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	75	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	122	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	115	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	83	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	298	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	73.00
74.00	07400	RENAL DIALYSIS	0	53	0	0	74.00
76.00	03330	ENDOSCOPY	0	143	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	10	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	13	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet B-1 Date/Time Prepared: 5/25/2021 5:57 pm
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Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	Reconciliation	PARAMED ED PRGM-PASTORAL ED (ACCUM COST)	
		20.00	21.00	23.01	23A.02	23.02	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	883	0	0	49,928,617	90.00
90.01	04950 OUTPATIENT PSYCH	0	154	0	0	3,712,211	90.01
91.00	09100 EMERGENCY	1,147	672	0	0	55,321,721	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	18,794,798	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	5,781,963	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	10,409,490	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	7,902,103	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	559,572	109.00
112.00	08600 OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	22,648,972	112.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	47,056	9,959	100	-540,557	1,987,839,988	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	491,414	191.00
191.01	19101 RESEARCH CTSA I/P	0	17	0	0	327,923	191.01
191.02	19102 RESEARCH CTSA O/P	0	24	0	0	448,991	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	58,917,866	194.00
194.01	07951 RETAIL PHARMACY	0	0	0	0	17,768,672	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	0	0	0	0	719,077	194.02
194.03	07953 GUEST MEALS	0	0	0	0	1,069,801	194.03
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)	1,109,201	185,380,833	384,389		540,557	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.571936	18,538.083300	3,843.890000		0.000261	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,711,499	6,181,658	12,468		22,530	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.639642	618.165800	124.680000		0.000011	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0		0		0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000		0.000000		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
5/25/2021 5:57 pm

			Title XVIII	Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					Total Costs	Total Costs
					RCE Disallowance	
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	394,063,747		394,063,747	30.00
31.00	03100	INTENSIVE CARE UNIT	43,819,505		43,819,505	31.00
32.00	03200	CORONARY CARE UNIT	12,099,117		12,099,117	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	28,010,187		28,010,187	34.00
35.01	02400	NEURO ICU	30,437,297		30,437,297	35.01
35.02	02401	CARDIO-THORACIC ICU	23,327,162		23,327,162	35.02
40.00	04000	SUBPROVIDER - IPF	0		0	40.00
43.00	04300	NURSERY	5,433,378		5,433,378	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	146,894,158		146,894,158	50.00
51.00	05100	RECOVERY ROOM	35,316,625		35,316,625	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,951,397		21,951,397	52.00
53.00	05300	ANESTHESIOLOGY	13,437,862		13,437,862	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,209,092		55,209,092	54.00
54.01	03630	ULTRASOUND	7,132,624		7,132,624	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	66,367,868		66,367,868	55.00
56.00	05600	RADIOISOTOPE	5,638,740		5,638,740	56.00
57.00	05700	CT SCAN	10,811,318		10,811,318	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,186,332		14,186,332	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,967,685		16,967,685	59.00
60.00	06000	LABORATORY	111,203,273		111,203,273	60.00
60.01	06001	HLA LAB	7,359,991		7,359,991	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	55,710,743		55,710,743	63.00
65.00	06500	RESPIRATORY THERAPY	22,383,455	0	22,383,455	65.00
66.00	06600	PHYSICAL THERAPY	9,358,064	0	9,358,064	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,346,584	0	4,346,584	67.00
68.00	06800	SPEECH PATHOLOGY	1,718,749	0	1,718,749	68.00
69.00	06900	ELECTROCARDIOLOGY	8,409,821		8,409,821	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,596,123		3,596,123	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	105,172,884		105,172,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	148,242,701		148,242,701	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	218,818,905		218,818,905	73.00
74.00	07400	RENAL DIALYSIS	7,762,357		7,762,357	74.00
76.00	03330	ENDOSCOPY	11,389,297		11,389,297	76.00
76.01	03950	OB/GYN IN VITRO	5,123,085		5,123,085	76.01
76.02	03320	ELECTROSHOCK THERAPY	826,633		826,633	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	917,230		917,230	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	207,356		207,356	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	6,664,063		6,664,063	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	33,572,520		33,572,520	90.00
90.01	04950	OUTPATIENT PSYCH	858,315		858,315	90.01
91.00	09100	EMERGENCY	42,878,568		42,878,568	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,903,434		3,903,434	92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	18,799,703		18,799,703	105.00
106.00	10600	HEART ACQUISITION	5,783,472		5,783,472	106.00
107.00	10700	LIVER ACQUISITION	10,412,207		10,412,207	107.00
108.00	10800	LUNG ACQUISITION	7,904,165		7,904,165	108.00
109.00	10900	PANCREAS ACQUISITION	559,718		559,718	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	22,654,883		22,654,883	112.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	1,807,642,393	0	1,807,642,393	200.00
201.00		Less Observation Beds	3,903,434		3,903,434	201.00
202.00		Total (see instructions)	1,803,738,959	0	1,803,738,959	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
5/25/2021 5:57 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	766,095,513		766,095,513		30.00
31.00	03100	INTENSIVE CARE UNIT	100,913,486		100,913,486		31.00
32.00	03200	CORONARY CARE UNIT	27,965,874		27,965,874		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	61,918,904		61,918,904		34.00
35.01	02400	NEURO ICU	66,653,769		66,653,769		35.01
35.02	02401	CARDIO-THORACIC ICU	45,517,372		45,517,372		35.02
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	10,280,399		10,280,399		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	480,063,974	240,891,485	720,955,459	0.203749	50.00
51.00	05100	RECOVERY ROOM	37,284,883	64,155,831	101,440,714	0.348150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,430,518	4,771,833	18,202,351	1.205965	52.00
53.00	05300	ANESTHESIOLOGY	113,375,409	88,825,127	202,200,536	0.066458	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	143,253,198	231,995,711	375,248,909	0.147127	54.00
54.01	03630	ULTRASOUND	12,593,510	31,251,151	43,844,661	0.162679	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	15,770,366	376,596,738	392,367,104	0.169147	55.00
56.00	05600	RADIOISOTOPE	2,657,029	11,140,476	13,797,505	0.408678	56.00
57.00	05700	CT SCAN	122,698,245	190,846,082	313,544,327	0.034481	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,353,635	117,635,753	154,989,388	0.091531	58.00
59.00	05900	CARDIAC CATHETERIZATION	60,581,509	86,110,172	146,691,681	0.115669	59.00
60.00	06000	LABORATORY	366,355,040	346,521,046	712,876,086	0.155992	60.00
60.01	06001	HLA LAB	4,979,959	28,719,795	33,699,754	0.218399	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	187,152,472	81,080,219	268,232,691	0.207696	63.00
65.00	06500	RESPIRATORY THERAPY	108,102,606	7,276,349	115,378,955	0.193999	65.00
66.00	06600	PHYSICAL THERAPY	16,188,204	455,119	16,643,323	0.562271	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,268,362	310,167	10,578,529	0.410887	67.00
68.00	06800	SPEECH PATHOLOGY	4,609,669	152,649	4,762,318	0.360906	68.00
69.00	06900	ELECTROCARDIOLOGY	93,334,125	68,476,515	161,810,640	0.051973	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,944,788	1,416,486	18,361,274	0.195854	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	141,797,392	76,724,934	218,522,326	0.481291	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	225,574,243	101,261,789	326,836,032	0.453569	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	269,486,081	275,438,700	544,924,781	0.401558	73.00
74.00	07400	RENAL DIALYSIS	30,167,793	798,408	30,966,201	0.250672	74.00
76.00	03330	ENDOSCOPY	15,096,073	34,775,454	49,871,527	0.228373	76.00
76.01	03950	OB/GYN IN VITRO	0	7,890,510	7,890,510	0.649272	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,074,886	1,758,603	2,833,489	0.291737	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	11,550	2,456,055	2,467,605	0.371709	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,456,239	1,456,239	0.142391	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,279,904	2,408,824	3,688,728	1.806602	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,230,238	64,626,366	65,856,604	0.509782	90.00
90.01	04950	OUTPATIENT PSYCH	308	634,212	634,520	1.352700	90.01
91.00	09100	EMERGENCY	130,351,704	203,582,035	333,933,739	0.128404	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	716,894	3,890,770	4,607,664	0.847161	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	19,809,000	0	19,809,000		105.00
106.00	10600	HEART ACQUISITION	3,949,600	0	3,949,600		106.00
107.00	10700	LIVER ACQUISITION	10,386,500	0	10,386,500		107.00
108.00	10800	LUNG ACQUISITION	6,593,825	0	6,593,825		108.00
109.00	10900	PANCREAS ACQUISITION	496,000	0	496,000		109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	41,776,000	0	41,776,000		112.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	3,826,140,809	2,756,331,603	6,582,472,412		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	3,826,140,809	2,756,331,603	6,582,472,412		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.01	02400	NEURO ICU				35.01
35.02	02401	CARDIO-THORACIC ICU				35.02
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.203749			50.00
51.00	05100	RECOVERY ROOM	0.348150			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.205965			52.00
53.00	05300	ANESTHESIOLOGY	0.066458			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147127			54.00
54.01	03630	ULTRASOUND	0.162679			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.169147			55.00
56.00	05600	RADIOISOTOPE	0.408678			56.00
57.00	05700	CT SCAN	0.034481			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.091531			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115669			59.00
60.00	06000	LABORATORY	0.155992			60.00
60.01	06001	HLA LAB	0.218399			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.207696			63.00
65.00	06500	RESPIRATORY THERAPY	0.193999			65.00
66.00	06600	PHYSICAL THERAPY	0.562271			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.410887			67.00
68.00	06800	SPEECH PATHOLOGY	0.360906			68.00
69.00	06900	ELECTROCARDIOLOGY	0.051973			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195854			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.481291			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.453569			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.401558			73.00
74.00	07400	RENAL DIALYSIS	0.250672			74.00
76.00	03330	ENDOSCOPY	0.228373			76.00
76.01	03950	OB/GYN IN VITRO	0.649272			76.01
76.02	03320	ELECTROSHOCK THERAPY	0.291737			76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.371709			76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.142391			76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.806602			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.509782			90.00
90.01	04950	OUTPATIENT PSYCH	1.352700			90.01
91.00	09100	EMERGENCY	0.128404			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.847161			92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW				112.00
113.00	11300	INTEREST EXPENSE				113.00
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: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
5/25/2021 5:57 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	394,063,747		394,063,747	30.00
31.00	03100	INTENSIVE CARE UNIT	43,819,505		43,819,505	31.00
32.00	03200	CORONARY CARE UNIT	12,099,117		12,099,117	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	28,010,187		28,010,187	34.00
35.01	02400	NEURO ICU	30,437,297		30,437,297	35.01
35.02	02401	CARDIO-THORACIC ICU	23,327,162		23,327,162	35.02
40.00	04000	SUBPROVIDER - IPF	0		0	40.00
43.00	04300	NURSERY	5,433,378		5,433,378	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	146,894,158		146,894,158	50.00
51.00	05100	RECOVERY ROOM	35,316,625		35,316,625	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,951,397		21,951,397	52.00
53.00	05300	ANESTHESIOLOGY	13,437,862		13,437,862	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,209,092		55,209,092	54.00
54.01	03630	ULTRASOUND	7,132,624		7,132,624	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	66,367,868		66,367,868	55.00
56.00	05600	RADIOISOTOPE	5,638,740		5,638,740	56.00
57.00	05700	CT SCAN	10,811,318		10,811,318	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,186,332		14,186,332	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,967,685		16,967,685	59.00
60.00	06000	LABORATORY	111,203,273		111,203,273	60.00
60.01	06001	HLA LAB	7,359,991		7,359,991	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	55,710,743		55,710,743	63.00
65.00	06500	RESPIRATORY THERAPY	22,383,455	0	22,383,455	65.00
66.00	06600	PHYSICAL THERAPY	9,358,064	0	9,358,064	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,346,584	0	4,346,584	67.00
68.00	06800	SPEECH PATHOLOGY	1,718,749	0	1,718,749	68.00
69.00	06900	ELECTROCARDIOLOGY	8,409,821		8,409,821	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,596,123		3,596,123	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	105,172,884		105,172,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	148,242,701		148,242,701	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	218,818,905		218,818,905	73.00
74.00	07400	RENAL DIALYSIS	7,762,357		7,762,357	74.00
76.00	03330	ENDOSCOPY	11,389,297		11,389,297	76.00
76.01	03950	OB/GYN IN VITRO	5,123,085		5,123,085	76.01
76.02	03320	ELECTROSHOCK THERAPY	826,633		826,633	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	917,230		917,230	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	207,356		207,356	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	6,664,063		6,664,063	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	33,572,520		33,572,520	90.00
90.01	04950	OUTPATIENT PSYCH	858,315		858,315	90.01
91.00	09100	EMERGENCY	42,878,568		42,878,568	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,903,434		3,903,434	92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	18,799,703		18,799,703	105.00
106.00	10600	HEART ACQUISITION	5,783,472		5,783,472	106.00
107.00	10700	LIVER ACQUISITION	10,412,207		10,412,207	107.00
108.00	10800	LUNG ACQUISITION	7,904,165		7,904,165	108.00
109.00	10900	PANCREAS ACQUISITION	559,718		559,718	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	22,654,883		22,654,883	112.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	1,807,642,393	0	1,807,642,393	200.00
201.00		Less Observation Beds	3,903,434		3,903,434	201.00
202.00		Total (see instructions)	1,803,738,959	0	1,803,738,959	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
5/25/2021 5:57 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	766,095,513		766,095,513			30.00
31.00	03100	INTENSIVE CARE UNIT	100,913,486		100,913,486			31.00
32.00	03200	CORONARY CARE UNIT	27,965,874		27,965,874			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	61,918,904		61,918,904			34.00
35.01	02400	NEURO ICU	66,653,769		66,653,769			35.01
35.02	02401	CARDIO-THORACIC ICU	45,517,372		45,517,372			35.02
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
43.00	04300	NURSERY	10,280,399		10,280,399			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	480,063,974	240,891,485	720,955,459	0.203749	0.000000	50.00
51.00	05100	RECOVERY ROOM	37,284,883	64,155,831	101,440,714	0.348150	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,430,518	4,771,833	18,202,351	1.205965	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	113,375,409	88,825,127	202,200,536	0.066458	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	143,253,198	231,995,711	375,248,909	0.147127	0.000000	54.00
54.01	03630	ULTRASOUND	12,593,510	31,251,151	43,844,661	0.162679	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	15,770,366	376,596,738	392,367,104	0.169147	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,657,029	11,140,476	13,797,505	0.408678	0.000000	56.00
57.00	05700	CT SCAN	122,698,245	190,846,082	313,544,327	0.034481	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,353,635	117,635,753	154,989,388	0.091531	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	60,581,509	86,110,172	146,691,681	0.115669	0.000000	59.00
60.00	06000	LABORATORY	366,355,040	346,521,046	712,876,086	0.155992	0.000000	60.00
60.01	06001	HLA LAB	4,979,959	28,719,795	33,699,754	0.218399	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	187,152,472	81,080,219	268,232,691	0.207696	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	108,102,606	7,276,349	115,378,955	0.193999	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	16,188,204	455,119	16,643,323	0.562271	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,268,362	310,167	10,578,529	0.410887	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,609,669	152,649	4,762,318	0.360906	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	93,334,125	68,476,515	161,810,640	0.051973	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,944,788	1,416,486	18,361,274	0.195854	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	141,797,392	76,724,934	218,522,326	0.481291	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	225,574,243	101,261,789	326,836,032	0.453569	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	269,486,081	275,438,700	544,924,781	0.401558	0.000000	73.00
74.00	07400	RENAL DIALYSIS	30,167,793	798,408	30,966,201	0.250672	0.000000	74.00
76.00	03330	ENDOSCOPY	15,096,073	34,775,454	49,871,527	0.228373	0.000000	76.00
76.01	03950	OB/GYN IN VITRO	0	7,890,510	7,890,510	0.649272	0.000000	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,074,886	1,758,603	2,833,489	0.291737	0.000000	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	11,550	2,456,055	2,467,605	0.371709	0.000000	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,456,239	1,456,239	0.142391	0.000000	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,279,904	2,408,824	3,688,728	1.806602	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,230,238	64,626,366	65,856,604	0.509782	0.000000	90.00
90.01	04950	OUTPATIENT PSYCH	308	634,212	634,520	1.352700	0.000000	90.01
91.00	09100	EMERGENCY	130,351,704	203,582,035	333,933,739	0.128404	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	716,894	3,890,770	4,607,664	0.847161	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	19,809,000	0	19,809,000			105.00
106.00	10600	HEART ACQUISITION	3,949,600	0	3,949,600			106.00
107.00	10700	LIVER ACQUISITION	10,386,500	0	10,386,500			107.00
108.00	10800	LUNG ACQUISITION	6,593,825	0	6,593,825			108.00
109.00	10900	PANCREAS ACQUISITION	496,000	0	496,000			109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	41,776,000	0	41,776,000			112.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	3,826,140,809	2,756,331,603	6,582,472,412			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	3,826,140,809	2,756,331,603	6,582,472,412			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
5/25/2021 5:57 pm

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
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.01	02400	NEURO ICU				35.01
35.02	02401	CARDIO-THORACIC ICU				35.02
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
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	03630	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	MAGNETIC RESONANCE IMAGING (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	HLA LAB	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03330	ENDOSCOPY	0.000000			76.00
76.01	03950	OB/GYN IN VITRO	0.000000			76.01
76.02	03320	ELECTROSHOCK THERAPY	0.000000			76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000000			76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	04950	OUTPATIENT PSYCH	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW				112.00
113.00	11300	INTEREST EXPENSE				113.00
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: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
5/25/2021 5:57 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	33,009,526	0	33,009,526	289,533	114.01	30.00	
31.00	INTENSIVE CARE UNIT	3,096,257		3,096,257	18,015	171.87	31.00	
32.00	CORONARY CARE UNIT	701,598		701,598	5,001	140.29	32.00	
34.00	SURGICAL INTENSIVE CARE UNIT	1,896,356		1,896,356	11,112	170.66	34.00	
35.01	NEURO ICU	2,002,754		2,002,754	11,948	167.62	35.01	
35.02	CARDIO-THORACIC ICU	1,480,103		1,480,103	8,412	175.95	35.02	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
43.00	NURSERY	370,674		370,674	5,204	71.23	43.00	
200.00	Total (lines 30 through 199)	42,557,268		42,557,268	349,225		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	84,300	9,611,043					30.00
31.00	INTENSIVE CARE UNIT	5,121	880,146					31.00
32.00	CORONARY CARE UNIT	1,646	230,917					32.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,751	469,486					34.00
35.01	NEURO ICU	3,373	565,382					35.01
35.02	CARDIO-THORACIC ICU	2,609	459,054					35.02
40.00	SUBPROVIDER - IPF	0	0					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	99,800	12,216,028					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
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			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	18,587,745	720,955,459	0.025782	140,540,436	3,623,414	50.00
51.00	05100	RECOVERY ROOM	2,635,492	101,440,714	0.025981	11,160,952	289,973	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,469,833	18,202,351	0.080750	177,740	14,353	52.00
53.00	05300	ANESTHESIOLOGY	1,301,422	202,200,536	0.006436	33,071,934	212,851	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,689,236	375,248,909	0.023156	43,694,773	1,011,796	54.00
54.01	03630	ULTRASOUND	1,031,672	43,844,661	0.023530	3,588,235	84,431	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	12,772,142	392,367,104	0.032552	5,116,965	166,567	55.00
56.00	05600	RADIOISOTOPE	1,515,904	13,797,505	0.109868	1,062,365	116,720	56.00
57.00	05700	CT SCAN	1,241,220	313,544,327	0.003959	36,551,731	144,708	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,068,825	154,989,388	0.006896	9,832,792	67,807	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,941,298	146,691,681	0.020051	23,011,668	461,407	59.00
60.00	06000	LABORATORY	6,391,003	712,876,086	0.008965	106,061,252	950,839	60.00
60.01	06001	HLA LAB	446,429	33,699,754	0.013247	1,969,004	26,083	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,620,243	268,232,691	0.009769	51,163,945	499,821	63.00
65.00	06500	RESPIRATORY THERAPY	1,519,394	115,378,955	0.013169	32,069,087	422,318	65.00
66.00	06600	PHYSICAL THERAPY	642,287	16,643,323	0.038591	5,173,222	199,640	66.00
67.00	06700	OCCUPATIONAL THERAPY	165,692	10,578,529	0.015663	3,317,548	51,963	67.00
68.00	06800	SPEECH PATHOLOGY	119,049	4,762,318	0.024998	1,524,653	38,113	68.00
69.00	06900	ELECTROCARDIOLOGY	1,051,884	161,810,640	0.006501	30,666,732	199,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	436,484	18,361,274	0.023772	4,515,257	107,337	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,219,895	218,522,326	0.033040	44,227,995	1,461,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,177,336	326,836,032	0.031139	81,808,663	2,547,440	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,596,931	544,924,781	0.019447	82,092,395	1,596,451	73.00
74.00	07400	RENAL DIALYSIS	592,499	30,966,201	0.019134	12,094,497	231,416	74.00
76.00	03330	ENDOSCOPY	885,983	49,871,527	0.017765	4,790,021	85,095	76.00
76.01	03950	OB/GYN IN VITRO	200,516	7,890,510	0.025412	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	85,296	2,833,489	0.030103	278,025	8,369	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	31,388	2,467,605	0.012720	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	23,093	1,456,239	0.015858	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	225,690	3,688,728	0.061184	386,656	23,657	77.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,659,507	65,856,604	0.040383	435,382	17,582	90.00
90.01	04950	OUTPATIENT PSYCH	136,424	634,520	0.215003	0	0	90.01
91.00	09100	EMERGENCY	3,013,178	333,933,739	0.009023	45,325,419	408,971	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	326,979	4,607,664	0.070964	304,381	21,600	92.00
200.00		Total (lines 50 through 199)	102,821,969	5,420,116,170		816,013,725	15,091,379	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0032		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 5/25/2021 5:57 pm	
					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	587,012	0	113,850	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	21,498	0	12,740	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	4,526	0	3,791	0	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	22,983	0	8,383	0	34.00		
35.01	02400	NEURO ICU	0	7,920	0	8,252	0	35.01		
35.02	02401	CARDIO-THORACIC ICU	0	16,335	0	6,851	0	35.02		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	0	0	1,418	0	43.00		
200.00		Total (lines 30 through 199)	0	660,274	0	155,285	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	700,862	289,533	2.42	84,300	30.00		
31.00	03100	INTENSIVE CARE UNIT		34,238	18,015	1.90	5,121	31.00		
32.00	03200	CORONARY CARE UNIT		8,317	5,001	1.66	1,646	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		31,366	11,112	2.82	2,751	34.00		
35.01	02400	NEURO ICU		16,172	11,948	1.35	3,373	35.01		
35.02	02401	CARDIO-THORACIC ICU		23,186	8,412	2.76	2,609	35.02		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
43.00	04300	NURSERY		1,418	5,204	0.27	0	43.00		
200.00		Total (lines 30 through 199)		815,559	349,225		99,800	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost						
			9.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	204,006	0						30.00
31.00	03100	INTENSIVE CARE UNIT	9,730	0						31.00
32.00	03200	CORONARY CARE UNIT	2,732	0						32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,758	0						34.00
35.01	02400	NEURO ICU	4,554	0						35.01
35.02	02401	CARDIO-THORACIC ICU	7,201	0						35.02
40.00	04000	SUBPROVIDER - IPF	0	0						40.00
43.00	04300	NURSERY	0	0						43.00
200.00		Total (lines 30 through 199)	235,981	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
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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	8,486	0	46,906 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	9,273 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,334	0	6,473 52.00
53.00	05300	ANESTHESIOLOGY	0	0	401,807	0	5,964 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	17,898 54.00
54.01	03630	ULTRASOUND	0	0	0	0	2,480 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	17,932 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,274 56.00
57.00	05700	CT SCAN	0	0	0	0	3,073 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	3,832 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,263	0	5,085 59.00
60.00	06000	LABORATORY	0	0	0	0	31,895 60.00
60.01	06001	HLA LAB	0	0	0	0	1,935 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	14,899 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	6,431 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	2,998 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,134 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	448 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	2,596 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	2,380 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	27,443 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	38,681 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	441,486 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,282 74.00
76.00	03330	ENDOSCOPY	0	0	0	0	3,664 76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	1,385 76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	279 76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	239 76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	54 76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	1,739 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	13,031 90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	969 90.01
91.00	09100	EMERGENCY	0	0	27,037	0	14,439 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	5,816	0	1,128 92.00
200.00		Total (lines 50 through 199)	0	0	454,743	0	732,725 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
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				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	55,392	55,392	720,955,459	0.000077	50.00
51.00	05100	RECOVERY ROOM	0	9,273	9,273	101,440,714	0.000091	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,807	15,807	18,202,351	0.000868	52.00
53.00	05300	ANESTHESIOLOGY	0	407,771	407,771	202,200,536	0.002017	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,898	17,898	375,248,909	0.000048	54.00
54.01	03630	ULTRASOUND	0	2,480	2,480	43,844,661	0.000057	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,932	17,932	392,367,104	0.000046	55.00
56.00	05600	RADIOISOTOPE	0	2,274	2,274	13,797,505	0.000165	56.00
57.00	05700	CT SCAN	0	3,073	3,073	313,544,327	0.000010	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,832	3,832	154,989,388	0.000025	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,348	7,348	146,691,681	0.000050	59.00
60.00	06000	LABORATORY	0	31,895	31,895	712,876,086	0.000045	60.00
60.01	06001	HLA LAB	0	1,935	1,935	33,699,754	0.000057	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	14,899	14,899	268,232,691	0.000056	63.00
65.00	06500	RESPIRATORY THERAPY	0	6,431	6,431	115,378,955	0.000056	65.00
66.00	06600	PHYSICAL THERAPY	0	2,998	2,998	16,643,323	0.000180	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,134	1,134	10,578,529	0.000107	67.00
68.00	06800	SPEECH PATHOLOGY	0	448	448	4,762,318	0.000094	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,596	2,596	161,810,640	0.000016	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,380	2,380	18,361,274	0.000130	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,443	27,443	218,522,326	0.000126	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	38,681	38,681	326,836,032	0.000118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	441,486	441,486	544,924,781	0.000810	73.00
74.00	07400	RENAL DIALYSIS	0	2,282	2,282	30,966,201	0.000074	74.00
76.00	03330	ENDOSCOPY	0	3,664	3,664	49,871,527	0.000073	76.00
76.01	03950	OB/GYN IN VITRO	0	1,385	1,385	7,890,510	0.000176	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	279	279	2,833,489	0.000098	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	239	239	2,467,605	0.000097	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	54	54	1,456,239	0.000037	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,739	1,739	3,688,728	0.000471	77.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	13,031	13,031	65,856,604	0.000198	90.00
90.01	04950	OUTPATIENT PSYCH	0	969	969	634,520	0.001527	90.01
91.00	09100	EMERGENCY	0	41,476	41,476	333,933,739	0.000124	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,944	6,944	4,607,664	0.001507	92.00
200.00		Total (lines 50 through 199)	0	1,187,468	1,187,468	5,420,116,170		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 5/25/2021 5:57 pm	
				Title XVIII		Hospital	PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification on	Outpatient Program Charges on/after Geo Reclassification on	
			9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000077	140,540,436	10,822	50,494,583	0	50.00
51.00	05100	RECOVERY ROOM	0.000091	11,160,952	1,016	13,245,330	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000868	177,740	154	49,303	0	52.00
53.00	05300	ANESTHESIOLOGY	0.002017	33,071,934	66,706	17,236,431	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000048	43,694,773	2,097	55,999,912	0	54.00
54.01	03630	ULTRASOUND	0.000057	3,588,235	205	4,519,879	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000046	5,116,965	235	112,109,525	0	55.00
56.00	05600	RADIOISOTOPE	0.000165	1,062,365	175	2,823,230	0	56.00
57.00	05700	CT SCAN	0.000010	36,551,731	366	48,593,325	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000025	9,832,792	246	26,397,599	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000050	23,011,668	1,151	27,130,369	0	59.00
60.00	06000	LABORATORY	0.000045	106,061,252	4,773	36,830,792	0	60.00
60.01	06001	HLA LAB	0.000057	1,969,004	112	4,670,871	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000056	51,163,945	2,865	19,771,237	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000056	32,069,087	1,796	2,530,491	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000180	5,173,222	931	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000107	3,317,548	355	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000094	1,524,653	143	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000016	30,666,732	491	19,584,500	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000130	4,515,257	587	426,473	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000126	44,227,995	5,573	17,180,965	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000118	81,808,663	9,653	26,668,151	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000810	82,092,395	66,495	75,679,938	0	73.00
74.00	07400	RENAL DIALYSIS	0.000074	12,094,497	895	428,322	0	74.00
76.00	03330	ENDOSCOPY	0.000073	4,790,021	350	9,160,552	0	76.00
76.01	03950	OB/GYN IN VITRO	0.000176	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.000098	278,025	27	566,372	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000097	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000037	0	0	664,362	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000471	386,656	182	278,564	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000198	435,382	86	19,854,436	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.001527	0	0	144,828	0	90.01
91.00	09100	EMERGENCY	0.000124	45,325,419	5,620	22,946,985	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001507	304,381	459	303,832	0	92.00
200.00		Total (lines 50 through 199)		816,013,725	184,566	616,291,157	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
		13.00	13.01	21.00	24.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,888	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,205	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	34,766	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,688	0	0	0	54.00
54.01	03630	ULTRASOUND	258	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,157	0	0	0	55.00
56.00	05600	RADIOISOTOPE	466	0	0	0	56.00
57.00	05700	CT SCAN	486	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	660	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,357	0	0	0	59.00
60.00	06000	LABORATORY	1,657	0	0	0	60.00
60.01	06001	HLA LAB	266	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,107	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	142	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	313	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	55	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,165	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,147	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,301	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	32	0	0	0	74.00
76.00	03330	ENDOSCOPY	669	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	56	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	25	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	131	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,931	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	221	0	0	0	90.01
91.00	09100	EMERGENCY	2,845	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	458	0	0	0	92.00
200.00		Total (lines 50 through 199)	129,495	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0032		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 5/25/2021 5:57 pm	
				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		0.203749	50,494,583	18,585	0	10,288,221	50.00
51.00	05100	RECOVERY ROOM		0.348150	13,245,330	0	0	4,611,362	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		1.205965	49,303	0	0	59,458	52.00
53.00	05300	ANESTHESIOLOGY		0.066458	17,236,431	0	0	1,145,499	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.147127	55,999,912	0	0	8,239,099	54.00
54.01	03630	ULTRASOUND		0.162679	4,519,879	0	0	735,289	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.169147	112,109,525	0	0	18,962,990	55.00
56.00	05600	RADIOISOTOPE		0.408678	2,823,230	0	0	1,153,792	56.00
57.00	05700	CT SCAN		0.034481	48,593,325	0	0	1,675,546	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.091531	26,397,599	0	0	2,416,199	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.115669	27,130,369	0	0	3,138,143	59.00
60.00	06000	LABORATORY		0.155992	36,830,792	4,686	0	5,745,309	60.00
60.01	06001	HLA LAB		0.218399	4,670,871	0	0	1,020,114	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.207696	19,771,237	0	0	4,106,407	63.00
65.00	06500	RESPIRATORY THERAPY		0.193999	2,530,491	0	0	490,913	65.00
66.00	06600	PHYSICAL THERAPY		0.562271	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.410887	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.360906	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.051973	19,584,500	0	0	1,017,865	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.195854	426,473	0	0	83,526	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.481291	17,180,965	0	0	8,269,044	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.453569	26,668,151	0	0	12,095,847	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.401558	75,679,938	3,202	308,926	30,389,885	73.00
74.00	07400	RENAL DIALYSIS		0.250672	428,322	0	0	107,368	74.00
76.00	03330	ENDOSCOPY		0.228373	9,160,552	0	0	2,092,023	76.00
76.01	03950	OB/GYN IN VITRO		0.649272	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY		0.291737	566,372	0	0	165,232	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION		0.371709	0	914,375	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.142391	664,362	0	0	94,599	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		1.806602	278,564	0	0	503,254	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.509782	19,854,436	0	3,068	10,121,434	90.00
90.01	04950	OUTPATIENT PSYCH		1.352700	144,828	0	0	195,909	90.01
91.00	09100	EMERGENCY		0.128404	22,946,985	0	504	2,946,485	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.847161	303,832	0	0	257,395	92.00
200.00		Subtotal (see instructions)			616,291,157	940,848	312,498	132,128,207	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			616,291,157	940,848	312,498	132,128,207	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
5/25/2021 5:57 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	3,787	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	03630	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	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	731	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,286	124,052		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	339,881	0		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	1,564		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	65		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	345,685	125,681		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	345,685	125,681		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0032		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 5/25/2021 5:57 pm		
					Title XIX		Hospital		Cost		
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	587,012	0	113,850	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	21,498	0	12,740	0	31.00			
32.00	03200	CORONARY CARE UNIT	0	4,526	0	3,791	0	32.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	22,983	0	8,383	0	34.00			
35.01	02400	NEURO ICU	0	7,920	0	8,252	0	35.01			
35.02	02401	CARDIO-THORACIC ICU	0	16,335	0	6,851	0	35.02			
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00			
43.00	04300	NURSERY	0	0	0	1,418	0	43.00			
200.00		Total (lines 30 through 199)	0	660,274	0	155,285	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	700,862	289,533	2.42	37,215	30.00			
31.00	03100	INTENSIVE CARE UNIT		34,238	18,015	1.90	2,161	31.00			
32.00	03200	CORONARY CARE UNIT		8,317	5,001	1.66	496	32.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT		31,366	11,112	2.82	1,505	34.00			
35.01	02400	NEURO ICU		16,172	11,948	1.35	1,522	35.01			
35.02	02401	CARDIO-THORACIC ICU		23,186	8,412	2.76	531	35.02			
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00			
43.00	04300	NURSERY		1,418	5,204	0.27	508	43.00			
200.00		Total (lines 30 through 199)		815,559	349,225		43,938	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost							
			9.00	13.00							
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	90,060	0							30.00
31.00	03100	INTENSIVE CARE UNIT	4,106	0							31.00
32.00	03200	CORONARY CARE UNIT	823	0							32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,244	0							34.00
35.01	02400	NEURO ICU	2,055	0							35.01
35.02	02401	CARDIO-THORACIC ICU	1,466	0							35.02
40.00	04000	SUBPROVIDER - IPF	0	0							40.00
43.00	04300	NURSERY	137	0							43.00
200.00		Total (lines 30 through 199)	102,891	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 5/25/2021 5:57 pm
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Cost Center Description		Title XIX		Hospital		Cost	
		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	8,486	0	46,906 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	9,273 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,334	0	6,473 52.00
53.00	05300	ANESTHESIOLOGY	0	0	401,807	0	5,964 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	17,898 54.00
54.01	03630	ULTRASOUND	0	0	0	0	2,480 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	17,932 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,274 56.00
57.00	05700	CT SCAN	0	0	0	0	3,073 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	3,832 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,263	0	5,085 59.00
60.00	06000	LABORATORY	0	0	0	0	31,895 60.00
60.01	06001	HLA LAB	0	0	0	0	1,935 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	14,899 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	6,431 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	2,998 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,134 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	448 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	2,596 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	2,380 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	27,443 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	38,681 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	441,486 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,282 74.00
76.00	03330	ENDOSCOPY	0	0	0	0	3,664 76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	1,385 76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	279 76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	239 76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	54 76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	1,739 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	13,031 90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	969 90.01
91.00	09100	EMERGENCY	0	0	27,037	0	14,439 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	5,816	0	1,128 92.00
200.00		Total (lines 50 through 199)	0	0	454,743	0	732,725 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
5/25/2021 5:57 pm

				Title XIX		Hospital	Cost	
	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	55,392	55,392	720,955,459	0.000077	50.00
51.00	05100	RECOVERY ROOM	0	9,273	9,273	101,440,714	0.000091	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,807	15,807	18,202,351	0.000868	52.00
53.00	05300	ANESTHESIOLOGY	0	407,771	407,771	202,200,536	0.002017	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,898	17,898	375,248,909	0.000048	54.00
54.01	03630	ULTRASOUND	0	2,480	2,480	43,844,661	0.000057	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,932	17,932	392,367,104	0.000046	55.00
56.00	05600	RADIOISOTOPE	0	2,274	2,274	13,797,505	0.000165	56.00
57.00	05700	CT SCAN	0	3,073	3,073	313,544,327	0.000010	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,832	3,832	154,989,388	0.000025	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,348	7,348	146,691,681	0.000050	59.00
60.00	06000	LABORATORY	0	31,895	31,895	712,876,086	0.000045	60.00
60.01	06001	HLA LAB	0	1,935	1,935	33,699,754	0.000057	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	14,899	14,899	268,232,691	0.000056	63.00
65.00	06500	RESPIRATORY THERAPY	0	6,431	6,431	115,378,955	0.000056	65.00
66.00	06600	PHYSICAL THERAPY	0	2,998	2,998	16,643,323	0.000180	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,134	1,134	10,578,529	0.000107	67.00
68.00	06800	SPEECH PATHOLOGY	0	448	448	4,762,318	0.000094	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,596	2,596	161,810,640	0.000016	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,380	2,380	18,361,274	0.000130	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,443	27,443	218,522,326	0.000126	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	38,681	38,681	326,836,032	0.000118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	441,486	441,486	544,924,781	0.000810	73.00
74.00	07400	RENAL DIALYSIS	0	2,282	2,282	30,966,201	0.000074	74.00
76.00	03330	ENDOSCOPY	0	3,664	3,664	49,871,527	0.000073	76.00
76.01	03950	OB/GYN IN VITRO	0	1,385	1,385	7,890,510	0.000176	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	279	279	2,833,489	0.000098	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	239	239	2,467,605	0.000097	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	54	54	1,456,239	0.000037	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,739	1,739	3,688,728	0.000471	77.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	13,031	13,031	65,856,604	0.000198	90.00
90.01	04950	OUTPATIENT PSYCH	0	969	969	634,520	0.001527	90.01
91.00	09100	EMERGENCY	0	41,476	41,476	333,933,739	0.000124	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,944	6,944	4,607,664	0.001507	92.00
200.00		Total (lines 50 through 199)	0	1,187,468	1,187,468	5,420,116,170		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		Title XIX			Hospital		Cost	
		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 before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification		
		9.00	10.00	11.00	12.00	12.01		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000077	31,784,553	2,447	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000091	2,578,185	235	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000868	698,610	606	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.002017	8,584,319	17,315	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000048	15,408,475	740	0	0	54.00
54.01	03630	ULTRASOUND	0.000057	1,566,575	89	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000046	1,422,115	65	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000165	195,365	32	0	0	56.00
57.00	05700	CT SCAN	0.000010	15,519,285	155	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000025	4,255,902	106	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000050	4,686,173	234	0	0	59.00
60.00	06000	LABORATORY	0.000045	38,665,013	1,740	0	0	60.00
60.01	06001	HLA LAB	0.000057	172,378	10	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000056	16,808,945	941	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000056	12,908,295	723	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000180	1,479,115	266	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000107	1,020,239	109	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000094	563,221	53	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000016	9,528,174	152	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000130	1,856,188	241	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000126	9,600,992	1,210	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000118	12,572,506	1,484	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000810	26,766,189	21,681	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000074	3,546,862	262	0	0	74.00
76.00	03330	ENDOSCOPY	0.000073	1,633,128	119	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.000176	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.000098	295,303	29	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000097	11,550	1	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000037	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000471	56,820	27	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000198	118,371	23	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.001527	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000124	26,569,640	3,295	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001507	42,824	65	0	0	92.00
200.00		Total (lines 50 through 199)		250,915,310	54,455	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		Title XIX		Hospital		Cost
		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		13.00	13.01	21.00	24.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
60.01	06001	HLA LAB	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
5/25/2021 5:57 pm

			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	0.203749	0	0	8,693,449	0	50.00
51.00	05100	RECOVERY ROOM	0.348150	0	0	2,896,725	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.205965	0	0	415,700	0	52.00
53.00	05300	ANESTHESIOLOGY	0.066458	0	0	3,610,101	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147127	0	0	12,093,920	0	54.00
54.01	03630	ULTRASOUND	0.162679	0	0	1,716,539	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.169147	0	0	22,274,430	0	55.00
56.00	05600	RADIOISOTOPE	0.408678	0	0	543,348	0	56.00
57.00	05700	CT SCAN	0.034481	0	0	12,347,621	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.091531	0	0	4,565,578	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115669	0	0	3,005,161	0	59.00
60.00	06000	LABORATORY	0.155992	0	0	15,606,173	0	60.00
60.01	06001	HLA LAB	0.218399	0	0	609,706	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.207696	0	0	4,858,891	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.193999	0	0	378,024	0	65.00
66.00	06600	PHYSICAL THERAPY	0.562271	0	0	25,992	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.410887	0	0	24,208	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.360906	0	0	12,864	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.051973	0	0	3,767,435	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195854	0	0	89,281	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.481291	0	0	2,958,510	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.453569	0	0	3,325,332	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.401558	0	0	20,283,094	0	73.00
74.00	07400	RENAL DIALYSIS	0.250672	0	0	135,680	0	74.00
76.00	03330	ENDOSCOPY	0.228373	0	0	2,003,190	0	76.00
76.01	03950	OB/GYN IN VITRO	0.649272	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.291737	0	0	188,942	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.371709	0	0	125,475	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.142391	0	0	134,991	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.806602	0	0	169,070	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.509782	0	0	5,969,951	0	90.00
90.01	04950	OUTPATIENT PSYCH	1.352700	0	0	235,312	0	90.01
91.00	09100	EMERGENCY	0.128404	0	0	23,787,959	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.847161	0	0	491,995	0	92.00
200.00		Subtotal (see instructions)		0	0	157,344,647	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	157,344,647	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
5/25/2021 5:57 pm

			Title XIX		Hospital	Cost
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,771,282		50.00
51.00	05100	RECOVERY ROOM	0	1,008,495		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	501,320		52.00
53.00	05300	ANESTHESIOLOGY	0	239,920		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,779,342		54.00
54.01	03630	ULTRASOUND	0	279,245		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,767,653		55.00
56.00	05600	RADIOISOTOPE	0	222,054		56.00
57.00	05700	CT SCAN	0	425,758		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	417,892		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	347,604		59.00
60.00	06000	LABORATORY	0	2,434,438		60.00
60.01	06001	HLA LAB	0	133,159		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,009,172		63.00
65.00	06500	RESPIRATORY THERAPY	0	73,336		65.00
66.00	06600	PHYSICAL THERAPY	0	14,615		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,947		67.00
68.00	06800	SPEECH PATHOLOGY	0	4,643		68.00
69.00	06900	ELECTROCARDIOLOGY	0	195,805		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,486		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,423,904		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,508,268		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,144,839		73.00
74.00	07400	RENAL DIALYSIS	0	34,011		74.00
76.00	03330	ENDOSCOPY	0	457,475		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	55,121		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	46,640		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	19,222		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	305,442		77.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	3,043,374		90.00
90.01	04950	OUTPATIENT PSYCH	0	318,307		90.01
91.00	09100	EMERGENCY	0	3,054,469		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	416,799		92.00
200.00		Subtotal (see instructions)	0	33,481,037		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	33,481,037		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 5/25/2021 5:57 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		289,533	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		289,533	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)		286,665	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)		84,300	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)		394,063,747	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)		394,063,747	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)		394,063,747	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)		1,361.03	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		114,734,829	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)		114,734,829	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

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

Worksheet D-1

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	43,819,505	18,015	2,432.39	5,121	12,456,269	43.00
44.00	CORONARY CARE UNIT	12,099,117	5,001	2,419.34	1,646	3,982,234	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	28,010,187	11,112	2,520.72	2,751	6,934,501	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	30,437,297	11,948	2,547.48	3,373	8,592,650	47.01
47.02	CARDIO-THORACIC ICU	23,327,162	8,412	2,773.08	2,609	7,234,966	47.02
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					191,752,400	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					345,687,849	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)					12,452,009	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					15,275,945	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					27,727,954	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					317,959,895	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)					2,868	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,361.03	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,903,434	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

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

Worksheet D-1

Date/Time Prepared:
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Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	33,009,526	394,063,747	0.083767	3,903,434	326,979
91.00	Nursing School cost	587,012	394,063,747	0.001490	3,903,434	5,816
92.00	Allied health cost	113,850	394,063,747	0.000289	3,903,434	1,128
93.00	All other Medical Education	0	394,063,747	0.000000	3,903,434	0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

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

Worksheet D-1

Date/Time Prepared:
5/25/2021 5:57 pm

Title XIX		Hospital	Cost
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	289,533	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	289,533	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)	286,665	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)	37,215	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)	5,204	15.00
16.00	Nursery days (title V or XIX only)	508	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)	394,063,747	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)	394,063,747	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)	394,063,747	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)	1,361.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	50,650,731	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)	50,650,731	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

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

Worksheet D-1

Date/Time Prepared:
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		Title XIX		Hospital	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)	5,433,378	5,204	1,044.08	508	530,393	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	43,819,505	18,015	2,432.39	2,161	5,256,395	43.00
44.00	CORONARY CARE UNIT	12,099,117	5,001	2,419.34	496	1,199,993	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	28,010,187	11,112	2,520.72	1,505	3,793,684	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	30,437,297	11,948	2,547.48	1,522	3,877,265	47.01
47.02	CARDIO-THORACIC ICU	23,327,162	8,412	2,773.08	531	1,472,505	47.02
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					53,507,899	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					120,288,865	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)					2,868	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,361.03	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,903,434	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

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

Worksheet D-1

Date/Time Prepared:
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		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	33,009,526	394,063,747	0.083767	3,903,434	326,979	90.00
91.00	Nursing School cost	587,012	394,063,747	0.001490	3,903,434	5,816	91.00
92.00	Allied health cost	113,850	394,063,747	0.000289	3,903,434	1,128	92.00
93.00	All other Medical Education	0	394,063,747	0.000000	3,903,434	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 5/25/2021 5:57 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		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	198,848,731		30.00
31.00	03100	INTENSIVE CARE UNIT	38,571,426		31.00
32.00	03200	CORONARY CARE UNIT	12,428,701		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	21,213,694		34.00
35.01	02400	NEURO ICU	25,612,087		35.01
35.02	02401	CARDIO-THORACIC ICU	20,093,460		35.02
40.00	04000	SUBPROVIDER - IPF	0		40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	140,540,436	28,634,973	50.00
51.00	05100	RECOVERY ROOM	11,160,952	3,885,685	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	177,740	214,348	52.00
53.00	05300	ANESTHESIOLOGY	33,071,934	2,197,895	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,694,773	6,428,681	54.00
54.01	03630	ULTRASOUND	3,588,235	583,730	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,116,965	865,519	55.00
56.00	05600	RADIOISOTOPE	1,062,365	434,165	56.00
57.00	05700	CT SCAN	36,551,731	1,260,340	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,832,792	900,005	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,011,668	2,661,737	59.00
60.00	06000	LABORATORY	106,061,252	16,544,707	60.00
60.01	06001	HLA LAB	1,969,004	430,029	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,163,945	10,626,547	63.00
65.00	06500	RESPIRATORY THERAPY	32,069,087	6,221,371	65.00
66.00	06600	PHYSICAL THERAPY	5,173,222	2,908,753	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,317,548	1,363,137	67.00
68.00	06800	SPEECH PATHOLOGY	1,524,653	550,256	68.00
69.00	06900	ELECTROCARDIOLOGY	30,666,732	1,593,842	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,515,257	884,331	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,227,995	21,286,536	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	81,808,663	37,105,873	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,092,395	32,964,858	73.00
74.00	07400	RENAL DIALYSIS	12,094,497	3,031,752	74.00
76.00	03330	ENDOSCOPY	4,790,021	1,093,911	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	278,025	81,110	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	386,656	698,534	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	435,382	221,950	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	90.01
91.00	09100	EMERGENCY	45,325,419	5,819,965	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	304,381	257,860	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)	816,013,725	191,752,400	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)	0	0	201.00
202.00		Net charges (line 200 minus line 201)	816,013,725		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 5/25/2021 5:57 pm
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		88,406,189	30.00
31.00	03100	INTENSIVE CARE UNIT		12,278,067	31.00
32.00	03200	CORONARY CARE UNIT		2,826,152	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		8,761,674	34.00
35.01	02400	NEURO ICU		8,772,465	35.01
35.02	02401	CARDIO-THORACIC ICU		3,079,267	35.02
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		954,668	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.203749	31,784,553	50.00
51.00	05100	RECOVERY ROOM	0.348150	2,578,185	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.205965	698,610	52.00
53.00	05300	ANESTHESIOLOGY	0.066458	8,584,319	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147127	15,408,475	54.00
54.01	03630	ULTRASOUND	0.162679	1,566,575	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.169147	1,422,115	55.00
56.00	05600	RADIOISOTOPE	0.408678	195,365	56.00
57.00	05700	CT SCAN	0.034481	15,519,285	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.091531	4,255,902	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115669	4,686,173	59.00
60.00	06000	LABORATORY	0.155992	38,665,013	60.00
60.01	06001	HLA LAB	0.218399	172,378	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.207696	16,808,945	63.00
65.00	06500	RESPIRATORY THERAPY	0.193999	12,908,295	65.00
66.00	06600	PHYSICAL THERAPY	0.562271	1,479,115	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.410887	1,020,239	67.00
68.00	06800	SPEECH PATHOLOGY	0.360906	563,221	68.00
69.00	06900	ELECTROCARDIOLOGY	0.051973	9,528,174	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195854	1,856,188	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.481291	9,600,992	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.453569	12,572,506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.401558	26,766,189	73.00
74.00	07400	RENAL DIALYSIS	0.250672	3,546,862	74.00
76.00	03330	ENDOSCOPY	0.228373	1,633,128	76.00
76.01	03950	OB/GYN IN VITRO	0.649272	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.291737	295,303	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.371709	11,550	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.142391	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.806602	56,820	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.509782	118,371	90.00
90.01	04950	OUTPATIENT PSYCH	1.352700	0	90.01
91.00	09100	EMERGENCY	0.128404	26,569,640	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.847161	42,824	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		250,915,310	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)		250,915,310	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 26-0032

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		Kidney			Hospital	PPS	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	373,578	1,361.03	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,432.39	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,419.34	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,520.72	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	5,710	2,547.48	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	3,807	2,773.08	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		383,095		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
							0
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.203749	2,372,246	483,343	8.00	
9.00	RECOVERY ROOM	51.00	0.348150	156,742	54,570	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	1.205965	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.066458	355,843	23,649	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.147127	742,261	109,207	12.00	
12.01	ULTRASOUND	54.01	0.162679	48,843	7,946	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.169147	27,942	4,726	13.00	
14.00	RADIOISOTOPE	56.00	0.408678	644,581	263,426	14.00	
15.00	CT SCAN	57.00	0.034481	1,869,143	64,450	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.091531	56,745	5,194	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.115669	425,255	49,189	17.00	
18.00	LABORATORY	60.00	0.155992	3,408,716	531,732	18.00	
18.01	HLA LAB	60.01	0.218399	11,011,189	2,404,833	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.207696	638,223	132,556	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.193999	98,600	19,128	23.00	
24.00	PHYSICAL THERAPY	66.00	0.562271	1,972	1,109	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.410887	1,693	696	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.360906	1,696	612	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.051973	6,558,670	340,874	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.195854	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.481291	454	219	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.453569	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.401558	633,946	254,566	31.00	
32.00	RENAL DIALYSIS	74.00	0.250672	123,209	30,885	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	ENDOSCOPY	76.00	0.228373	9,070	2,071	34.00	
34.01	OB/GYN IN VITRO	76.01	0.649272	0	0	34.01	
34.02	ELECTROSHOCK THERAPY	76.02	0.291737	0	0	34.02	
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.371709	0	0	34.03	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.142391	0	0	34.98	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.509782	17,595	8,970	37.00	
37.01	OUTPATIENT PSYCH	90.01	1.352700	0	0	37.01	
38.00	EMERGENCY	91.00	0.128404	42,978	5,519	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.847161	3,082	2,611	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			29,250,694	4,802,081	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4
					Component CCN:		Date/Time Prepared: 5/25/2021 5:57 pm
					Kidney	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
					0	1.00	2.00
							3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
47.01	NEURO ICU	7.01	0.00	0	0	47.01	
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02	
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
					0	1.00	2.00
							3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	17,595	0.000000	0	51.00	
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01	
52.00	EMERGENCY	24.00	42,978	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	3,082	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		63,655		0	55.00	
Cost Center Description					Cost		Charges
					Part A	Part B	Part A
					1.00	2.00	3.00
							4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	4,802,081		29,633,789		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	18,799,703		19,809,000		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	23,601,784		49,442,789		61.00	
62.00	Total Usable Organs (see instructions)		311			62.00	
63.00	Medicare Usable Organs (see instructions)		201			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.646302			64.00	
65.00	Medicare Cost/Charges (see instructions)	15,253,880		31,954,973		65.00	
66.00	Revenue for Organs Sold	91,939		91,939		66.00	
67.00	Subtotal (line 65 minus line 66)	15,161,941		31,863,034		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	15,161,941	0	31,863,034	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue
					1.00	2.00	3.00
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		68	10		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	233		73.00	
74.00	Total (sum of lines 70 through 73)		68	243		74.00	
75.00	Organs Transplanted		68	233	19,809,000	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	10	91,939	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		68	243		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 5/25/2021 5:57 pm	
				Liver	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	61,522	1,361.03	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	11,420	2,432.39	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,419.34	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	51,390	2,520.72	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	2,547.48	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	1,903	2,773.08	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		126,235		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.203749	145,166	29,577	8.00
9.00	RECOVERY ROOM		51.00	0.348150	1,955	681	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.205965	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.066458	28,240	1,877	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.147127	224,613	33,047	12.00
12.01	ULTRASOUND		54.01	0.162679	63,379	10,310	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.169147	10,208	1,727	13.00
14.00	RADIOISOTOPE		56.00	0.408678	126,477	51,688	14.00
15.00	CT SCAN		57.00	0.034481	480,224	16,559	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.091531	1,626,082	148,837	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.115669	17,349	2,007	17.00
18.00	LABORATORY		60.00	0.155992	1,396,932	217,910	18.00
18.01	HLA LAB		60.01	0.218399	750,074	163,815	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.207696	340,739	70,770	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.193999	37,187	7,214	23.00
24.00	PHYSICAL THERAPY		66.00	0.562271	1,317	741	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.410887	239	98	25.00
26.00	SPEECH PATHOLOGY		68.00	0.360906	262	95	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.051973	2,068,878	107,526	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.195854	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.481291	6	3	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.453569	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.401558	108,302	43,490	31.00
32.00	RENAL DIALYSIS		74.00	0.250672	5,593	1,402	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.228373	59,424	13,571	34.00
34.01	OB/GYN IN VITRO		76.01	0.649272	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.291737	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.371709	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.142391	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.509782	973	496	37.00
37.01	OUTPATIENT PSYCH		90.01	1.352700	0	0	37.01
38.00	EMERGENCY		91.00	0.128404	24,949	3,204	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.847161	603	511	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				7,519,171	927,156	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM Provider CCN: 26-0032 Period: From 01/01/2020 To 12/31/2020 Worksheet D-4 Date/Time Prepared: 5/25/2021 5:57 pm

		Component CCN:		To 12/31/2020	Date/Time Prepared: 5/25/2021 5:57 pm		
		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
47.01	NEURO ICU	7.01	0.00	0	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			0		0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	973	0.000000	0	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	0	51.01
52.00	EMERGENCY	24.00	24,949	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	603	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		26,525		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	927,156		7,645,406			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	10,412,207		10,386,500			59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	11,339,363		18,031,906			61.00
62.00	Total Usable Organs (see instructions)		126				62.00
63.00	Medicare Usable Organs (see instructions)		47				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.373016				64.00
65.00	Medicare Cost/Charges (see instructions)	4,229,764		6,726,189			65.00
66.00	Revenue for Organs Sold	27,582		27,582			66.00
67.00	Subtotal (line 65 minus line 66)	4,202,182		6,698,607			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,202,182	0	6,698,607	0	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00	2.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	3			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	123			73.00
74.00	Total (sum of lines 70 through 73)		0	126			74.00
75.00	Organs Transplanted		0	123	10,386,500		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	3	27,582		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	126			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 26-0032

Period:

From 01/01/2020

To 12/31/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		Heart		Hospital		PPS	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	4,002	1,361.03	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,432.39	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,419.34	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,520.72	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	2,547.48	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,773.08	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		4,002		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.203749	51,869	10,568	8.00	
9.00	RECOVERY ROOM	51.00	0.348150	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	1.205965	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.066458	1,818	121	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.147127	34,066	5,012	12.00	
12.01	ULTRASOUND	54.01	0.162679	3,849	626	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.169147	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.408678	1,564	639	14.00	
15.00	CT SCAN	57.00	0.034481	215,366	7,426	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.091531	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.115669	540,683	62,540	17.00	
18.00	LABORATORY	60.00	0.155992	224,221	34,977	18.00	
18.01	HLA LAB	60.01	0.218399	642,873	140,403	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.207696	16,594	3,447	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.193999	10,051	1,950	23.00	
24.00	PHYSICAL THERAPY	66.00	0.562271	328	184	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.410887	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.360906	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.051973	146,470	7,612	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.195854	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.481291	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.453569	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.401558	2,061	828	31.00	
32.00	RENAL DIALYSIS	74.00	0.250672	1,016	255	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	ENDOSCOPY	76.00	0.228373	0	0	34.00	
34.01	OB/GYN IN VITRO	76.01	0.649272	0	0	34.01	
34.02	ELECTROSHOCK THERAPY	76.02	0.291737	0	0	34.02	
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.371709	0	0	34.03	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.142391	0	0	34.98	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.509782	0	0	37.00	
37.01	OUTPATIENT PSYCH	90.01	1.352700	0	0	37.01	
38.00	EMERGENCY	91.00	0.128404	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.847161	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			1,892,829	276,588	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM Provider CCN: 26-0032 Period: From 01/01/2020 To 12/31/2020 Worksheet D-4
Component CCN: Date/Time Prepared: 5/25/2021 5:57 pm

Cost Center Description		Heart	Hospital	PPS
		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
		0	1.00	2.00
				3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)				
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program				
42.00	ADULTS & PEDIATRICS	2.00	0.00	0
43.00	INTENSIVE CARE UNIT	3.00	0.00	0
44.00	CORONARY CARE UNIT	4.00	0.00	0
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0
47.01	NEURO ICU	7.01	0.00	0
47.02	CARDIO-THORACIC ICU	7.02	0.00	0
48.00	TOTAL (sum of lines 42 through 47)			0
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
		0	1.00	2.00
				3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program				
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000
51.00	CLINIC	23.00	0	0.000000
51.01	OUTPATIENT PSYCH	23.01	0	0.000000
52.00	EMERGENCY	24.00	0	0.000000
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000
55.00	TOTAL (sum of lines 49 through 52)		0	0
Cost Center Description		Part A	Part B	Part A
		1.00	2.00	3.00
				4.00
PART III - SUMMARY OF COSTS AND CHARGES				
56.00	Routine and Ancillary from Part I	276,588		1,896,831
57.00	Interns and Residents (inpatient)	0		0
58.00	Interns and Residents (outpatient)	0		0
59.00	Direct Organ Acquisition (see instructions)	5,783,472		3,949,600
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0
61.00	Total (sum of lines 56 thru 60)	6,060,060		5,846,431
62.00	Total Usable Organs (see instructions)		46	
63.00	Medicare Usable Organs (see instructions)		12	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.260870	
65.00	Medicare Cost/Charges (see instructions)	1,580,888		1,525,158
66.00	Revenue for Organs Sold	0		0
67.00	Subtotal (line 65 minus line 66)	1,580,888		1,525,158
68.00	Organs Furnished Part B	0	0	0
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,580,888	0	1,525,158
Cost Center Description		Living Related	Cadaveric	Revenue
		1.00	2.00	3.00
PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0	
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0	
72.00	Organs Purchased from Non-Transplant Hospitals	0	0	
73.00	Organs Purchased from OPOs	0	46	
74.00	Total (sum of lines 70 through 73)	0	46	
75.00	Organs Transplanted	0	46	3,949,600
76.00	Organs Sold to Other Hospitals	0	0	0
77.00	Organs Sold to OPOs	0	0	0
78.00	Organs Sold to Transplant Hospitals	0	0	0
79.00	Organs Sold to Military or VA Hospitals	0	0	0
80.00	Organs Sold Outside the U.S.	0	0	0
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0	0
82.00	Organs Used for Research	0	0	0
83.00	Unusable/Discarded Organs	0	0	0
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	46	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 5/25/2021 5:57 pm	
				Lung	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	6,332	1,361.03	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,432.39	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,419.34	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,520.72	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	2,547.48	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,773.08	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		6,332		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.203749	22,795	4,644	8.00
9.00	RECOVERY ROOM		51.00	0.348150	2,584	900	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.205965	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.066458	4,363	290	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.147127	185,228	27,252	12.00
12.01	ULTRASOUND		54.01	0.162679	17,648	2,871	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.169147	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.408678	612,458	250,298	14.00
15.00	CT SCAN		57.00	0.034481	251,801	8,682	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.091531	1,463	134	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.115669	1,930,643	223,316	17.00
18.00	LABORATORY		60.00	0.155992	623,758	97,301	18.00
18.01	HLA LAB		60.01	0.218399	1,187,127	259,267	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.207696	142,549	29,607	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.193999	135,719	26,329	23.00
24.00	PHYSICAL THERAPY		66.00	0.562271	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.410887	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.360906	606	219	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.051973	331,821	17,246	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.195854	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.481291	13	6	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.453569	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.401558	48,854	19,618	31.00
32.00	RENAL DIALYSIS		74.00	0.250672	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.228373	44,288	10,114	34.00
34.01	OB/GYN IN VITRO		76.01	0.649272	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.291737	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.371709	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.142391	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.509782	222	113	37.00
37.01	OUTPATIENT PSYCH		90.01	1.352700	0	0	37.01
38.00	EMERGENCY		91.00	0.128404	3,962	509	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.847161	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				5,547,902	978,716	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM Provider CCN: 26-0032 Period: From 01/01/2020 To 12/31/2020 Worksheet D-4 Date/Time Prepared: 5/25/2021 5:57 pm

		Component CCN:		To 12/31/2020	Date/Time Prepared: 5/25/2021 5:57 pm		
		Lung		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
47.01	NEURO ICU	7.01	0.00	0	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			0		0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	222	0.000000	0	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	0	51.01
52.00	EMERGENCY	24.00	3,962	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		4,184		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	978,716		5,554,234			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	7,904,165		6,593,825			59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	8,882,881		12,148,059			61.00
62.00	Total Usable Organs (see instructions)		131				62.00
63.00	Medicare Usable Organs (see instructions)		45				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.343511				64.00
65.00	Medicare Cost/Charges (see instructions)	3,051,367		4,172,992			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (line 65 minus line 66)	3,051,367		4,172,992			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,051,367	0	4,172,992	0	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	0			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	131			73.00
74.00	Total (sum of lines 70 through 73)		0	131			74.00
75.00	Organs Transplanted		0	131	6,593,825		75.00
76.00	Organs Sold to Other Hospitals		0	0	0	0	76.00
77.00	Organs Sold to OPOs		0	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	0	81.00
82.00	Organs Used for Research		0	0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	131			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 26-0032

Period:

From 01/01/2020

To 12/31/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Hospital Organ Acquisition	Cost (col. 2 x col. 3)	PPS
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	800	1,361.03	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,432.39	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,419.34	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,520.72	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	2,547.48	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,773.08	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		800		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.203749	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.348150	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.205965	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.066458	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.147127	4,784	704	12.00
12.01	ULTRASOUND		54.01	0.162679	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.169147	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.408678	6,887	2,815	14.00
15.00	CT SCAN		57.00	0.034481	14,590	503	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.091531	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.115669	0	0	17.00
18.00	LABORATORY		60.00	0.155992	27,237	4,249	18.00
18.01	HLA LAB		60.01	0.218399	68,102	14,873	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.207696	5,250	1,090	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.193999	187	36	23.00
24.00	PHYSICAL THERAPY		66.00	0.562271	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.410887	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.360906	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.051973	53,365	2,774	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.195854	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.481291	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.453569	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.401558	1,517	609	31.00
32.00	RENAL DIALYSIS		74.00	0.250672	2,565	643	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.228373	0	0	34.00
34.01	OB/GYN IN VITRO		76.01	0.649272	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.291737	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.371709	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.142391	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.509782	0	0	37.00
37.01	OUTPATIENT PSYCH		90.01	1.352700	0	0	37.01
38.00	EMERGENCY		91.00	0.128404	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.847161	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				184,484	28,296	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM Provider CCN: 26-0032 Period: From 01/01/2020 To 12/31/2020 Worksheet D-4
Component CCN: Date/Time Prepared: 5/25/2021 5:57 pm

Cost Center Description		Pancreas	Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)
		0	1.00	2.00	3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0 42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0 43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0 44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0 45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0 46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0 47.00
47.01	NEURO ICU	7.01	0.00	0	0 47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0 47.02
48.00	TOTAL (sum of lines 42 through 47)			0	0 48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)
		0	1.00	2.00	3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0 49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0 50.00
51.00	CLINIC	23.00	0	0.000000	0 51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0 51.01
52.00	EMERGENCY	24.00	0	0.000000	0 52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0 53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0 54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0 55.00
Cost Center Description		Cost		Charges	
		Part A	Part B	Part A	Part B
		1.00	2.00	3.00	4.00
PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	28,296		185,284	56.00
57.00	Interns and Residents (inpatient)	0		0	57.00
58.00	Interns and Residents (outpatient)	0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	559,718		496,000	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	60.00
61.00	Total (sum of lines 56 thru 60)	588,014		681,284	61.00
62.00	Total Usable Organs (see instructions)		9		62.00
63.00	Medicare Usable Organs (see instructions)		4		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.444444		64.00
65.00	Medicare Cost/Charges (see instructions)	261,339		302,793	65.00
66.00	Revenue for Organs Sold	0		0	66.00
67.00	Subtotal (line 65 minus line 66)	261,339		302,793	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	261,339	0	302,793	69.00
Cost Center Description		Living Related		Cadaveric	Revenue
		1.00	2.00	3.00	
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)		0	0	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0	72.00
73.00	Organs Purchased from OPOs		0	9	73.00
74.00	Total (sum of lines 70 through 73)		0	9	74.00
75.00	Organs Transplanted		0	9	75.00
76.00	Organs Sold to Other Hospitals		0	0	76.00
77.00	Organs Sold to OPOs		0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	81.00
82.00	Organs Used for Research		0	0	82.00
83.00	Unusable/Discarded Organs		0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	9	84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
5/25/2021 5:57 pm

		Title XVIII	Hospital		PPS	
			Before GEO Reclass	On/After GEO Reclass		
			1.00	1.01		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS						
1.00	DRG Amounts Other than Outlier Payments		0		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		141,622,625		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		28,635,532	22,298,385		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0		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		0	1.04
2.00	Outlier payments for discharges. (see instructions)					2.00
2.01	Outlier reconciliation amount		0		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		26,650,988		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		4,759,632	3,205,191		2.04
3.00	Managed Care Simulated Payments		89,641,990	13,915,571		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		1,284.34			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)		583.53			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)		52.59			6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00			7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00			7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		-14.30			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)		621.82			9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		758.40			10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00			11.00
12.00	Current year allowable FTE (see instructions)		621.82			12.00
13.00	Total allowable FTE count for the prior year.		601.59			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.		600.98			14.00
15.00	Sum of lines 12 through 14 divided by 3.		608.13			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		608.13			18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.473496			19.00
20.00	Prior year resident to bed ratio (see instructions)		0.450906			20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.450906			21.00
22.00	IME payment adjustment (see instructions)		37,394,140	4,897,439		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		19,688,250	3,056,305		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)		136.58			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		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		37,394,140	4,897,439		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		19,688,250	3,056,305		29.01
Disproportionate Share Adjustment						
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.74			30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.57			31.00
32.00	Sum of lines 30 and 31		30.31			32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.22	14.22		33.00
34.00	Disproportionate share adjustment (see instructions)		6,052,677	792,708		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 5/25/2021 5:57 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.002262072	0.002862325	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	18,889,654	23,728,713	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	14,141,437	5,980,941	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	20,122,378		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		40.00
		Before GEO Reclass	On/After GEO Reclass	
		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)	262,873,874	33,557,821	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0	0	48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		319,176,250	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		22,632,170	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).		23,710,717	52.00
53.00	Nursing and Allied Health Managed Care payment		57,295	53.00
54.00	Special add-on payments for new technologies		3,508,828	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)		24,257,717	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).		235,981	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		184,566	58.00
59.00	Total (sum of amounts on lines 49 through 58)		393,763,524	59.00
60.00	Primary payer payments		49,959	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		393,713,565	61.00
62.00	Deductibles billed to program beneficiaries		11,685,256	62.00
63.00	Coinurance billed to program beneficiaries		2,533,564	63.00
64.00	Allowable bad debts (see instructions)		4,113,076	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		2,673,499	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,113,762	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		382,168,244	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)		-308,729	70.93
70.94	HRR adjustment amount (see instructions)		-751,112	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
5/25/2021 5:57 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		381,108,403	71.00	
71.01	Sequestration adjustment (see instructions)		2,515,315	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		377,748,448	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)		844,640	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		20,837,489	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVB Adjustment for HSP Bonus Payment					
101.00	HVB adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVB adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 26-0032

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

Worksheet DSH

Date/Time Prepared:
5/25/2021 5:57 pm

		Title XVIII		Hospital		PPS	
		Original .mcrcx Values	Adjusted .mcrcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	6.74	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	23.57	0.00			23.57	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	30.31	0.00			23.57	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	1,284.34	0.00			1,284.34	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	14.22	0.00			8.66	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	6.74	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	36,675	0			36,675	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	12,086	0			12,086	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	3,231	0			3,231	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	3,423	0			3,423	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	23,488	0			23,488	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	3,433	0			3,433	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	82,336	0			82,336	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	346,357	0			346,357	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	2,941	0			2,941	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	349,298	0			349,298	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	23.57	0.00			23.57	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 26-0032

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

Worksheet DSH

Date/Time Prepared:
5/25/2021 5:57 pm

		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	14.22		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		14.22		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		14.22		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 26-0032

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

Worksheet DSH

Date/Time Prepared:
5/25/2021 5:57 pm

Title XVIII

Hospital

PPS

		Revised	
		Percentage	
		6.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE		
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	8.66	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	8.66	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	8.66	31.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/25/2021 5:57 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	On/After 10/01		
					Urban	Rural	
		0	1.00	2.00	3.00	3.01	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	141,622,625	141,622,625		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	50,933,917		28,635,532	22,298,385	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	26,650,988	26,650,988			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	7,964,823		4,759,632	3,205,191	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	103,557,561	74,434,908	15,207,082	13,915,571	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.450906	0.450906	0.450906	0.450906	5.00
6.00	IME payment adjustment (see instructions)	22.00	42,291,579	31,104,861	6,289,279	4,897,439	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	22,744,555	16,348,288	3,339,962	3,056,305	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	42,291,579	31,104,861	6,289,279	4,897,439	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	22,744,555	16,348,288	3,339,962	3,056,305	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1422	0.1422	0.1422	0.1422	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	6,845,385	5,034,684	1,017,993	792,708	11.00
11.01	Uncompensated care payments	36.00	20,122,378	14,141,437	3,185,503	2,795,438	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	296,431,695	218,554,595	43,887,939	33,989,161	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	319,176,250	234,902,883	47,227,901	37,045,466	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	22,632,170	17,028,309	3,044,265	2,559,596	16.00
17.00	Special add-on payments for new technologies	54.00	3,508,828	2,626,828	469,762	412,238	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			254,558,020	50,741,928	40,017,300	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/25/2021 5:57 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)		Urban	Rural	
		0	1.00	2.00	3.00	3.01	
20.00	Capital DRG other than outlier	1.00	15,045,338	11,263,451	2,014,270	1,767,617	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	3,728,971	2,791,634	499,235	438,102	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2002	0.2002	0.2002	0.2002	22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	3,012,077	2,254,943	403,257	353,877	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0633	0.0633	0.0633	0.0000	24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	845,784	718,281	127,503	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	22,632,170	17,028,309	3,044,265	2,559,596	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)		Urban	Rural	
		0	1.00	2.00	3.00	3.01	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-308,729	-231,125	-41,333	-36,271	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-751,112	-562,308	-100,559	-88,245	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
		0	1.00	2.00	Urban	Rural	
					3.00	3.01	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/25/2021 5:57 pm

		Title XVIII		Hospital	PPS
		Total (cols. 2 and 3)			
		4.00			
1.00	DRG amounts other than outlier payments				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	141,622,625			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	50,933,917			1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	0			1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	0			1.04
2.00	Outlier payments for discharges (see instructions)				2.00
2.01	Outlier payments for discharges for Model 4 BPCI	0			2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	26,650,988			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	7,964,823			2.03
3.00	Operating outlier reconciliation	0			3.00
4.00	Managed care simulated payments	103,557,561			4.00
Indirect Medical Education Adjustment					
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)				5.00
6.00	IME payment adjustment (see instructions)	42,291,579			6.00
6.01	IME payment adjustment for managed care (see instructions)	22,744,555			6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
7.00	IME payment adjustment factor (see instructions)				7.00
8.00	IME adjustment (see instructions)	0			8.00
8.01	IME payment adjustment add on for managed care (see instructions)	0			8.01
9.00	Total IME payment (sum of lines 6 and 8)	42,291,579			9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	22,744,555			9.01
Disproportionate Share Adjustment					
10.00	Allowable disproportionate share percentage (see instructions)				10.00
11.00	Disproportionate share adjustment (see instructions)	6,845,385			11.00
11.01	Uncompensated care payments	20,122,378			11.01
Additional payment for high percentage of ESRD beneficiary discharges					
12.00	Total ESRD additional payment (see instructions)	0			12.00
13.00	Subtotal (see instructions)	296,431,695			13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	0			14.00
15.00	Total payment for inpatient operating costs (see instructions)	319,176,250			15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	22,632,170			16.00
17.00	Special add-on payments for new technologies	3,508,828			17.00
17.01	Net organ acquisition cost				17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	0			17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0			18.00
19.00	SUBTOTAL	345,317,248			19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/25/2021 5:57 pm

		Title XVIII		Hospital	PPS
		4.00			
20.00	Capital DRG other than outlier	15,045,338			
20.01	Model 4 BPCI Capital DRG other than outlier	0			
21.00	Capital DRG outlier payments	3,728,971			
21.01	Model 4 BPCI Capital DRG outlier payments	0			
22.00	Indirect medical education percentage (see instructions)				
23.00	Indirect medical education adjustment (see instructions)	3,012,077			
24.00	Allowable disproportionate share percentage (see instructions)				
25.00	Disproportionate share adjustment (see instructions)	845,784			
26.00	Total prospective capital payments (see instructions)	22,632,170			
		4.00			
27.00					
28.00	Low volume adjustment prior to October 1	0			
29.00	Low volume adjustment on or after October 1	0			
30.00	HVBP payment adjustment (see instructions)	-308,729			
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	0			
31.00	HRR adjustment (see instructions)	-751,112			
31.01	HRR adjustment for HSP bonus payment (see instructions)	0			
		(Amt. to Wkst. E, Pt. A)			
		4.00			
32.00	HAC Reduction Program adjustment (see instructions)	0			
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.				

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 5/25/2021 5:57 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		471,366	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		131,998,712	2.00
3.00	OPPS payments		99,716,588	3.00
4.00	Outlier payment (see instructions)		1,077,910	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		129,495	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		471,366	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,253,346	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)		1,253,346	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,253,346	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		781,980	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)		471,366	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)		100,923,993	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		187,217	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		16,924,744	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)		84,283,398	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		8,497,973	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)		92,781,371	30.00
31.00	Primary payer payments		27,866	31.00
32.00	Subtotal (line 30 minus line 31)		92,753,505	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)		2,197,539	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,428,400	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,150,278	36.00
37.00	Subtotal (see instructions)		94,181,905	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)		94,181,905	40.00
40.01	Sequestration adjustment (see instructions)		621,601	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		93,962,418	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)		-402,114	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		981,069	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: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 5/25/2021 5:57 pm
		Title XVIII	Hospital	PPS
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
5/25/2021 5:57 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		377,748,448		93,962,418	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)		377,748,448		93,962,418	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		844,640		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		402,114	6.02
7.00	Total Medicare program liability (see instructions)		378,593,088		93,560,304	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
5/25/2021 5:57 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet E-3
Part VII
Date/Time Prepared:
5/25/2021 5:57 pm

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		120,288,865		1.00
2.00	Medical and other services			33,481,037	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		120,288,865	33,481,037	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		120,288,865	33,481,037	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		125,078,482		8.00
9.00	Ancillary service charges		250,915,310	157,344,647	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		375,993,792	157,344,647	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		375,993,792	157,344,647	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		255,704,927	123,863,610	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		120,288,865	33,481,037	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		120,288,865	33,481,037	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		120,288,865	33,481,037	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		120,288,865	33,481,037	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		120,288,865	33,481,037	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		17,242,827		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		137,531,692	33,481,037	40.00
41.00	Interim payments		57,568,523	21,164,883	41.00
42.00	Balance due provider/program (line 40 minus line 41)		79,963,169	12,316,154	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00
	OVERRIDES				
109.00	Override Ancillary service charges (line 9)		0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 5/25/2021 5:57 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-10.71	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)			625.91	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			758.40	6.00
7.00	Enter the lesser of line 5 or line 6			625.91	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.	164.68	504.29	668.97	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.	135.91	416.19	552.10	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	135.91	416.19		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	144.09	404.96		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	152.05	400.95		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	144.02	407.37		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	144.02	407.37		17.00
18.00	Per resident amount	136,867.96	129,601.90		18.00
19.00	Approved amount for resident costs	19,711,724	52,795,926	72,507,650	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)			132.49	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			72,507,650	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) (Title XIX - see S-2 Part IX, line 3.02, column 2)	99,843	56,997		26.00
27.00	Total Inpatient Days (see instructions)	344,094	344,094		27.00
28.00	Ratio of inpatient days to total inpatient days	0.290162	0.165644		28.00
29.00	Program direct GME amount	21,038,965	12,010,457	33,049,422	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		840,732	840,732	30.00
31.00	Net Program direct GME amount			32,208,690	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 5/25/2021 5:57 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			2,282	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			30,966,201	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000074	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)			345,687,849	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			24,257,717	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			49,959	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			369,895,607	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			132,599,573	42.00
43.00	Primary payer payments (see instructions)			27,866	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			132,571,707	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			502,467,314	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.736159	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.263841	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			32,208,690	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			23,710,717	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			8,497,973	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 5/25/2021 5:57 pm	
		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.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-10.71	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)			625.91	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			758.40	6.00
7.00	Enter the lesser of line 5 or line 6			625.91	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.	164.68	504.29	668.97	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.	135.91	416.19	552.10	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	135.91	416.19		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	144.09	404.96		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	152.05	400.95		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	144.02	407.37		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	144.02	407.37		17.00
18.00	Per resident amount	136,867.96	129,601.90		18.00
19.00	Approved amount for resident costs	19,711,724	52,795,926	72,507,650	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)			132.49	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			72,507,650	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) (Title XIX - see S-2 Part IX, line 3.02, column 2)	43,562	38,266		26.00
27.00	Total Inpatient Days (see instructions)	344,094	344,094		27.00
28.00	Ratio of inpatient days to total inpatient days	0.126599	0.111208		28.00
29.00	Program direct GME amount	9,179,396	8,063,431	17,242,827	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			17,242,827	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 5/25/2021 5:57 pm
		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)			17,242,827 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: 26-0032

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

Worksheet G

Date/Time Prepared:
5/25/2021 5:57 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	258,452	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	837,096,194	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-489,601,301	0	0	0	6.00
7.00 Inventory	51,964,671	0	0	0	7.00
8.00 Prepaid expenses	2,339,204	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	19,411,286	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	421,468,506	0	0	0	11.00
FIXED ASSETS					
12.00 Land	22,045,795	0	0	0	12.00
13.00 Land improvements	50,548,436	0	0	0	13.00
14.00 Accumulated depreciation	-17,189,245	0	0	0	14.00
15.00 Buildings	537,959,119	0	0	0	15.00
16.00 Accumulated depreciation	-279,943,240	0	0	0	16.00
17.00 Leasehold improvements	825,629,899	0	0	0	17.00
18.00 Accumulated depreciation	-226,625,377	0	0	0	18.00
19.00 Fixed equipment	466,496,665	0	0	0	19.00
20.00 Accumulated depreciation	-428,467,217	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	787,736,493	0	0	0	23.00
24.00 Accumulated depreciation	-656,126,912	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	46,279,667	0	0	0	27.00
28.00 Accumulated depreciation	-28,320,270	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)	1,100,023,813	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	13,335,777	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	350,360,481	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	363,696,258	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	1,885,188,577	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	95,792,785	0	0	0	37.00
38.00 Salaries, wages, and fees payable	55,197,063	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	285,426,471	0	0	0	43.00
44.00 Other current liabilities	7,634,994	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	444,051,313	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	88,291,202	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	88,291,202	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	532,342,515	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	1,352,846,062	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	1,352,846,062	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	1,885,188,577	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0032

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

Worksheet G-1

Date/Time Prepared:
5/25/2021 5:57 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,650,406,321		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		144,202,380				2.00
3.00	Total (sum of line 1 and line 2)		1,794,608,701		0		3.00
4.00	ROUNDING	-11		0		0	4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE	911,617		0		0	5.00
6.00	TRANSFER FROM BJC	-443,103,122		0		0	6.00
7.00	ASSETS RELEASED FROM RESTRICT - CAPI	428,877		0		0	7.00
8.00	OTHER CHANGES IN NET ASSETS	0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-441,762,639		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,352,846,062		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,352,846,062		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	ROUNDING		0				4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE		0				5.00
6.00	TRANSFER FROM BJC		0				6.00
7.00	ASSETS RELEASED FROM RESTRICT - CAPI		0				7.00
8.00	OTHER CHANGES IN NET ASSETS		0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2021 5:57 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	776,375,912		776,375,912	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	776,375,912		776,375,912	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	100,913,486		100,913,486	11.00
12.00	CORONARY CARE UNIT	27,965,874		27,965,874	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	61,918,904		61,918,904	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
15.01	NEURO ICU	66,653,769		66,653,769	15.01
15.02	CARDIO-THORACIC ICU	45,517,372		45,517,372	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	302,969,405		302,969,405	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,079,345,317		1,079,345,317	17.00
18.00	Ancillary services	2,615,934,252	2,484,998,081	5,100,932,333	18.00
19.00	Outpatient services	132,299,144	272,733,383	405,032,527	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				23.00
24.00	CMHC				24.00
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)	3,827,578,713	2,757,731,464	6,585,310,177	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,155,521,911		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	NONOPERATING DEPARTMENTS	4,115,134			37.00
38.00	ROUNDING	-4			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)		4,115,130		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		2,151,406,781		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0032

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

Worksheet G-3

Date/Time Prepared:
5/25/2021 5:57 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	6,585,310,177	1.00
2.00	Less contractual allowances and discounts on patients' accounts	4,438,718,762	2.00
3.00	Net patient revenues (line 1 minus line 2)	2,146,591,415	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	2,151,406,781	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,815,366	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	6,250,285	6.00
7.00	Income from investments	7,983,506	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	5,503,747	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	9,754,178	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	12,956,237	17.00
18.00	Revenue from sale of medical records and abstracts	23,562	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	19,968,943	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	316,289	20.00
21.00	Rental of vending machines	164,280	21.00
22.00	Rental of hospital space	3,729,418	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEDICAID MEANINGFUL USE	0	24.00
24.01	MEDICARE MEANINGFUL USE	0	24.01
24.02	BJC ACO SHARED SAVINGS	296,810	24.02
24.03	BJC OTHER OPERATING REVENUE	3,057,882	24.03
24.04	MISC OTHER OPERATING REVENUE	5,681,543	24.04
24.05	BJEC NET INCOME	-128,488	24.05
24.50	COVID-19 PHE Funding	78,578,543	24.50
25.00	Total other income (sum of lines 6-24)	154,136,735	25.00
26.00	Total (line 5 plus line 25)	149,321,369	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	4,846,104	27.00
27.01	PHYSICIAN OFFICE BUILDINGS	0	27.01
27.02	BJC ACO OPERATIONAL EXPENSE	272,885	27.02
27.03	LOSS ON SALE OF ASSETS	0	27.03
27.04	EXTRAORDINARY ITEM	0	27.04
28.00	Total other expenses (sum of line 27 and subscripts)	5,118,989	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	144,202,380	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 26-0032

Period:
From 01/01/2020
To 12/31/2020Worksheet L
Parts I-III
Date/Time Prepared:
5/25/2021 5:57 pm

		Title XVIII	Hospital	PPS	
			Urban	Rural	
			1.00	1.01	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		13,361,509	1,683,829	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	0	1.01
2.00	Capital DRG outlier payments		3,728,971		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)		940.15		3.00
4.00	Number of interns & residents (see instructions)		608.13		4.00
5.00	Indirect medical education percentage (see instructions)		20.02		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)		3,012,077		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.74		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.57		8.00
9.00	Sum of lines 7 and 8		30.31		9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.33		10.00
11.00	Disproportionate share adjustment (see instructions)		845,784		11.00
12.00	Total prospective capital payments (see instructions)		22,632,170		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