

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: 26-0105	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/19/2021 1:41 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SSM SAINT LOUIS UNIVERSITY HOSPITAL (26-0105) 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) EILEEN LAMM
 Officer or Administrator of Provider(s)

VP OF FINANCE
 Title

(Dated when report is electronically signed.)
 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	-17,972	4,413,908	0	54,369,764	1.00
2.00	Subprovider - IPF	0	46,844	42		3,359,245	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	28,872	4,413,950	0	57,729,009	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

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To 12/31/2020Worksheet S-2
Part I
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1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1201 SOUTH GRAND BLVD	PO Box:		Zip Code: 63110	County:					1.00
2.00	City: ST. LOUIS	State: MO								2.00
		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	SSM SAINT LOUIS UNIVERSITY HOSPITAL	260105	41180	1	07/01/1966	O	P	O	3.00
4.00	Subprovider - IPF	SSM SAINT LOUIS UNIVERSITY PSYCH	26S105	41180	4	07/01/1984	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	SAINT LOUIS UNIV DIALYSIS	262310	41180		07/01/1966				18.00
19.00	Other									19.00
						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)					1				21.00
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N				23.00

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MCRIF32 - 16.10.172.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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		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)		23.00	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	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)					
61.02	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)					
61.03	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)					
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					
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)					
61.06	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)					
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		10.98	202.30	0.051482	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	2.61	56.20	0.044380
65.01		GERIATRIC MEDICINE	1408	0.41	1.75	0.189815
65.02		INTERNAL MEDICINE	1450	0.64	5.67	0.101426
		PEDIATRICS				
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	215.85	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	0.00	0.78	0.000000
67.01		INTERNAL MEDICINE - GENERAL	1400	0.00	58.10	0.000000

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MCRIF32 - 16.10.172.3

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 26-0105		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/19/2021 1:41 pm		
					1.00	2.00			
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.				07/06/1977			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				03/15/1995			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				07/01/1999			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00	
133.00	Removed and reserved							133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00	
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain numbers. (see instructions)				Y	269020		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: SSM HEALTH CARE CORPORATION		Contractor's Name: WPS		Contractor's Number: 05301			141.00	
142.00	Street: 10101 WOODFIELD LANE		PO Box:					142.00	
143.00	City: ST. LOUIS		State: MO		Zip Code: 63132			143.00	
					1.00				
144.00	Are provider based physicians' costs included in Worksheet A?				Y			144.00	
					1.00	2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N			146.00	
					1.00				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				Y			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	

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			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
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0105	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/19/2021 1:41 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	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Part A		Part B
		Y/N 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)	Y	05/04/2021	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

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Period:
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		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MATT	HEADY		41.00
42.00	Enter the employer/company name of the cost report preparer.	SSM HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314)989-3062	MATTHEW.HEADY@SSMHEALTH.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/19/2021 1:41 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.	MANAGER GOVT REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/19/2021 1:41 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	156	57,096	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)		156	57,096	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	72	26,352	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	64	23,424	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		292	106,872	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	38	13,908		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)		330			0	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)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/19/2021 1:41 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)	9,811	5,585	45,581			1.00
2.00	HMO and other (see instructions)	16,176	15,918				2.00
3.00	HMO IPF Subprovider	380	219				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)	9,811	5,585	45,581			7.00
8.00	INTENSIVE CARE UNIT	5,500	3,327	22,331			8.00
9.00	CORONARY CARE UNIT	6,169	2,930	20,790			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	21,480	11,842	88,702	260.71	1,516.06	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,415	3,160	9,775	5.43	55.18	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)				266.14	1,571.24	27.00
28.00	Observation Bed Days		461	4,787			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			644			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			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: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/19/2021 1:41 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,160	1,548	12,614	1.00
2.00 HMO and other (see instructions)			2,137	1,681		2.00
3.00 HMO IPF Subprovider				55		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
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,160	1,548	12,614	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	169	469	1,450	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: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/19/2021 1:41 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	145,204,259	0	145,204,259	3,642,044.00	39.87
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		3,798,135	0	3,798,135	37,336.00	101.73
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
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	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		26,267,815	0	26,267,815	570,260.00	46.06
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)		9,966,810	-1,188,428	8,778,382	213,418.00	41.13
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		57,805,760	0	57,805,760	931,978.15	62.02
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,330,269	0	1,330,269	7,416.00	179.38
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		34,810,710	0	34,810,710	883,813.07	39.39
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		25,621,384	0	25,621,384	154,771.00	165.54
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		30,677,636	0	30,677,636		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,584,492	0	2,584,492		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		230,551	0	230,551		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		13,517,265	0	13,517,265		
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: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
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		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	2,772,947	0	2,772,947	11,718.00	236.64	26.00
27.00	Administrative & General	5.00	21,216,389	-518,883	20,697,506	534,684.00	38.71	27.00
28.00	Administrative & General under contract (see inst.)		3,169,791	0	3,169,791	28,920.98	109.60	28.00
29.00	Maintenance & Repairs	6.00	570,448	0	570,448	9,937.00	57.41	29.00
30.00	Operation of Plant	7.00	203	0	203	8.00	25.38	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		377,201	0	377,201	12,800.00	29.47	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,205,295	0	1,205,295	40,501.00	29.76	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,451,159	0	3,451,159	71,947.00	47.97	38.00
39.00	Central Services and Supply	14.00	624,798	368,419	993,217	50,577.00	19.64	39.00
40.00	Pharmacy	15.00	6,350,790	-56,453	6,294,337	141,786.00	44.39	40.00
41.00	Medical Records & Medical Records Library	16.00	2,116,460	0	2,116,460	73,663.00	28.73	41.00
42.00	Social Service	17.00	930,374	0	930,374	30,101.00	30.91	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/19/2021 1:41 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)	119,890,596	0	119,890,596	3,116,669.98	38.47	1.00
2.00	Excluded area salaries (see instructions)	9,966,810	-1,188,428	8,778,382	213,418.00	41.13	2.00
3.00	Subtotal salaries (line 1 minus line 2)	109,923,786	1,188,428	111,112,214	2,903,251.98	38.27	3.00
4.00	Subtotal other wages & related costs (see inst.)	93,946,739	0	93,946,739	1,823,207.22	51.53	4.00
5.00	Subtotal wage-related costs (see inst.)	44,194,901	0	44,194,901	0.00	39.78	5.00
6.00	Total (sum of lines 3 thru 5)	248,065,426	1,188,428	249,253,854	4,726,459.20	52.74	6.00
7.00	Total overhead cost (see instructions)	42,785,855	-206,917	42,578,938	1,006,642.98	42.30	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
7/19/2021 1:41 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,642,751	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	16,905,674	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	326,965	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	303,842	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,462,259	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	10,022,927	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	58,651	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	539,059	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	33,262,128	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: 26-0105

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 7/19/2021 1:41 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	58,132,433	33,262,128	1.00
2.00	Hospital	57,805,760	30,677,636	2.00
3.00	Subprovider - IPF	326,673	93,044	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	2,491,448	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 26-0105	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/19/2021 1:41 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)		0.201014		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		86,005,067		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		73,023,768		5.00
6.00	Medicaid charges		583,324,597		6.00
7.00	Medicaid cost (line 1 times line 6)		117,256,411		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		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		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)	138,050,565	4,445,999	142,496,564	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	27,750,096	4,445,999	32,196,095	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)	27,750,096	4,445,999	32,196,095	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)		40,162,531		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,477,408		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,272,935		27.01
28.00	Non-Medicare bad debt expense (see instructions)		37,889,596		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		8,411,866		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		40,607,961		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		40,607,961		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0105

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

Worksheet A

Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		20,332,380	20,332,380	0	20,332,380	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		11,235,300	11,235,300	1,321,229	12,556,529	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,772,947	21,681,877	24,454,824	-483	24,454,341	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	21,216,389	143,518,624	164,735,013	-18,459,929	146,275,084	5.00
6.00	00600	MAINTENANCE & REPAIRS	570,448	7,291,613	7,862,061	-16	7,862,045	6.00
7.00	00700	OPERATION OF PLANT	203	11,087,621	11,087,824	93,383	11,181,207	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,793,992	1,793,992	0	1,793,992	8.00
9.00	00900	HOUSEKEEPING	0	6,363,100	6,363,100	-185	6,362,915	9.00
10.00	01000	DIETARY	0	8,930,830	8,930,830	-6,334,350	2,596,480	10.00
11.00	01100	CAFETERIA	0	0	0	6,334,305	6,334,305	11.00
13.00	01300	NURSING ADMINISTRATION	3,451,159	4,422,604	7,873,763	-439	7,873,324	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	624,798	1,822,941	2,447,739	1,281,177	3,728,916	14.00
15.00	01500	PHARMACY	6,350,790	31,898,986	38,249,776	-31,798,132	6,451,644	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,116,460	545,614	2,662,074	-45	2,662,029	16.00
17.00	01700	SOCIAL SERVICE	930,374	420,657	1,351,031	-45	1,350,986	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	65,626	50,720,751	50,786,377	15,750,000	66,536,377	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	204,509	23,678	228,187	94,546	322,733	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	0	0	159,265	159,265	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,874,352	21,827,706	46,702,058	-19,441,902	27,260,156	30.00
31.00	03100	INTENSIVE CARE UNIT	14,674,234	10,432,139	25,106,373	-3,987,451	21,118,922	31.00
32.00	03200	CORONARY CARE UNIT	5,495,244	2,895,875	8,391,119	9,708,660	18,099,779	32.00
40.00	04000	SUBPROVIDER - IPF	5,227,492	3,301,232	8,528,724	-56,635	8,472,089	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,622,625	33,981,963	43,604,588	-27,899,993	15,704,595	50.00
51.00	05100	RECOVERY ROOM	2,017,387	931,829	2,949,216	-161,053	2,788,163	51.00
53.00	05300	ANESTHESIOLOGY	4,054,434	11,720,010	15,774,444	-1,113,027	14,661,417	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,967,303	6,827,260	11,794,563	-4,266,283	7,528,280	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	781,472	898,643	1,680,115	-15,841	1,664,274	55.00
56.00	05600	RADIOISOTOPE	322,268	2,395,448	2,717,716	-74,937	2,642,779	56.00
57.00	05700	CT SCAN	1,112,329	2,032,090	3,144,419	-623,744	2,520,675	57.00
58.00	05800	MRI	1,040,090	359,549	1,399,639	-57,397	1,342,242	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,176,851	9,096,629	10,273,480	-8,381,198	1,892,282	59.00
60.00	06000	LABORATORY	3,686,653	13,288,826	16,975,479	-2,758,845	14,216,634	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,622,200	6,585,059	8,207,259	3,847,296	12,054,555	62.00
64.00	06400	INTRAVENOUS THERAPY	366,291	20,406,780	20,773,071	-19,347,000	1,426,071	64.00
65.00	06500	RESPIRATORY THERAPY	3,682,710	2,080,583	5,763,293	-974,723	4,788,570	65.00
66.00	06600	PHYSICAL THERAPY	2,196,188	333,529	2,529,717	-57,280	2,472,437	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,228,956	96,751	1,325,707	0	1,325,707	67.00
68.00	06800	SPEECH PATHOLOGY	263,783	20,927	284,710	0	284,710	68.00
69.00	06900	ELECTROCARDIOLOGY	1,765,168	646,563	2,411,731	-37,463	2,374,268	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	588,746	234,131	822,877	-98,888	723,989	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,185,477	36,185,477	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,574,014	20,574,014	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	44,686,008	44,686,008	73.00
74.00	07400	RENAL DIALYSIS	61	2,097,279	2,097,340	-25,091	2,072,249	74.00
76.00	03330	ENDOSCOPY	1,469,065	1,891,565	3,360,630	-1,463,751	1,896,879	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,843,026	3,580,709	6,423,735	5,739,914	12,163,649	90.00
91.00	09100	EMERGENCY	7,286,819	15,781,363	23,068,182	-2,115,221	20,952,961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,085,842	3,477,676	6,563,518	428,917	6,992,435	105.00
107.00	10700	LIVER ACQUISITION	0	1,488,445	1,488,445	3,295,150	4,783,595	107.00
109.00	10900	PANCREAS ACQUISITION	0	97,313	97,313	52,006	149,319	109.00
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	143,755,292	500,898,440	644,653,732	0	644,653,732	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-9,773	23	-9,750	0	-9,750	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	831,337	1,515,872	2,347,209	0	2,347,209	192.00
194.00	07950	OTHER NON-REIMBURSABLE	158,468	478,070	636,538	0	636,538	194.00
194.03	07953	RETAIL PHARMACY	468,935	10,165,395	10,634,330	0	10,634,330	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	145,204,259	513,057,800	658,262,059	0	658,262,059	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0105

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

Worksheet A

Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-6,952,683	13,379,697	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,101,169	15,657,698	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,724,246	31,178,587	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-18,614,639	127,660,445	5.00
6.00	00600	MAINTENANCE & REPAIRS	-560,483	7,301,562	6.00
7.00	00700	OPERATION OF PLANT	-2,681,566	8,499,641	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-330	1,793,662	8.00
9.00	00900	HOUSEKEEPING	0	6,362,915	9.00
10.00	01000	DIETARY	-1,764,542	831,938	10.00
11.00	01100	CAFETERIA	0	6,334,305	11.00
13.00	01300	NURSING ADMINISTRATION	-797	7,872,527	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,728,916	14.00
15.00	01500	PHARMACY	-115,205	6,336,439	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-667	2,661,362	16.00
17.00	01700	SOCIAL SERVICE	-103,816	1,247,170	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-9,370,759	57,165,618	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	322,733	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	159,265	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-13,575,429	13,684,727	30.00
31.00	03100	INTENSIVE CARE UNIT	-95,081	21,023,841	31.00
32.00	03200	CORONARY CARE UNIT	-100	18,099,679	32.00
40.00	04000	SUBPROVIDER - IPF	-2,278,379	6,193,710	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-397,723	15,306,872	50.00
51.00	05100	RECOVERY ROOM	-4,827	2,783,336	51.00
53.00	05300	ANESTHESIOLOGY	-13,148,570	1,512,847	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-36,693	7,491,587	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-737,638	926,636	55.00
56.00	05600	RADIOISOTOPE	-45,699	2,597,080	56.00
57.00	05700	CT SCAN	-73,054	2,447,621	57.00
58.00	05800	MRI	-1,695	1,340,547	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,892,282	59.00
60.00	06000	LABORATORY	-694,618	13,522,016	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-23,047	12,031,508	62.00
64.00	06400	INTRAVENOUS THERAPY	-106,069	1,320,002	64.00
65.00	06500	RESPIRATORY THERAPY	-61,647	4,726,923	65.00
66.00	06600	PHYSICAL THERAPY	-3,289	2,469,148	66.00
67.00	06700	OCCUPATIONAL THERAPY	-656	1,325,051	67.00
68.00	06800	SPEECH PATHOLOGY	0	284,710	68.00
69.00	06900	ELECTROCARDIOLOGY	-28,778	2,345,490	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	723,989	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-1,495,419	34,690,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,574,014	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	44,686,008	73.00
74.00	07400	RENAL DIALYSIS	-5,543	2,066,706	74.00
76.00	03330	ENDOSCOPY	-143	1,896,736	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-3,024,929	9,138,720	90.00
91.00	09100	EMERGENCY	-11,097,555	9,855,406	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-74,440	6,917,995	105.00
107.00	10700	LIVER ACQUISITION	0	4,783,595	107.00
109.00	10900	PANCREAS ACQUISITION	0	149,319	109.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-77,351,093	567,302,639	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	-9,750	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,347,209	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	636,538	194.00
194.03	07953	RETAIL PHARMACY	0	10,634,330	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-77,351,093	580,910,966	200.00

RECLASSIFICATIONS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
7/19/2021 1:41 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUG, SUPPLY, IMPLANT, IV, & BLOOD					
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	5,309,555		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	36,185,477		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	20,574,014		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	44,686,008		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
0			0	106,755,054		
B - DIETARY						
1.00	CAFETERIA	11.00	0	6,334,305		1.00
0			0	6,334,305		
C - EQUIPMENT LEASE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,321,229		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
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
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
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
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
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
0			0	1,321,229		
D - HLA TESTING						
1.00	ADULTS & PEDIATRICS	30.00	0	833,542		1.00
2.00	CLINIC	90.00	0	147,272		2.00
3.00	KIDNEY ACQUISITION	105.00	0	1,335,374		3.00
4.00	LIVER ACQUISITION	107.00	0	16,384		4.00
0			0	2,332,572		

RECLASSIFICATIONS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
7/19/2021 1:41 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	E - ORGAN TRANSPLANT				
1.00	CLINIC	90.00	1,391,628	4,351,740	1.00
2.00	LIVER ACQUISITION	107.00	856,228	2,422,538	2.00
3.00	PANCREAS ACQUISITION	109.00	21,728	30,278	3.00
4.00	KIDNEY ACQUISITION	105.00	0	1,363,127	4.00
	0		2,269,584	8,167,683	
	F - CLINICAL PASTORAL EDUCATION				
1.00	PARAMED ED-CLINICAL PASTORAL ED	23.01	150,464	8,801	1.00
	0		150,464	8,801	
	G - PARKING LOT LEASE				
1.00	OPERATION OF PLANT	7.00	0	93,410	1.00
	0		0	93,410	
	H - DIRECTORSHIP FEES				
1.00	ADULTS & PEDIATRICS	30.00	0	885,368	1.00
2.00	OPERATING ROOM	50.00	0	43,313	2.00
3.00	LABORATORY	60.00	0	68,325	3.00
4.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	15,375	4.00
5.00	ELECTROCARDIOLOGY	69.00	0	2,175	5.00
6.00	RENAL DIALYSIS	74.00	0	15,038	6.00
7.00	EMERGENCY	91.00	0	15,675	7.00
	0		0	1,045,269	
	I - NUCLEAR MEDICINE				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	26,862	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	10,581	0	2.00
3.00	CT SCAN	57.00	26,862	0	3.00
	0		64,305	0	
	J - PHARMACY RESIDENCY				
1.00	PARAMED ED-PHARMACY RESIDENCY	23.00	56,453	38,093	1.00
	0		56,453	38,093	
	K - CENTRAL DISTRIBUTION				
1.00	CENTRAL SERVICES & SUPPLY	14.00	368,419	979,262	1.00
	0		368,419	979,262	
	L - INPATIENT				
1.00	ADULTS & PEDIATRICS	30.00	2,076,287	1,188,036	1.00
2.00	INTENSIVE CARE UNIT	31.00	228,719	122,446	2.00
3.00	CORONARY CARE UNIT	32.00	8,724,675	4,829,090	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	0		11,029,681	6,139,572	
	M - RESIDENCY ANCILLARY				
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	15,750,000	1.00
	0		0	15,750,000	
500.00	Grand Total: Increases		13,938,906	148,965,250	500.00

RECLASSIFICATIONS

Provider CCN: 26-0105

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

Worksheet A-6

Date/Time Prepared:
7/19/2021 1:41 pm

	Decreases					7/19/2021 1:41 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - DRUG, SUPPLY, IMPLANT, IV, & BLOOD					
1.00	PHARMACY	15.00	0	31,453,416	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,718,816	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	3,886,200	0	3.00
4.00	CORONARY CARE UNIT	32.00	0	720,578	0	4.00
5.00	SUBPROVIDER - IPF	40.00	0	52,147	0	5.00
6.00	OPERATING ROOM	50.00	0	27,309,262	0	6.00
7.00	RECOVERY ROOM	51.00	0	111,115	0	7.00
8.00	ANESTHESIOLOGY	53.00	0	1,113,027	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,238,692	0	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	26,377	0	10.00
11.00	RADIOISOTOPE	56.00	0	10,605	0	11.00
12.00	CT SCAN	57.00	0	650,590	0	12.00
13.00	MRI	58.00	0	57,382	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	8,375,425	0	14.00
15.00	LABORATORY	60.00	0	297,771	0	15.00
16.00	INTRAVENOUS THERAPY	64.00	0	19,347,000	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	930,342	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	57,239	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	39,550	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	98,861	0	20.00
21.00	RENAL DIALYSIS	74.00	0	40,129	0	21.00
22.00	ENDOSCOPY	76.00	0	1,463,751	0	22.00
23.00	CLINIC	90.00	0	150,643	0	23.00
24.00	EMERGENCY	91.00	0	2,128,502	0	24.00
25.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	1,477,634	0	25.00
			0	106,755,054		
	B - DIETARY					
1.00	DIETARY	10.00	0	6,334,305	0	1.00
			0	6,334,305		
	C - EQUIPMENT LEASE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	483	10	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	64,304	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	16	0	3.00
4.00	OPERATION OF PLANT	7.00	0	27	0	4.00
6.00	HOUSEKEEPING	9.00	0	185	0	6.00
7.00	DIETARY	10.00	0	45	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	439	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	66,504	0	9.00
10.00	PHARMACY	15.00	0	250,170	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	45	0	11.00
12.00	SOCIAL SERVICE	17.00	0	45	0	12.00
14.00	ADULTS & PEDIATRICS	30.00	0	103	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	0	3,973	0	15.00
16.00	CORONARY CARE UNIT	32.00	0	29	0	16.00
17.00	SUBPROVIDER - IPF	40.00	0	44	0	17.00
18.00	OPERATING ROOM	50.00	0	631,682	0	18.00
19.00	RECOVERY ROOM	51.00	0	45	0	19.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	54,453	0	21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	45	0	22.00
23.00	RADIOISOTOPE	56.00	0	27	0	23.00
24.00	CT SCAN	57.00	0	16	0	24.00
25.00	MRI	58.00	0	15	0	25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	4,693	0	26.00
27.00	LABORATORY	60.00	0	196,827	0	27.00
29.00	RESPIRATORY THERAPY	65.00	0	44,381	0	29.00
30.00	PHYSICAL THERAPY	66.00	0	41	0	30.00
31.00	ELECTROCARDIOLOGY	69.00	0	88	0	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	27	0	32.00
34.00	CLINIC	90.00	0	83	0	34.00
35.00	EMERGENCY	91.00	0	2,394	0	35.00
			0	1,321,229		
	D - HLA TESTING					
1.00	LABORATORY	60.00	0	2,332,572	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	2,332,572		
	E - ORGAN TRANSPLANT					
1.00	ADULTS & PEDIATRICS	30.00	0	8,167,683	0	1.00
2.00	KIDNEY ACQUISITION	105.00	2,269,584	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00

RECLASSIFICATIONS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
7/19/2021 1:41 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	0		2,269,584	8,167,683		
	F - CLINICAL PASTORAL EDUCATION					
1.00	ADMINISTRATIVE & GENERAL	5.00	150,464	8,801	0	1.00
	0		150,464	8,801		
	G - PARKING LOT LEASE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	93,410	0	1.00
	0		0	93,410		
	H - DIRECTORSHIP FEES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,045,269	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
	0		0	1,045,269		
	I - NUCLEAR MEDICINE					
1.00	RADIOISOTOPE	56.00	64,305	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	0		64,305	0		
	J - PHARMACY RESIDENCY					
1.00	PHARMACY	15.00	56,453	38,093	0	1.00
	0		56,453	38,093		
	K - CENTRAL DISTRIBUTION					
1.00	ADMINISTRATIVE & GENERAL	5.00	368,419	979,262	0	1.00
	0		368,419	979,262		
	L - INPATIENT					
1.00	ADULTS & PEDIATRICS	30.00	8,728,391	4,810,142	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	262,096	186,347	0	2.00
3.00	CORONARY CARE UNIT	32.00	2,000,886	1,123,612	0	3.00
4.00	SUBPROVIDER - IPF	40.00	3,717	727	0	4.00
5.00	OPERATING ROOM	50.00	404	1,958	0	5.00
6.00	RECOVERY ROOM	51.00	34,074	15,819	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	113	967	0	7.00
	0		11,029,681	6,139,572		
	M - RESIDENCY ANCILLARY					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	15,750,000	0	1.00
	0		0	15,750,000		
500.00	Grand Total: Decreases		13,938,906	148,965,250		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/19/2021 1:41 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	15,930,263	0	0	0	0	1.00
2.00	Land Improvements	199,509	1,485,376	0	1,485,376	72,441	2.00
3.00	Buildings and Fixtures	465,449,263	59,608,281	0	59,608,281	8,015,349	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	63,561,569	79,139,727	0	79,139,727	24,053,948	6.00
7.00	HIT designated Assets	5,909,193	650,847	0	650,847	3,632,764	7.00
8.00	Subtotal (sum of lines 1-7)	551,049,797	140,884,231	0	140,884,231	35,774,502	8.00
9.00	Reconciling Items	393,231,537	-383,966,162	0	-383,966,162	2,548,830	9.00
10.00	Total (line 8 minus line 9)	157,818,260	524,850,393	0	524,850,393	33,225,672	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	15,930,263	0				1.00
2.00	Land Improvements	1,612,444	0				2.00
3.00	Buildings and Fixtures	517,042,195	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	118,647,348	0				6.00
7.00	HIT designated Assets	2,927,276	0				7.00
8.00	Subtotal (sum of lines 1-7)	656,159,526	0				8.00
9.00	Reconciling Items	6,716,545	0				9.00
10.00	Total (line 8 minus line 9)	649,442,981	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	12,547,000	0	7,785,380	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,235,300	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	23,782,300	0	7,785,380	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	20,332,380				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	11,235,300				2.00
3.00	Total (sum of lines 1-2)	0	31,567,680				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	481,579,035	0	481,579,035	0.870385	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	71,715,494	0	71,715,494	0.129615	0	2.00
3.00	Total (sum of lines 1-2)	553,294,529	0	553,294,529	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	13,381,053	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,336,469	1,321,229	2.00
3.00	Total (sum of lines 1-2)	0	0	0	27,717,522	1,321,229	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	-1,356	0	0	0	13,379,697	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	15,657,698	2.00
3.00	Total (sum of lines 1-2)	-1,356	0	0	0	29,037,395	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0105

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

Worksheet A-8

Date/Time Prepared:
7/19/2021 1:41 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				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0	ADMINISTRATIVE & GENERAL	5.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-46,018,249			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	-3,032,866			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	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	ADMINISTRATIVE & GENERAL	5.00	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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	FRA	A	-473,634	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0105

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

Worksheet A-8

Date/Time Prepared:
7/19/2021 1:41 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	
33.01	BAD DEBT	A		0	ADMINISTRATIVE & GENERAL	5.00		0 33.01
33.02	CRNA, AA	A	-4,028,686		ANESTHESIOLOGY	53.00		0 33.02
33.03	MID-LEVEL	A	-3,124,335		ADULTS & PEDIATRICS	30.00		0 33.03
33.04	NON-MEDICAL TRANSPORT	A	-702,331		ADMINISTRATIVE & GENERAL	5.00		0 33.04
33.05	NON-MEDICAL TRANSPORT	A	-68,458		SOCIAL SERVICE	17.00		0 33.05
33.06	NON-MEDICAL TRANSPORT	A	-485		ADULTS & PEDIATRICS	30.00		0 33.06
33.07	NON-MEDICAL TRANSPORT	A	-146		INTENSIVE CARE UNIT	31.00		0 33.07
33.08	NON-MEDICAL TRANSPORT	A	-7,567		SUBPROVIDER - IPF	40.00		0 33.08
33.09	NON-PATIENT	A	-7,365		EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.09
33.10	NON-PATIENT	A	-820,991		ADMINISTRATIVE & GENERAL	5.00		0 33.10
33.11	NON-PATIENT	A	-124		NURSING ADMINISTRATION	13.00		0 33.11
33.12	LOBBYING	A	-67,104		ADMINISTRATIVE & GENERAL	5.00		0 33.12
33.13	TELEPHONE	A	-16,331		ADMINISTRATIVE & GENERAL	5.00		0 33.13
33.14	TELEPHONE	A	-166		NURSING ADMINISTRATION	13.00		0 33.14
33.15	TELEPHONE	A	-179		PHARMACY	15.00		0 33.15
33.16	TELEPHONE	A	-106		SUBPROVIDER - IPF	40.00		0 33.16
33.17	TELEPHONE	A	-100		OPERATING ROOM	50.00		0 33.17
33.18	TELEPHONE	A	-138		RADIOLOGY-DIAGNOSTIC	54.00		0 33.18
33.19	TELEPHONE	A	-202		EMERGENCY	91.00		0 33.19
33.20	TELEPHONE	A	-108		KIDNEY ACQUISITION	105.00		0 33.20
33.21	GIFT	A	-5,842		EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.21
33.22	GIFT	A	-874,936		ADMINISTRATIVE & GENERAL	5.00		0 33.22
33.23	GIFT	A	-507		NURSING ADMINISTRATION	13.00		0 33.23
33.24	GIFT	A	-1,852		PHARMACY	15.00		0 33.24
33.25	GIFT	A	-195		MEDICAL RECORDS & LIBRARY	16.00		0 33.25
33.26	GIFT	A	-160		SOCIAL SERVICE	17.00		0 33.26
33.27	GIFT	A	-407		ADULTS & PEDIATRICS	30.00		0 33.27
33.28	GIFT	A	-567		INTENSIVE CARE UNIT	31.00		0 33.28
33.29	GIFT	A	-100		CORONARY CARE UNIT	32.00		0 33.29
33.30	GIFT	A	-337		SUBPROVIDER - IPF	40.00		0 33.30
33.31	GIFT	A	-656		OPERATING ROOM	50.00		0 33.31
33.32	GIFT	A	-178		RECOVERY ROOM	51.00		0 33.32
33.33	GIFT	A	-978		RADIOLOGY-DIAGNOSTIC	54.00		0 33.33
33.34	GIFT	A	-83		LABORATORY	60.00		0 33.34
33.35	GIFT	A	-333		RESPIRATORY THERAPY	65.00		0 33.35
33.36	GIFT	A	-143		ENDOSCOPY	76.00		0 33.36
33.37	GIFT	A	-96		EMERGENCY	91.00		0 33.37
33.38	ENTERTAINMENT	A	-1,311		RADIOLOGY-DIAGNOSTIC	54.00		0 33.38
33.39	MISCELLANEOUS REVENUE	B	-270		EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.39
33.40	MISCELLANEOUS REVENUE	B	-10,915,077		ADMINISTRATIVE & GENERAL	5.00		0 33.40
33.41	MISCELLANEOUS REVENUE	B	-560,483		MAINTENANCE & REPAIRS	6.00		0 33.41
33.42	MISCELLANEOUS REVENUE	B	-2,681,566		OPERATION OF PLANT	7.00		0 33.42
33.43	MISCELLANEOUS REVENUE	B	-330		LAUNDRY & LINEN SERVICE	8.00		0 33.43
33.44	MISCELLANEOUS REVENUE	B	-1,764,542		DIETARY	10.00		0 33.44
33.45	MISCELLANEOUS REVENUE	B	-113,174		PHARMACY	15.00		0 33.45
33.46	MISCELLANEOUS REVENUE	B	-472		MEDICAL RECORDS & LIBRARY	16.00		0 33.46
33.47	MISCELLANEOUS REVENUE	B	-35,198		SOCIAL SERVICE	17.00		0 33.47
33.48	MISCELLANEOUS REVENUE	B	-11,878		ADULTS & PEDIATRICS	30.00		0 33.48
33.49	MISCELLANEOUS REVENUE	B	-94,368		INTENSIVE CARE UNIT	31.00		0 33.49
33.50	MISCELLANEOUS REVENUE	B	-387,889		OPERATING ROOM	50.00		0 33.50
33.51	MISCELLANEOUS REVENUE	B	-4,649		RECOVERY ROOM	51.00		0 33.51
33.52	MISCELLANEOUS REVENUE	B	-10,724		ANESTHESIOLOGY	53.00		0 33.52
33.53	MISCELLANEOUS REVENUE	B	-34,266		RADIOLOGY-DIAGNOSTIC	54.00		0 33.53
33.54	MISCELLANEOUS REVENUE	B	-705		RADIOISOTOPE	56.00		0 33.54
33.55	MISCELLANEOUS REVENUE	B	-73,054		CT SCAN	57.00		0 33.55
33.56	MISCELLANEOUS REVENUE	B	-1,695		MRI	58.00		0 33.56
33.57	MISCELLANEOUS REVENUE	B	-683,276		LABORATORY	60.00		0 33.57
33.58	MISCELLANEOUS REVENUE	B	-20,562		WHOLE BLOOD & PACKED RED BLOOD CELL	62.00		0 33.58
33.59	MISCELLANEOUS REVENUE	B	-32,569		INTRAVENOUS THERAPY	64.00		0 33.59
33.60	MISCELLANEOUS REVENUE	B	-61,314		RESPIRATORY THERAPY	65.00		0 33.60
33.61	MISCELLANEOUS REVENUE	B	-3,289		PHYSICAL THERAPY	66.00		0 33.61
33.62	MISCELLANEOUS REVENUE	B	-656		OCCUPATIONAL THERAPY	67.00		0 33.62
33.63	MISCELLANEOUS REVENUE	B	-28,564		ELECTROCARDIOLOGY	69.00		0 33.63
33.64	MISCELLANEOUS REVENUE	B	-9,541		CLINIC	90.00		0 33.64
33.65	MISCELLANEOUS REVENUE	B	-148,139		EMERGENCY	91.00		0 33.65
33.66	MISCELLANEOUS REVENUE	B	-74,332		KIDNEY ACQUISITION	105.00		0 33.66
33.67	INTEREST INCOME	A		0	CAP REL COSTS-BLDG & FIXT	1.00		11 33.67
33.68	CHAIFETZ ARENA	A	-325,869		ADMINISTRATIVE & GENERAL	5.00		0 33.68

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0105

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

Worksheet A-8

Date/Time Prepared:
7/19/2021 1:41 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	
33.69	TELEVISION	A	-14,290	SUBPROVIDER - IPF	40.00	0	33.69
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-77,351,093				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: 26-0105

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

Worksheet A-8-1

Date/Time Prepared:
7/19/2021 1:41 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	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	834,053	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	3,101,169	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE - INTEREST	0	7,785,380	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	6,737,908	185	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	50,325,679	54,611,040	4.01
4.02	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	-1,495,419	0	4.02
4.03	1.00	CAP REL COSTS-BLDG & FIXT	NETWORK--CORP 130 - INTEREST	-1,356	0	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	NETWORK--CORP 130	11,769,610	11,902,615	4.04
4.05	30.00	ADULTS & PEDIATRICS	NETWORK--CORP 130	40,389	40,846	4.05
4.06	40.00	SUBPROVIDER - IPF		427,691	432,524	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			71,739,724	74,772,590	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	

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

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

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

6.00	B	SSM HEALTH	100.00	SSM HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 26-0105

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

Worksheet A-8-1

Date/Time Prepared:
7/19/2021 1:41 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	834,053	9		1.00
2.00	3,101,169	9		2.00
3.00	-7,785,380	11		3.00
4.00	6,737,723	0		4.00
4.01	-4,285,361	0		4.01
4.02	-1,495,419	0		4.02
4.03	-1,356	11		4.03
4.04	-133,005	0		4.04
4.05	-457	0		4.05
4.06	-4,833	0		4.06
5.00	-3,032,866			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0105

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

Worksheet A-8-2

Date/Time Prepared:
7/19/2021 1:41 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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	24,291,474	0	24,291,474	211,500	146,738	1.00
2.00	30.00	ADULTS & PEDIATRICS	10,872,052	9,986,684	885,368	211,500	4,270	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	2,251,246	2,251,246	0	0	0	4.00
5.00	50.00	OPERATING ROOM	43,313	0	43,313	246,400	289	5.00
6.00	53.00	ANESTHESIOLOGY	9,109,160	9,109,160	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	737,638	737,638	0	0	0	7.00
8.00	56.00	RADIOISOTOPE	44,994	44,994	0	0	0	8.00
9.00	60.00	LABORATORY	68,325	0	68,325	260,300	456	9.00
10.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	15,375	0	15,375	260,300	103	10.00
11.00	64.00	INTRAVENOUS THERAPY	285,000	0	285,000	211,500	2,080	11.00
12.00	69.00	ELECTROCARDIOLOGY	2,175	0	2,175	271,900	15	12.00
13.00	74.00	RENAL DIALYSIS	15,038	0	15,038	197,500	100	13.00
14.00	90.00	CLINIC	3,015,388	3,015,388	0	0	0	14.00
15.00	91.00	EMERGENCY	10,959,795	10,944,120	15,675	211,500	105	15.00
200.00			61,710,973	36,089,230	25,621,743		154,156	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	14,920,715	746,036	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	434,185	21,709	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	34,235	1,712	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	56.00	RADIOISOTOPE	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	57,066	2,853	0	0	0	9.00
10.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	12,890	645	0	0	0	10.00
11.00	64.00	INTRAVENOUS THERAPY	211,500	10,575	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	1,961	98	0	0	0	12.00
13.00	74.00	RENAL DIALYSIS	9,495	475	0	0	0	13.00
14.00	90.00	CLINIC	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	10,677	534	0	0	0	15.00
200.00			15,692,724	784,637	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	14,920,715	9,370,759	9,370,759		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	434,185	451,183	10,437,867		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0		3.00
4.00	40.00	SUBPROVIDER - IPF	0	0	0	2,251,246		4.00
5.00	50.00	OPERATING ROOM	0	34,235	9,078	9,078		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	9,109,160		6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	737,638		7.00
8.00	56.00	RADIOISOTOPE	0	0	0	44,994		8.00
9.00	60.00	LABORATORY	0	57,066	11,259	11,259		9.00
10.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	12,890	2,485	2,485		10.00
11.00	64.00	INTRAVENOUS THERAPY	0	211,500	73,500	73,500		11.00
12.00	69.00	ELECTROCARDIOLOGY	0	1,961	214	214		12.00
13.00	74.00	RENAL DIALYSIS	0	9,495	5,543	5,543		13.00
14.00	90.00	CLINIC	0	0	0	3,015,388		14.00
15.00	91.00	EMERGENCY	0	10,677	4,998	10,949,118		15.00
200.00			0	15,692,724	9,929,019	46,018,249		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	13,379,697	13,379,697			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	15,657,698	15,657,698			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	31,178,587	124,752	145,992	31,449,331	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	127,660,445	1,191,083	1,393,874	4,567,907	5.00
6.00	00600	MAINTENANCE & REPAIRS	7,301,562	38,808	45,415	125,948	6.00
7.00	00700	OPERATION OF PLANT	8,499,641	1,945,611	2,276,863	45	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,793,662	24,223	28,347	0	8.00
9.00	00900	HOUSEKEEPING	6,362,915	142,192	166,402	0	9.00
10.00	01000	DIETARY	831,938	201,925	236,304	0	10.00
11.00	01100	CAFETERIA	6,334,305	186,031	217,705	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,872,527	29,458	34,474	761,974	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,728,916	260,671	305,053	221,194	14.00
15.00	01500	PHARMACY	6,336,439	118,241	138,373	1,389,714	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,661,362	110,490	129,302	467,289	16.00
17.00	01700	SOCIAL SERVICE	1,247,170	28,387	33,221	205,415	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	57,165,618	0	0	14,489	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	322,733	6,646	7,778	57,617	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	159,265	87,015	101,830	33,221	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,684,727	1,716,029	2,008,197	4,023,253	30.00
31.00	03100	INTENSIVE CARE UNIT	21,023,841	839,588	982,535	3,232,526	31.00
32.00	03200	CORONARY CARE UNIT	18,099,679	465,027	544,202	2,697,816	32.00
40.00	04000	SUBPROVIDER - IPF	6,193,710	313,928	367,376	1,153,347	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,306,872	1,205,633	1,410,902	2,124,471	50.00
51.00	05100	RECOVERY ROOM	2,783,336	21,282	24,906	437,892	51.00
53.00	05300	ANESTHESIOLOGY	1,512,847	90,942	106,425	895,170	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,491,587	408,167	477,661	1,082,523	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	926,636	117,238	137,199	178,471	55.00
56.00	05600	RADIOISOTOPE	2,597,080	122,321	143,147	73,489	56.00
57.00	05700	CT SCAN	2,447,621	108,858	127,392	251,520	57.00
58.00	05800	MRI	1,340,547	92,523	108,275	229,639	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,892,282	221,592	259,320	259,810	59.00
60.00	06000	LABORATORY	13,522,016	316,205	370,042	813,969	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,031,508	74,572	87,269	358,162	62.00
64.00	06400	INTRAVENOUS THERAPY	1,320,002	31,702	37,100	80,873	64.00
65.00	06500	RESPIRATORY THERAPY	4,726,923	71,020	83,111	813,098	65.00
66.00	06600	PHYSICAL THERAPY	2,469,148	140,169	164,034	484,892	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,325,051	22,914	26,815	271,339	67.00
68.00	06800	SPEECH PATHOLOGY	284,710	935	1,094	58,240	68.00
69.00	06900	ELECTROCARDIOLOGY	2,345,490	88,953	104,098	389,728	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	723,989	11,304	13,229	129,988	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,690,058	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,574,014	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,686,008	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,066,706	70,408	82,395	13	74.00
76.00	03330	ENDOSCOPY	1,896,736	113,329	132,624	324,352	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,138,720	509,359	596,082	934,961	90.00
91.00	09100	EMERGENCY	9,855,406	481,839	563,875	1,608,842	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	6,917,995	103,538	121,166	180,220	105.00
107.00	10700	LIVER ACQUISITION	4,783,595	16,794	19,654	189,045	107.00
109.00	10900	PANCREAS ACQUISITION	149,319	2,805	3,282	4,797	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	567,302,639	12,274,507	14,364,340	31,127,259	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-9,750	37,210	43,545	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,347,209	533,412	624,230	183,549	192.00
194.00	07950	OTHER NON-REIMBURSABLE	636,538	525,474	614,940	34,988	194.00
194.03	07953	RETAIL PHARMACY	10,634,330	9,094	10,643	103,535	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	580,910,966	13,379,697	15,657,698	31,449,331	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	134,813,309					5.00
6.00	00600	MAINTENANCE & REPAIRS	2,603,845	10,115,578				6.00
7.00	00700	OPERATION OF PLANT	4,409,971	1,636,663	18,768,794			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	639,972	20,376	45,105	2,551,685		8.00
9.00	00900	HOUSEKEEPING	2,312,592	119,613	264,774	0	9,368,488	9.00
10.00	01000	DIETARY	440,287	169,861	376,001	0	190,833	10.00
11.00	01100	CAFETERIA	2,335,654	156,491	346,406	0	175,812	11.00
13.00	01300	NURSING ADMINISTRATION	3,015,199	24,781	54,854	0	27,840	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,565,355	219,279	485,393	0	246,352	14.00
15.00	01500	PHARMACY	2,767,122	99,466	220,176	0	111,746	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,167,627	92,945	205,742	0	104,421	16.00
17.00	01700	SOCIAL SERVICE	524,875	23,880	52,860	0	26,828	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	136,843	5,591	12,376	0	6,281	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	132,183	73,198	162,030	0	82,235	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,429,196	1,443,538	3,195,396	1,181,301	1,621,764	30.00
31.00	03100	INTENSIVE CARE UNIT	9,039,770	706,269	1,563,386	579,632	793,468	31.00
32.00	03200	CORONARY CARE UNIT	7,559,017	391,185	865,920	538,289	439,482	32.00
40.00	04000	SUBPROVIDER - IPF	2,782,927	264,079	584,560	252,463	296,683	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,949,336	1,014,189	2,244,993	0	1,139,405	50.00
51.00	05100	RECOVERY ROOM	1,132,607	17,903	39,629	0	20,113	51.00
53.00	05300	ANESTHESIOLOGY	903,122	76,501	169,341	0	85,946	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,279,165	343,354	760,042	0	385,746	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	471,268	98,622	218,308	0	110,798	55.00
56.00	05600	RADIOISOTOPE	1,017,739	102,897	227,772	0	115,602	56.00
57.00	05700	CT SCAN	1,017,515	91,572	202,703	0	102,878	57.00
58.00	05800	MRI	613,889	77,831	172,285	0	87,440	58.00
59.00	05900	CARDIAC CATHETERIZATION	912,697	186,405	412,623	0	209,420	59.00
60.00	06000	LABORATORY	5,207,261	265,995	588,802	0	298,836	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,350,818	62,731	138,860	0	70,476	62.00
64.00	06400	INTRAVENOUS THERAPY	509,444	26,668	59,032	0	29,961	64.00
65.00	06500	RESPIRATORY THERAPY	1,973,804	59,742	132,245	0	67,118	65.00
66.00	06600	PHYSICAL THERAPY	1,129,428	117,912	261,007	0	132,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	570,606	19,275	42,668	0	21,655	67.00
68.00	06800	SPEECH PATHOLOGY	119,582	786	1,741	0	884	68.00
69.00	06900	ELECTROCARDIOLOGY	1,015,046	74,828	165,638	0	84,067	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	304,524	9,509	21,049	0	10,683	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,024,858	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,131,714	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,489,923	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	769,368	59,228	131,105	0	66,540	74.00
76.00	03330	ENDOSCOPY	855,168	95,333	211,028	0	107,103	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,875,097	428,477	948,470	0	481,379	90.00
91.00	09100	EMERGENCY	4,336,416	405,327	897,225	0	455,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,538,395	72,926	161,428	0	81,930	105.00
107.00	10700	LIVER ACQUISITION	1,736,335	28,441	62,957	0	31,953	107.00
109.00	10900	PANCREAS ACQUISITION	55,532	2,216	4,906	0	2,490	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	129,153,092	9,185,883	16,710,836	2,551,685	8,324,008	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,613	31,301	69,288	0	35,166	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,278,536	448,711	993,259	0	504,111	192.00
194.00	07950	OTHER NON-REIMBURSABLE	628,085	442,033	978,477	0	496,608	194.00
194.03	07953	RETAIL PHARMACY	3,728,983	7,650	16,934	0	8,595	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)	134,813,309	10,115,578	18,768,794	2,551,685	9,368,488	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,447,149					10.00
11.00	01100	CAFETERIA	0	9,752,404				11.00
13.00	01300	NURSING ADMINISTRATION	0	277,742	12,098,849			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	80,626	0	7,112,839		14.00
15.00	01500	PHARMACY	0	506,556	0	0	11,687,833	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	170,328	0	3	0	16.00
17.00	01700	SOCIAL SERVICE	0	74,875	0	2,515	11,604	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,281	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	21,002	0	0	0	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	12,109	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,132,906	1,466,447	3,570,533	2,012	868	30.00
31.00	03100	INTENSIVE CARE UNIT	555,886	1,178,267	3,320,757	3,438	1,830	31.00
32.00	03200	CORONARY CARE UNIT	516,237	983,363	1,039,953	362	214	32.00
40.00	04000	SUBPROVIDER - IPF	242,120	420,399	843,059	53	3,606	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	774,377	937,421	0	473	50.00
51.00	05100	RECOVERY ROOM	0	159,613	311,245	101	367	51.00
53.00	05300	ANESTHESIOLOGY	0	326,293	0	0	537	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	394,583	173,934	30,236	1,261	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	65,053	21,821	543	0	55.00
56.00	05600	RADIOISOTOPE	0	26,787	26	126,625	0	56.00
57.00	05700	CT SCAN	0	91,680	0	23,080	2	57.00
58.00	05800	MRI	0	83,704	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	94,702	95,124	0	59	59.00
60.00	06000	LABORATORY	0	296,694	737	134,186	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	130,551	83,717	558,302	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	29,478	0	365	4,852,616	64.00
65.00	06500	RESPIRATORY THERAPY	0	296,377	0	10,992	746	65.00
66.00	06600	PHYSICAL THERAPY	0	176,745	0	19	1,120	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	98,904	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	21,229	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	142,057	28,899	196	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	47,381	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,071,769	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,177,948	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,558,402	6,811,510	73.00
74.00	07400	RENAL DIALYSIS	0	5	0	46	0	74.00
76.00	03330	ENDOSCOPY	0	118,227	164,325	4,748	4	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	340,796	97,407	481	2	90.00
91.00	09100	EMERGENCY	0	586,429	1,201,799	4,184	1,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	65,691	208,092	1,706	0	105.00
107.00	10700	LIVER ACQUISITION	0	68,908	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	1,749	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,447,149	9,635,008	12,098,849	6,712,312	11,687,833	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	66,904	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	12,753	0	0	0	194.00
194.03	07953	RETAIL PHARMACY	0	37,739	0	400,527	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)	2,447,149	9,752,404	12,098,849	7,112,839	11,687,833	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	5,109,509					16.00
17.00	01700	SOCIAL SERVICE	0	2,231,630				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	0				23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	186,562	1,033,131	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	221,919	506,930	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	185,947	470,772	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	45,289	220,797	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	335,372	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	31,350	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	58,246	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	186,507	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	57,174	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	47,558	0	0	0	0	56.00
57.00	05700	CT SCAN	335,206	0	0	0	0	57.00
58.00	05800	MRI	78,688	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	73,590	0	0	0	0	59.00
60.00	06000	LABORATORY	544,532	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	82,387	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	651,032	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	87,194	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	25,227	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,121	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,439	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	82,894	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,418	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	161,321	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	205,614	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	822,366	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,457	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	50,017	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	66,259	0	0	0	0	90.00
91.00	09100	EMERGENCY	414,438	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	17,672	0	0	0	0	105.00
107.00	10700	LIVER ACQUISITION	7,331	0	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	382	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,109,509	2,231,630	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.03	07953	RETAIL PHARMACY	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)	5,109,509	2,231,630	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED-PHARMACY RESIDENCY	PARAMED ED-CLINICAL PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	57,185,388					22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY		576,867				23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED			843,086			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,636,223	115,373	311,942	73,759,398	-29,636,223	30.00
31.00	03100	INTENSIVE CARE UNIT	1,669,646	173,060	446,835	46,839,583	-1,669,646	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	34,797,465	0	32.00
40.00	04000	SUBPROVIDER - IPF	3,965,410	0	0	17,949,806	-3,965,410	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,391,761	0	0	42,835,205	-9,391,761	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,980,344	0	51.00
53.00	05300	ANESTHESIOLOGY	5,426,351	0	0	9,651,721	-5,426,351	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,921,881	0	0	17,936,647	-2,921,881	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,403,131	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,601,043	0	56.00
57.00	05700	CT SCAN	0	0	0	4,800,027	0	57.00
58.00	05800	MRI	0	0	0	2,884,821	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,617,624	0	59.00
60.00	06000	LABORATORY	1,252,235	86,530	0	23,698,040	-1,252,235	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	18,029,353	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,628,273	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,322,370	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,102,171	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,419,348	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	493,640	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,521,894	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,281,074	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	48,948,006	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	29,089,290	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	70,368,209	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,259,271	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	4,072,994	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	86,530	0	17,504,020	0	90.00
91.00	09100	EMERGENCY	2,921,881	57,687	84,309	23,876,041	-2,921,881	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	57,687	0	10,528,446	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	0	6,945,013	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	227,478	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,185,388	576,867	843,086	554,371,746	-57,185,388	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	231,373	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	6,979,921	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	4,369,896	0	194.00
194.03	07953	RETAIL PHARMACY	0	0	0	14,958,030	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	57,185,388	576,867	843,086	580,910,966	-57,185,388	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03330	ENDOSCOPY	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	105.00
107.00	10700	LIVER ACQUISITION	107.00
109.00	10900	PANCREAS ACQUISITION	109.00
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	OTHER NON-REIMBURSABLE	194.00
194.03	07953	RETAIL PHARMACY	194.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	124,752	145,992	270,744	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,964	1,191,083	1,393,874	2,593,921	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	38,808	45,415	84,223	6.00
7.00	00700	OPERATION OF PLANT	0	1,945,611	2,276,863	4,222,474	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	24,223	28,347	52,570	8.00
9.00	00900	HOUSEKEEPING	13	142,192	166,402	308,607	9.00
10.00	01000	DIETARY	0	201,925	236,304	438,229	10.00
11.00	01100	CAFETERIA	0	186,031	217,705	403,736	11.00
13.00	01300	NURSING ADMINISTRATION	0	29,458	34,474	63,932	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,378	260,671	305,053	567,102	14.00
15.00	01500	PHARMACY	0	118,241	138,373	256,614	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	110,490	129,302	239,792	16.00
17.00	01700	SOCIAL SERVICE	0	28,387	33,221	61,608	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	125	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	6,646	7,778	14,424	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	87,015	101,830	188,845	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,716,029	2,008,197	3,724,226	30.00
31.00	03100	INTENSIVE CARE UNIT	0	839,588	982,535	1,822,123	31.00
32.00	03200	CORONARY CARE UNIT	0	465,027	544,202	1,009,229	32.00
40.00	04000	SUBPROVIDER - IPF	0	313,928	367,376	681,304	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,205,633	1,410,902	2,616,535	50.00
51.00	05100	RECOVERY ROOM	0	21,282	24,906	46,188	51.00
53.00	05300	ANESTHESIOLOGY	0	90,942	106,425	197,367	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	408,167	477,661	885,828	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	117,238	137,199	254,437	55.00
56.00	05600	RADIOISOTOPE	0	122,321	143,147	265,468	56.00
57.00	05700	CT SCAN	0	108,858	127,392	236,250	57.00
58.00	05800	MRI	0	92,523	108,275	200,798	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	221,592	259,320	480,912	59.00
60.00	06000	LABORATORY	2,512	316,205	370,042	688,759	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	74,572	87,269	161,841	62.00
64.00	06400	INTRAVENOUS THERAPY	0	31,702	37,100	68,802	64.00
65.00	06500	RESPIRATORY THERAPY	558	71,020	83,111	154,689	65.00
66.00	06600	PHYSICAL THERAPY	0	140,169	164,034	304,203	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	22,914	26,815	49,729	67.00
68.00	06800	SPEECH PATHOLOGY	0	935	1,094	2,029	68.00
69.00	06900	ELECTROCARDIOLOGY	0	88,953	104,098	193,051	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,304	13,229	24,533	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	70,408	82,395	152,803	74.00
76.00	03330	ENDOSCOPY	0	113,329	132,624	245,953	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	51,004	509,359	596,082	1,156,445	90.00
91.00	09100	EMERGENCY	0	481,839	563,875	1,045,714	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	16,880	103,538	121,166	241,584	105.00
107.00	10700	LIVER ACQUISITION	35,037	16,794	19,654	71,485	107.00
109.00	10900	PANCREAS ACQUISITION	1,330	2,805	3,282	7,417	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	117,676	12,274,507	14,364,340	26,756,523	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37,210	43,545	80,755	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	533,412	624,230	1,157,642	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	525,474	614,940	1,140,414	194.00
194.03	07953	RETAIL PHARMACY	0	9,094	10,643	19,737	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	117,676	13,379,697	15,657,698	29,155,071	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,633,217					5.00
6.00	00600	MAINTENANCE & REPAIRS	50,862	136,169				6.00
7.00	00700	OPERATION OF PLANT	86,142	22,033	4,330,649			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,501	274	10,407	75,752		8.00
9.00	00900	HOUSEKEEPING	45,173	1,610	61,093	0	416,483	9.00
10.00	01000	DIETARY	8,600	2,287	86,757	0	8,484	10.00
11.00	01100	CAFETERIA	45,623	2,107	79,929	0	7,816	11.00
13.00	01300	NURSING ADMINISTRATION	58,897	334	12,657	0	1,238	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	30,577	2,952	111,998	0	10,952	14.00
15.00	01500	PHARMACY	54,051	1,339	50,803	0	4,968	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,808	1,251	47,472	0	4,642	16.00
17.00	01700	SOCIAL SERVICE	10,253	321	12,197	0	1,193	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	2,673	75	2,856	0	279	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	2,582	985	37,386	0	3,656	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	145,117	19,432	737,294	35,069	72,096	30.00
31.00	03100	INTENSIVE CARE UNIT	176,577	9,507	360,730	17,208	35,274	31.00
32.00	03200	CORONARY CARE UNIT	147,653	5,266	199,800	15,980	19,537	32.00
40.00	04000	SUBPROVIDER - IPF	54,360	3,555	134,880	7,495	13,189	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	135,744	13,652	518,002	0	50,653	50.00
51.00	05100	RECOVERY ROOM	22,124	241	9,144	0	894	51.00
53.00	05300	ANESTHESIOLOGY	17,641	1,030	39,073	0	3,821	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,053	4,622	175,370	0	17,149	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,205	1,328	50,372	0	4,926	55.00
56.00	05600	RADIOISOTOPE	19,880	1,385	52,555	0	5,139	56.00
57.00	05700	CT SCAN	19,876	1,233	46,771	0	4,574	57.00
58.00	05800	MRI	11,991	1,048	39,752	0	3,887	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,828	2,509	95,207	0	9,310	59.00
60.00	06000	LABORATORY	101,716	3,581	135,858	0	13,285	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	84,986	844	32,040	0	3,133	62.00
64.00	06400	INTRAVENOUS THERAPY	9,951	359	13,621	0	1,332	64.00
65.00	06500	RESPIRATORY THERAPY	38,555	804	30,514	0	2,984	65.00
66.00	06600	PHYSICAL THERAPY	22,062	1,587	60,224	0	5,889	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,146	259	9,845	0	963	67.00
68.00	06800	SPEECH PATHOLOGY	2,336	11	402	0	39	68.00
69.00	06900	ELECTROCARDIOLOGY	19,827	1,007	38,219	0	3,737	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,948	128	4,857	0	475	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	234,886	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	139,307	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	302,426	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	15,028	797	30,251	0	2,958	74.00
76.00	03330	ENDOSCOPY	16,704	1,283	48,692	0	4,761	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	75,694	5,768	218,847	0	21,400	90.00
91.00	09100	EMERGENCY	84,705	5,456	207,023	0	20,244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	49,583	982	37,247	0	3,642	105.00
107.00	10700	LIVER ACQUISITION	33,917	383	14,526	0	1,420	107.00
109.00	10900	PANCREAS ACQUISITION	1,085	30	1,132	0	111	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,522,653	123,655	3,855,803	75,752	370,050	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	481	421	15,987	0	1,563	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,974	6,040	229,181	0	22,411	192.00
194.00	07950	OTHER NON-REIMBURSABLE	12,269	5,950	225,771	0	22,077	194.00
194.03	07953	RETAIL PHARMACY	72,840	103	3,907	0	382	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)	2,633,217	136,169	4,330,649	75,752	416,483	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	544,357					10.00
11.00	01100	CAFETERIA	0	539,211				11.00
13.00	01300	NURSING ADMINISTRATION	0	15,358	158,977			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,458	0	729,943		14.00
15.00	01500	PHARMACY	0	28,010	0	0	407,751	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,418	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,140	0	258	405	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	292	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	1,161	0	0	0	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	670	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	252,010	81,044	46,914	206	30	30.00
31.00	03100	INTENSIVE CARE UNIT	123,654	65,152	43,635	353	64	31.00
32.00	03200	CORONARY CARE UNIT	114,834	54,375	13,665	37	7	32.00
40.00	04000	SUBPROVIDER - IPF	53,859	23,246	11,078	5	126	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	42,819	12,318	0	16	50.00
51.00	05100	RECOVERY ROOM	0	8,826	4,090	10	13	51.00
53.00	05300	ANESTHESIOLOGY	0	18,042	0	0	19	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,818	2,285	3,103	44	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,597	287	56	0	55.00
56.00	05600	RADIOISOTOPE	0	1,481	0	12,994	0	56.00
57.00	05700	CT SCAN	0	5,069	0	2,368	0	57.00
58.00	05800	MRI	0	4,628	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,236	1,250	0	2	59.00
60.00	06000	LABORATORY	0	16,406	10	13,770	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	7,219	1,100	57,292	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	1,630	0	37	169,298	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,388	0	1,128	26	65.00
66.00	06600	PHYSICAL THERAPY	0	9,773	0	2	39	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,469	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,174	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,855	380	20	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,620	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	212,601	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	120,879	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	262,578	237,627	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5	0	74.00
76.00	03330	ENDOSCOPY	0	6,537	2,159	487	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	18,844	1,280	49	0	90.00
91.00	09100	EMERGENCY	0	32,426	15,792	429	35	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	3,632	2,734	175	0	105.00
107.00	10700	LIVER ACQUISITION	0	3,810	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	97	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	544,357	532,720	158,977	688,842	407,751	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,699	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	705	0	0	0	194.00
194.03	07953	RETAIL PHARMACY	0	2,087	0	41,101	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)	544,357	539,211	158,977	729,943	407,751	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	329,406					16.00
17.00	01700	SOCIAL SERVICE	0	92,144				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	0				23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,010	42,658				30.00
31.00	03100	INTENSIVE CARE UNIT	14,286	20,931				31.00
32.00	03200	CORONARY CARE UNIT	11,970	19,438				32.00
40.00	04000	SUBPROVIDER - IPF	2,916	9,117				40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,590	0				50.00
51.00	05100	RECOVERY ROOM	2,018	0				51.00
53.00	05300	ANESTHESIOLOGY	3,750	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,006	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,681	0				55.00
56.00	05600	RADIOISOTOPE	3,062	0				56.00
57.00	05700	CT SCAN	21,579	0				57.00
58.00	05800	MRI	5,066	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	4,737	0				59.00
60.00	06000	LABORATORY	35,055	0				60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,304	0				62.00
64.00	06400	INTRAVENOUS THERAPY	41,911	0				64.00
65.00	06500	RESPIRATORY THERAPY	5,613	0				65.00
66.00	06600	PHYSICAL THERAPY	1,624	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	1,295	0				67.00
68.00	06800	SPEECH PATHOLOGY	286	0				68.00
69.00	06900	ELECTROCARDIOLOGY	5,336	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	606	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,385	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,237	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,417	0				73.00
74.00	07400	RENAL DIALYSIS	866	0				74.00
76.00	03330	ENDOSCOPY	3,220	0				76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,265	0				90.00
91.00	09100	EMERGENCY	26,680	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,138	0				105.00
107.00	10700	LIVER ACQUISITION	472	0				107.00
109.00	10900	PANCREAS ACQUISITION	25	0				109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	329,406	92,144	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0				194.00
194.03	07953	RETAIL PHARMACY	0	0				194.03
200.00		Cross Foot Adjustments			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)	329,406	92,144	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED-PHARMACY RESIDENCY	PARAMED ED-CLINICAL PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	417				22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY		21,964			23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED			234,410		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			5,202,746	0	30.00
31.00	03100	INTENSIVE CARE UNIT			2,717,326	0	31.00
32.00	03200	CORONARY CARE UNIT			1,635,019	0	32.00
40.00	04000	SUBPROVIDER - IPF			1,005,060	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			3,429,621	0	50.00
51.00	05100	RECOVERY ROOM			97,318	0	51.00
53.00	05300	ANESTHESIOLOGY			288,450	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,195,599	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			329,426	0	55.00
56.00	05600	RADIOISOTOPE			362,597	0	56.00
57.00	05700	CT SCAN			339,886	0	57.00
58.00	05800	MRI			269,147	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			619,228	0	59.00
60.00	06000	LABORATORY			1,015,448	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL			356,843	0	62.00
64.00	06400	INTRAVENOUS THERAPY			307,637	0	64.00
65.00	06500	RESPIRATORY THERAPY			257,702	0	65.00
66.00	06600	PHYSICAL THERAPY			409,578	0	66.00
67.00	06700	OCCUPATIONAL THERAPY			81,042	0	67.00
68.00	06800	SPEECH PATHOLOGY			6,778	0	68.00
69.00	06900	ELECTROCARDIOLOGY			272,788	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			40,286	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			457,872	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			273,423	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			856,048	0	73.00
74.00	07400	RENAL DIALYSIS			202,708	0	74.00
76.00	03330	ENDOSCOPY			332,589	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC			1,510,642	0	90.00
91.00	09100	EMERGENCY			1,452,356	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION			342,269	0	105.00
107.00	10700	LIVER ACQUISITION			127,641	0	107.00
109.00	10900	PANCREAS ACQUISITION			9,938	0	109.00
113.00	11300	INTEREST EXPENSE				0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	25,805,011	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			99,207	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			1,445,527	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE			1,407,487	0	194.00
194.03	07953	RETAIL PHARMACY			141,048	0	194.03
200.00		Cross Foot Adjustments	417	21,964	234,410	256,791	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	417	21,964	234,410	29,155,071	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03330	ENDOSCOPY	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	105.00
107.00	10700	LIVER ACQUISITION	107.00
109.00	10900	PANCREAS ACQUISITION	109.00
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	OTHER NON-REIMBURSABLE	194.00
194.03	07953	RETAIL PHARMACY	194.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	787,112					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		787,112				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,339	7,339	142,441,085			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	70,070	70,070	20,688,885	-134,813,309	388,917,550	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,283	2,283	570,448	0	7,511,733	6.00
7.00	00700	OPERATION OF PLANT	114,458	114,458	203	0	12,722,160	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,425	1,425	0	0	1,846,232	8.00
9.00	00900	HOUSEKEEPING	8,365	8,365	0	0	6,671,509	9.00
10.00	01000	DIETARY	11,879	11,879	0	0	1,270,167	10.00
11.00	01100	CAFETERIA	10,944	10,944	0	0	6,738,041	11.00
13.00	01300	NURSING ADMINISTRATION	1,733	1,733	3,451,159	0	8,698,433	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,335	15,335	1,001,838	0	4,515,834	14.00
15.00	01500	PHARMACY	6,956	6,956	6,294,337	0	7,982,767	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,500	6,500	2,116,460	0	3,368,443	16.00
17.00	01700	SOCIAL SERVICE	1,670	1,670	930,374	0	1,514,193	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	65,626	-57,180,107	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	391	391	260,962	0	394,774	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	5,119	5,119	150,464	0	381,331	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	100,952	100,952	18,222,246	0	21,432,206	30.00
31.00	03100	INTENSIVE CARE UNIT	49,392	49,392	14,640,857	0	26,078,490	31.00
32.00	03200	CORONARY CARE UNIT	27,357	27,357	12,219,033	0	21,806,724	32.00
40.00	04000	SUBPROVIDER - IPF	18,468	18,468	5,223,775	0	8,028,361	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	70,926	70,926	9,622,221	0	20,047,878	50.00
51.00	05100	RECOVERY ROOM	1,252	1,252	1,983,313	0	3,267,416	51.00
53.00	05300	ANESTHESIOLOGY	5,350	5,350	4,054,434	0	2,605,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,012	24,012	4,902,998	0	9,459,938	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,897	6,897	808,335	0	1,359,544	55.00
56.00	05600	RADIOISOTOPE	7,196	7,196	332,849	0	2,936,037	56.00
57.00	05700	CT SCAN	6,404	6,404	1,139,192	0	2,935,391	57.00
58.00	05800	MRI	5,443	5,443	1,040,090	0	1,770,984	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,036	13,036	1,176,738	0	2,633,004	59.00
60.00	06000	LABORATORY	18,602	18,602	3,686,653	0	15,022,232	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,387	4,387	1,622,200	0	12,551,511	62.00
64.00	06400	INTRAVENOUS THERAPY	1,865	1,865	366,291	0	1,469,677	64.00
65.00	06500	RESPIRATORY THERAPY	4,178	4,178	3,682,710	0	5,694,152	65.00
66.00	06600	PHYSICAL THERAPY	8,246	8,246	2,196,188	0	3,258,243	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,348	1,348	1,228,956	0	1,646,119	67.00
68.00	06800	SPEECH PATHOLOGY	55	55	263,783	0	344,979	68.00
69.00	06900	ELECTROCARDIOLOGY	5,233	5,233	1,765,168	0	2,928,269	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	665	665	588,746	0	878,510	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	34,690,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	20,574,014	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	44,686,008	73.00
74.00	07400	RENAL DIALYSIS	4,142	4,142	61	0	2,219,522	74.00
76.00	03330	ENDOSCOPY	6,667	6,667	1,469,065	0	2,467,041	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	29,965	29,965	4,234,654	0	11,179,122	90.00
91.00	09100	EMERGENCY	28,346	28,346	7,286,819	0	12,509,962	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,091	6,091	816,258	0	7,322,919	105.00
107.00	10700	LIVER ACQUISITION	988	988	856,228	0	5,009,088	107.00
109.00	10900	PANCREAS ACQUISITION	165	165	21,728	0	160,203	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	722,095	722,095	140,982,345	-191,993,416	372,588,603	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,189	2,189	0	0	71,005	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,380	31,380	831,337	0	3,688,400	192.00
194.00	07950	OTHER NON-REIMBURSABLE	30,913	30,913	158,468	0	1,811,940	194.00
194.03	07953	RETAIL PHARMACY	535	535	468,935	0	10,757,602	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	13,379,697	15,657,698	31,449,331		134,813,309	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.998467	19.892592	0.220788		0.346637	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			270,744		2,633,217	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001901		0.006771	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: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DA YS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	707,420					6.00
7.00	00700	OPERATION OF PLANT	114,458	592,962				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,425	1,425	99,121			8.00
9.00	00900	HOUSEKEEPING	8,365	8,365	0	583,172		9.00
10.00	01000	DIETARY	11,879	11,879	0	11,879	99,121	10.00
11.00	01100	CAFETERIA	10,944	10,944	0	10,944	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,733	1,733	0	1,733	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,335	15,335	0	15,335	0	14.00
15.00	01500	PHARMACY	6,956	6,956	0	6,956	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,500	6,500	0	6,500	0	16.00
17.00	01700	SOCIAL SERVICE	1,670	1,670	0	1,670	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	391	391	0	391	0	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	5,119	5,119	0	5,119	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	100,952	100,952	45,888	100,952	45,888	30.00
31.00	03100	INTENSIVE CARE UNIT	49,392	49,392	22,516	49,392	22,516	31.00
32.00	03200	CORONARY CARE UNIT	27,357	27,357	20,910	27,357	20,910	32.00
40.00	04000	SUBPROVIDER - IPF	18,468	18,468	9,807	18,468	9,807	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	70,926	70,926	0	70,926	0	50.00
51.00	05100	RECOVERY ROOM	1,252	1,252	0	1,252	0	51.00
53.00	05300	ANESTHESIOLOGY	5,350	5,350	0	5,350	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,012	24,012	0	24,012	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,897	6,897	0	6,897	0	55.00
56.00	05600	RADIOISOTOPE	7,196	7,196	0	7,196	0	56.00
57.00	05700	CT SCAN	6,404	6,404	0	6,404	0	57.00
58.00	05800	MRI	5,443	5,443	0	5,443	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,036	13,036	0	13,036	0	59.00
60.00	06000	LABORATORY	18,602	18,602	0	18,602	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,387	4,387	0	4,387	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,865	1,865	0	1,865	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,178	4,178	0	4,178	0	65.00
66.00	06600	PHYSICAL THERAPY	8,246	8,246	0	8,246	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,348	1,348	0	1,348	0	67.00
68.00	06800	SPEECH PATHOLOGY	55	55	0	55	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,233	5,233	0	5,233	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	665	665	0	665	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,142	4,142	0	4,142	0	74.00
76.00	03330	ENDOSCOPY	6,667	6,667	0	6,667	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	29,965	29,965	0	29,965	0	90.00
91.00	09100	EMERGENCY	28,346	28,346	0	28,346	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	5,100	5,100	0	5,100	0	105.00
107.00	10700	LIVER ACQUISITION	1,989	1,989	0	1,989	0	107.00
109.00	10900	PANCREAS ACQUISITION	155	155	0	155	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	642,403	527,945	99,121	518,155	99,121	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,189	2,189	0	2,189	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,380	31,380	0	31,380	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	30,913	30,913	0	30,913	0	194.00
194.03	07953	RETAIL PHARMACY	535	535	0	535	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)	10,115,578	18,768,794	2,551,685	9,368,488	2,447,149	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.299254	31.652608	25.743132	16.064708	24.688502	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	136,169	4,330,649	75,752	416,483	544,357	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.192487	7.303417	0.764238	0.714168	5.491843	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: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	121,181,549					11.00
13.00	01300	NURSING ADMINISTRATION	3,451,159	2,825,523				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,001,838	0	122,591,728			14.00
15.00	01500	PHARMACY	6,294,337	0	0	44,216,695		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,116,460	0	51	0	2,473,385,967	16.00
17.00	01700	SOCIAL SERVICE	930,374	0	43,340	43,901	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	65,626	0	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	260,962	0	0	0	0	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	150,464	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,222,246	833,850	34,672	3,285	90,301,203	30.00
31.00	03100	INTENSIVE CARE UNIT	14,640,857	775,518	59,253	6,922	107,414,584	31.00
32.00	03200	CORONARY CARE UNIT	12,219,033	242,867	6,244	809	90,003,281	32.00
40.00	04000	SUBPROVIDER - IPF	5,223,775	196,885	906	13,641	21,921,322	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,622,221	218,922	0	1,788	162,329,070	50.00
51.00	05100	RECOVERY ROOM	1,983,313	72,687	1,741	1,390	15,174,188	51.00
53.00	05300	ANESTHESIOLOGY	4,054,434	0	0	2,033	28,192,845	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,902,998	40,620	521,130	4,770	90,274,387	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	808,335	5,096	9,361	0	27,673,587	55.00
56.00	05600	RADIOISOTOPE	332,849	6	2,182,396	0	23,019,557	56.00
57.00	05700	CT SCAN	1,139,192	0	397,785	7	162,248,674	57.00
58.00	05800	MRI	1,040,090	0	0	0	38,086,886	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,176,738	22,215	0	223	35,619,717	59.00
60.00	06000	LABORATORY	3,686,653	172	2,312,708	1	263,568,439	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,622,200	19,551	9,622,406	0	39,877,625	62.00
64.00	06400	INTRAVENOUS THERAPY	366,291	0	6,298	18,358,103	315,117,104	64.00
65.00	06500	RESPIRATORY THERAPY	3,682,710	0	189,454	2,824	42,204,050	65.00
66.00	06600	PHYSICAL THERAPY	2,196,188	0	329	4,238	12,210,500	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,228,956	0	0	0	9,739,223	67.00
68.00	06800	SPEECH PATHOLOGY	263,783	0	0	0	2,148,623	68.00
69.00	06900	ELECTROCARDIOLOGY	1,765,168	6,749	3,374	0	40,122,997	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	588,746	0	0	0	4,558,753	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	35,707,224	0	78,083,729	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	20,302,093	0	99,522,609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	44,095,406	25,768,901	398,292,180	73.00
74.00	07400	RENAL DIALYSIS	61	0	801	0	6,513,782	74.00
76.00	03330	ENDOSCOPY	1,469,065	38,376	81,833	16	24,209,752	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,234,654	22,748	8,285	6	32,071,142	90.00
91.00	09100	EMERGENCY	7,286,819	280,664	72,106	3,837	200,599,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	816,258	48,597	29,397	0	8,553,690	105.00
107.00	10700	LIVER ACQUISITION	856,228	0	0	0	3,548,304	107.00
109.00	10900	PANCREAS ACQUISITION	21,728	0	0	0	184,981	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	119,722,809	2,825,523	115,688,593	44,216,695	2,473,385,967	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	831,337	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	158,468	0	0	0	0	194.00
194.03	07953	RETAIL PHARMACY	468,935	0	6,903,135	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)	9,752,404	12,098,849	7,112,839	11,687,833	5,109,509	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.080478	4.281986	0.058021	0.264331	0.002066	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	539,211	158,977	729,943	407,751	329,406	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.004450	0.056265	0.005954	0.009222	0.000133	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: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES		SERVICES-OTHER
			(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	APPRV (ASSIGNED TIME)		PRGM COSTS APPRV (ASSIGNED TIME)
			17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	99,121					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			274		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				274	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0					23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0					23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,888	0	0	142	142	30.00
31.00	03100	INTENSIVE CARE UNIT	22,516	0	0	8	8	31.00
32.00	03200	CORONARY CARE UNIT	20,910	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	9,807	0	0	19	19	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	45	45	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	26	26	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	14	14	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	6	6	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	14	14	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	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	99,121	0	0	274	274	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
						21.00	22.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	2,231,630	0	0	0	57,185,388	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.514200	0.000000	0.000000	0.000000	208,705.795620	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	92,144	0	0	0	417	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.929611	0.000000	0.000000	0.000000	1.521898	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0			206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000			207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description		PARAMED ED-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED-CLINICAL PASTORAL ED (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	1,200	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	240	30.00
31.00	03100	INTENSIVE CARE UNIT	360	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	180	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03330	ENDOSCOPY	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	180	90.00
91.00	09100	EMERGENCY	120	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10	92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	120	105.00
107.00	10700	LIVER ACQUISITION	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,200	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	194.00
194.03	07953	RETAIL PHARMACY	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)	576,867	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	480.722500	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description		PARAMED ED-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED-CLINICAL PASTORAL ED (ASSIGNED TIME)	
		23.00	23.01	
204.00	Cost to be allocated (per Wkst. B, Part II)	21,964	234,410	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	18.303333	2,344.100000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/19/2021 1:41 pm

				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,123,175		44,123,175	451,183	44,574,358	30.00
31.00	03100	INTENSIVE CARE UNIT	45,169,937		45,169,937	0	45,169,937	31.00
32.00	03200	CORONARY CARE UNIT	34,797,465		34,797,465	0	34,797,465	32.00
40.00	04000	SUBPROVIDER - IPF	13,984,396		13,984,396	0	13,984,396	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,443,444		33,443,444	9,078	33,452,522	50.00
51.00	05100	RECOVERY ROOM	4,980,344		4,980,344	0	4,980,344	51.00
53.00	05300	ANESTHESIOLOGY	4,225,370		4,225,370	0	4,225,370	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,014,766		15,014,766	0	15,014,766	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,403,131		2,403,131	0	2,403,131	55.00
56.00	05600	RADIOISOTOPE	4,601,043		4,601,043	0	4,601,043	56.00
57.00	05700	CT SCAN	4,800,027		4,800,027	0	4,800,027	57.00
58.00	05800	MRI	2,884,821		2,884,821	0	2,884,821	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,617,624		4,617,624	0	4,617,624	59.00
60.00	06000	LABORATORY	22,445,805		22,445,805	11,259	22,457,064	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	18,029,353		18,029,353	2,485	18,031,838	62.00
64.00	06400	INTRAVENOUS THERAPY	7,628,273		7,628,273	73,500	7,701,773	64.00
65.00	06500	RESPIRATORY THERAPY	8,322,370	0	8,322,370	0	8,322,370	65.00
66.00	06600	PHYSICAL THERAPY	5,102,171	0	5,102,171	0	5,102,171	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,419,348	0	2,419,348	0	2,419,348	67.00
68.00	06800	SPEECH PATHOLOGY	493,640	0	493,640	0	493,640	68.00
69.00	06900	ELECTROCARDIOLOGY	4,521,894		4,521,894	214	4,522,108	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,281,074		1,281,074	0	1,281,074	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,948,006		48,948,006	0	48,948,006	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,089,290		29,089,290	0	29,089,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,368,209		70,368,209	0	70,368,209	73.00
74.00	07400	RENAL DIALYSIS	3,259,271		3,259,271	5,543	3,264,814	74.00
76.00	03330	ENDOSCOPY	4,072,994		4,072,994	0	4,072,994	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	17,504,020		17,504,020	0	17,504,020	90.00
91.00	09100	EMERGENCY	20,954,160		20,954,160	4,998	20,959,158	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,236,351		4,236,351		4,236,351	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,528,446		10,528,446		10,528,446	105.00
107.00	10700	LIVER ACQUISITION	6,945,013		6,945,013		6,945,013	107.00
109.00	10900	PANCREAS ACQUISITION	227,478		227,478		227,478	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	501,422,709	0	501,422,709	558,260	501,980,969	200.00
201.00		Less Observation Beds	4,236,351		4,236,351		4,236,351	201.00
202.00		Total (see instructions)	497,186,358	0	497,186,358	558,260	497,744,618	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/19/2021 1:41 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	90,031,597		90,031,597		30.00
31.00	03100	INTENSIVE CARE UNIT	107,093,883		107,093,883		31.00
32.00	03200	CORONARY CARE UNIT	89,734,563		89,734,563		32.00
40.00	04000	SUBPROVIDER - IPF	21,855,873		21,855,873		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	97,724,484	64,119,929	161,844,413	0.206639	50.00
51.00	05100	RECOVERY ROOM	9,704,750	5,424,134	15,128,884	0.329194	51.00
53.00	05300	ANESTHESIOLOGY	21,162,053	6,946,618	28,108,671	0.150323	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,570,473	44,434,387	90,004,860	0.166822	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,476,918	26,114,045	27,590,963	0.087098	55.00
56.00	05600	RADIOISOTOPE	3,187,205	19,763,624	22,950,829	0.200474	56.00
57.00	05700	CT SCAN	74,263,271	87,500,986	161,764,257	0.029673	57.00
58.00	05800	MRI	13,333,121	24,640,050	37,973,171	0.075970	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,459,455	14,053,914	35,513,369	0.130025	59.00
60.00	06000	LABORATORY	159,285,310	103,496,207	262,781,517	0.085416	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	27,910,655	11,847,910	39,758,565	0.453471	62.00
64.00	06400	INTRAVENOUS THERAPY	24,956,165	289,220,111	314,176,276	0.024280	64.00
65.00	06500	RESPIRATORY THERAPY	37,320,659	4,757,384	42,078,043	0.197784	65.00
66.00	06600	PHYSICAL THERAPY	9,259,994	2,914,050	12,174,044	0.419102	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,171,890	1,538,255	9,710,145	0.249157	67.00
68.00	06800	SPEECH PATHOLOGY	2,005,221	136,987	2,142,208	0.230435	68.00
69.00	06900	ELECTROCARDIOLOGY	25,715,893	14,287,312	40,003,205	0.113038	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,991,433	2,553,709	4,545,142	0.281856	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,918,784	24,931,815	77,850,599	0.628743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,250,977	33,974,493	99,225,470	0.293164	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	264,443,638	132,659,383	397,103,021	0.177204	73.00
74.00	07400	RENAL DIALYSIS	6,047,380	446,954	6,494,334	0.501864	74.00
76.00	03330	ENDOSCOPY	4,830,600	19,306,870	24,137,470	0.168742	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,575,657	26,399,734	31,975,391	0.547422	90.00
91.00	09100	EMERGENCY	94,339,101	105,661,164	200,000,265	0.104771	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,450,319	5,934,331	7,384,650	0.573670	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	6,052,910	2,475,242	8,528,152		105.00
107.00	10700	LIVER ACQUISITION	2,368,728	1,168,982	3,537,710		107.00
109.00	10900	PANCREAS ACQUISITION	141,739	42,689	184,428		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,396,634,699	1,076,751,269	2,473,385,968		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,396,634,699	1,076,751,269	2,473,385,968		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/19/2021 1:41 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
40.00	04000	SUBPROVIDER - IPF				40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.206696			50.00
51.00	05100	RECOVERY ROOM	0.329194			51.00
53.00	05300	ANESTHESIOLOGY	0.150323			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166822			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087098			55.00
56.00	05600	RADIOISOTOPE	0.200474			56.00
57.00	05700	CT SCAN	0.029673			57.00
58.00	05800	MRI	0.075970			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.130025			59.00
60.00	06000	LABORATORY	0.085459			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.453533			62.00
64.00	06400	INTRAVENOUS THERAPY	0.024514			64.00
65.00	06500	RESPIRATORY THERAPY	0.197784			65.00
66.00	06600	PHYSICAL THERAPY	0.419102			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249157			67.00
68.00	06800	SPEECH PATHOLOGY	0.230435			68.00
69.00	06900	ELECTROCARDIOLOGY	0.113044			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281856			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.628743			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.293164			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177204			73.00
74.00	07400	RENAL DIALYSIS	0.502717			74.00
76.00	03330	ENDOSCOPY	0.168742			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.547422			90.00
91.00	09100	EMERGENCY	0.104796			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.573670			92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
107.00	10700	LIVER ACQUISITION				107.00
109.00	10900	PANCREAS ACQUISITION				109.00
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: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
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				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	44,123,175		44,123,175	451,183	44,574,358	30.00	
31.00	03100	INTENSIVE CARE UNIT	45,169,937		45,169,937	0	45,169,937	31.00	
32.00	03200	CORONARY CARE UNIT	34,797,465		34,797,465	0	34,797,465	32.00	
40.00	04000	SUBPROVIDER - IPF	13,984,396		13,984,396	0	13,984,396	40.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	33,443,444		33,443,444	9,078	33,452,522	50.00	
51.00	05100	RECOVERY ROOM	4,980,344		4,980,344	0	4,980,344	51.00	
53.00	05300	ANESTHESIOLOGY	4,225,370		4,225,370	0	4,225,370	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,014,766		15,014,766	0	15,014,766	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,403,131		2,403,131	0	2,403,131	55.00	
56.00	05600	RADIOISOTOPE	4,601,043		4,601,043	0	4,601,043	56.00	
57.00	05700	CT SCAN	4,800,027		4,800,027	0	4,800,027	57.00	
58.00	05800	MRI	2,884,821		2,884,821	0	2,884,821	58.00	
59.00	05900	CARDIAC CATHETERIZATION	4,617,624		4,617,624	0	4,617,624	59.00	
60.00	06000	LABORATORY	22,445,805		22,445,805	11,259	22,457,064	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	18,029,353		18,029,353	2,485	18,031,838	62.00	
64.00	06400	INTRAVENOUS THERAPY	7,628,273		7,628,273	73,500	7,701,773	64.00	
65.00	06500	RESPIRATORY THERAPY	8,322,370	0	8,322,370	0	8,322,370	65.00	
66.00	06600	PHYSICAL THERAPY	5,102,171	0	5,102,171	0	5,102,171	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,419,348	0	2,419,348	0	2,419,348	67.00	
68.00	06800	SPEECH PATHOLOGY	493,640	0	493,640	0	493,640	68.00	
69.00	06900	ELECTROCARDIOLOGY	4,521,894		4,521,894	214	4,522,108	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,281,074		1,281,074	0	1,281,074	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,948,006		48,948,006	0	48,948,006	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,089,290		29,089,290	0	29,089,290	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	70,368,209		70,368,209	0	70,368,209	73.00	
74.00	07400	RENAL DIALYSIS	3,259,271		3,259,271	5,543	3,264,814	74.00	
76.00	03330	ENDOSCOPY	4,072,994		4,072,994	0	4,072,994	76.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	17,504,020		17,504,020	0	17,504,020	90.00	
91.00	09100	EMERGENCY	20,954,160		20,954,160	4,998	20,959,158	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,236,351		4,236,351		4,236,351	92.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	10,528,446		10,528,446		10,528,446	105.00	
107.00	10700	LIVER ACQUISITION	6,945,013		6,945,013		6,945,013	107.00	
109.00	10900	PANCREAS ACQUISITION	227,478		227,478		227,478	109.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	501,422,709	0	501,422,709	558,260	501,980,969	200.00	
201.00		Less Observation Beds	4,236,351		4,236,351		4,236,351	201.00	
202.00		Total (see instructions)	497,186,358	0	497,186,358	558,260	497,744,618	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
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			Title XIX			Hospital	Cost
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	90,031,597		90,031,597		30.00
31.00	03100	INTENSIVE CARE UNIT	107,093,883		107,093,883		31.00
32.00	03200	CORONARY CARE UNIT	89,734,563		89,734,563		32.00
40.00	04000	SUBPROVIDER - IPF	21,855,873		21,855,873		40.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	97,724,484	64,119,929	161,844,413	0.206639	50.00
51.00	05100	RECOVERY ROOM	9,704,750	5,424,134	15,128,884	0.329194	51.00
53.00	05300	ANESTHESIOLOGY	21,162,053	6,946,618	28,108,671	0.150323	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,570,473	44,434,387	90,004,860	0.166822	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,476,918	26,114,045	27,590,963	0.087098	55.00
56.00	05600	RADIOISOTOPE	3,187,205	19,763,624	22,950,829	0.200474	56.00
57.00	05700	CT SCAN	74,263,271	87,500,986	161,764,257	0.029673	57.00
58.00	05800	MRI	13,333,121	24,640,050	37,973,171	0.075970	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,459,455	14,053,914	35,513,369	0.130025	59.00
60.00	06000	LABORATORY	159,285,310	103,496,207	262,781,517	0.085416	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	27,910,655	11,847,910	39,758,565	0.453471	62.00
64.00	06400	INTRAVENOUS THERAPY	24,956,165	289,220,111	314,176,276	0.024280	64.00
65.00	06500	RESPIRATORY THERAPY	37,320,659	4,757,384	42,078,043	0.197784	65.00
66.00	06600	PHYSICAL THERAPY	9,259,994	2,914,050	12,174,044	0.419102	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,171,890	1,538,255	9,710,145	0.249157	67.00
68.00	06800	SPEECH PATHOLOGY	2,005,221	136,987	2,142,208	0.230435	68.00
69.00	06900	ELECTROCARDIOLOGY	25,715,893	14,287,312	40,003,205	0.113038	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,991,433	2,553,709	4,545,142	0.281856	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,918,784	24,931,815	77,850,599	0.628743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,250,977	33,974,493	99,225,470	0.293164	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	264,443,638	132,659,383	397,103,021	0.177204	73.00
74.00	07400	RENAL DIALYSIS	6,047,380	446,954	6,494,334	0.501864	74.00
76.00	03330	ENDOSCOPY	4,830,600	19,306,870	24,137,470	0.168742	76.00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,575,657	26,399,734	31,975,391	0.547422	90.00
91.00	09100	EMERGENCY	94,339,101	105,661,164	200,000,265	0.104771	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,450,319	5,934,331	7,384,650	0.573670	92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,052,910	2,475,242	8,528,152		105.00
107.00	10700	LIVER ACQUISITION	2,368,728	1,168,982	3,537,710		107.00
109.00	10900	PANCREAS ACQUISITION	141,739	42,689	184,428		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,396,634,699	1,076,751,269	2,473,385,968		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,396,634,699	1,076,751,269	2,473,385,968		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
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 PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03330	ENDOSCOPY	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
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
107.00	10700	LIVER ACQUISITION				107.00
109.00	10900	PANCREAS ACQUISITION				109.00
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: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/19/2021 1:41 pm

				Title V		Hospital		Cost	
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	44,123,175		44,123,175	451,183	44,574,358	30.00	
31.00	03100	INTENSIVE CARE UNIT	45,169,937		45,169,937	0	45,169,937	31.00	
32.00	03200	CORONARY CARE UNIT	34,797,465		34,797,465	0	34,797,465	32.00	
40.00	04000	SUBPROVIDER - IPF	13,984,396		13,984,396	0	13,984,396	40.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	33,443,444		33,443,444	9,078	33,452,522	50.00	
51.00	05100	RECOVERY ROOM	4,980,344		4,980,344	0	4,980,344	51.00	
53.00	05300	ANESTHESIOLOGY	4,225,370		4,225,370	0	4,225,370	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,014,766		15,014,766	0	15,014,766	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,403,131		2,403,131	0	2,403,131	55.00	
56.00	05600	RADIOISOTOPE	4,601,043		4,601,043	0	4,601,043	56.00	
57.00	05700	CT SCAN	4,800,027		4,800,027	0	4,800,027	57.00	
58.00	05800	MRI	2,884,821		2,884,821	0	2,884,821	58.00	
59.00	05900	CARDIAC CATHETERIZATION	4,617,624		4,617,624	0	4,617,624	59.00	
60.00	06000	LABORATORY	22,445,805		22,445,805	11,259	22,457,064	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	18,029,353		18,029,353	2,485	18,031,838	62.00	
64.00	06400	INTRAVENOUS THERAPY	7,628,273		7,628,273	73,500	7,701,773	64.00	
65.00	06500	RESPIRATORY THERAPY	8,322,370	0	8,322,370	0	8,322,370	65.00	
66.00	06600	PHYSICAL THERAPY	5,102,171	0	5,102,171	0	5,102,171	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,419,348	0	2,419,348	0	2,419,348	67.00	
68.00	06800	SPEECH PATHOLOGY	493,640	0	493,640	0	493,640	68.00	
69.00	06900	ELECTROCARDIOLOGY	4,521,894		4,521,894	214	4,522,108	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,281,074		1,281,074	0	1,281,074	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,948,006		48,948,006	0	48,948,006	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,089,290		29,089,290	0	29,089,290	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	70,368,209		70,368,209	0	70,368,209	73.00	
74.00	07400	RENAL DIALYSIS	3,259,271		3,259,271	5,543	3,264,814	74.00	
76.00	03330	ENDOSCOPY	4,072,994		4,072,994	0	4,072,994	76.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	17,504,020		17,504,020	0	17,504,020	90.00	
91.00	09100	EMERGENCY	20,954,160		20,954,160	4,998	20,959,158	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,236,351		4,236,351		4,236,351	92.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	10,528,446		10,528,446		10,528,446	105.00	
107.00	10700	LIVER ACQUISITION	6,945,013		6,945,013		6,945,013	107.00	
109.00	10900	PANCREAS ACQUISITION	227,478		227,478		227,478	109.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	501,422,709	0	501,422,709	558,260	501,980,969	200.00	
201.00		Less Observation Beds	4,236,351		4,236,351		4,236,351	201.00	
202.00		Total (see instructions)	497,186,358	0	497,186,358	558,260	497,744,618	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
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			Title V			Hospital	Cost
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	90,031,597		90,031,597		30.00
31.00	03100	INTENSIVE CARE UNIT	107,093,883		107,093,883		31.00
32.00	03200	CORONARY CARE UNIT	89,734,563		89,734,563		32.00
40.00	04000	SUBPROVIDER - IPF	21,855,873		21,855,873		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	97,724,484	64,119,929	161,844,413	0.206639	50.00
51.00	05100	RECOVERY ROOM	9,704,750	5,424,134	15,128,884	0.329194	51.00
53.00	05300	ANESTHESIOLOGY	21,162,053	6,946,618	28,108,671	0.150323	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,570,473	44,434,387	90,004,860	0.166822	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,476,918	26,114,045	27,590,963	0.087098	55.00
56.00	05600	RADIOISOTOPE	3,187,205	19,763,624	22,950,829	0.200474	56.00
57.00	05700	CT SCAN	74,263,271	87,500,986	161,764,257	0.029673	57.00
58.00	05800	MRI	13,333,121	24,640,050	37,973,171	0.075970	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,459,455	14,053,914	35,513,369	0.130025	59.00
60.00	06000	LABORATORY	159,285,310	103,496,207	262,781,517	0.085416	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	27,910,655	11,847,910	39,758,565	0.453471	62.00
64.00	06400	INTRAVENOUS THERAPY	24,956,165	289,220,111	314,176,276	0.024280	64.00
65.00	06500	RESPIRATORY THERAPY	37,320,659	4,757,384	42,078,043	0.197784	65.00
66.00	06600	PHYSICAL THERAPY	9,259,994	2,914,050	12,174,044	0.419102	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,171,890	1,538,255	9,710,145	0.249157	67.00
68.00	06800	SPEECH PATHOLOGY	2,005,221	136,987	2,142,208	0.230435	68.00
69.00	06900	ELECTROCARDIOLOGY	25,715,893	14,287,312	40,003,205	0.113038	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,991,433	2,553,709	4,545,142	0.281856	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,918,784	24,931,815	77,850,599	0.628743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,250,977	33,974,493	99,225,470	0.293164	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	264,443,638	132,659,383	397,103,021	0.177204	73.00
74.00	07400	RENAL DIALYSIS	6,047,380	446,954	6,494,334	0.501864	74.00
76.00	03330	ENDOSCOPY	4,830,600	19,306,870	24,137,470	0.168742	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,575,657	26,399,734	31,975,391	0.547422	90.00
91.00	09100	EMERGENCY	94,339,101	105,661,164	200,000,265	0.104771	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,450,319	5,934,331	7,384,650	0.573670	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	6,052,910	2,475,242	8,528,152		105.00
107.00	10700	LIVER ACQUISITION	2,368,728	1,168,982	3,537,710		107.00
109.00	10900	PANCREAS ACQUISITION	141,739	42,689	184,428		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,396,634,699	1,076,751,269	2,473,385,968		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,396,634,699	1,076,751,269	2,473,385,968		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			PPS Inpatient Ratio	Title V	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
40.00	04000	SUBPROVIDER - IPF				40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
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 PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03330	ENDOSCOPY	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
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
107.00	10700	LIVER ACQUISITION				107.00
109.00	10900	PANCREAS ACQUISITION				109.00
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: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/19/2021 1:41 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	5,202,746	0	5,202,746	50,368	103.29	30.00
31.00	INTENSIVE CARE UNIT	2,717,326		2,717,326	22,331	121.68	31.00
32.00	CORONARY CARE UNIT	1,635,019		1,635,019	20,790	78.64	32.00
40.00	SUBPROVIDER - IPF	1,005,060	0	1,005,060	9,775	102.82	40.00
200.00	Total (lines 30 through 199)	10,560,151		10,560,151	103,264		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	9,811	1,013,378				30.00
31.00	INTENSIVE CARE UNIT	5,500	669,240				31.00
32.00	CORONARY CARE UNIT	6,169	485,130				32.00
40.00	SUBPROVIDER - IPF	1,415	145,490				40.00
200.00	Total (lines 30 through 199)	22,895	2,313,238				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/19/2021 1:41 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,429,621	161,844,413	0.021191	32,566,407	690,115	50.00
51.00	05100	RECOVERY ROOM	97,318	15,128,884	0.006433	5,890,226	37,892	51.00
53.00	05300	ANESTHESIOLOGY	288,450	28,108,671	0.010262	4,766,966	48,919	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,195,599	90,004,860	0.013284	8,285,052	110,059	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	329,426	27,590,963	0.011940	566,120	6,759	55.00
56.00	05600	RADIOISOTOPE	362,597	22,950,829	0.015799	264,180	4,174	56.00
57.00	05700	CT SCAN	339,886	161,764,257	0.002101	16,115,842	33,859	57.00
58.00	05800	MRI	269,147	37,973,171	0.007088	3,132,809	22,205	58.00
59.00	05900	CARDIAC CATHETERIZATION	619,228	35,513,369	0.017436	5,174,293	90,219	59.00
60.00	06000	LABORATORY	1,015,448	262,781,517	0.003864	43,719,979	168,934	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	356,843	39,758,565	0.008975	4,438,063	39,832	62.00
64.00	06400	INTRAVENOUS THERAPY	307,637	314,176,276	0.000979	49,191	48	64.00
65.00	06500	RESPIRATORY THERAPY	257,702	42,078,043	0.006124	8,885,848	54,417	65.00
66.00	06600	PHYSICAL THERAPY	409,578	12,174,044	0.033644	2,383,607	80,194	66.00
67.00	06700	OCCUPATIONAL THERAPY	81,042	9,710,145	0.008346	2,070,996	17,285	67.00
68.00	06800	SPEECH PATHOLOGY	6,778	2,142,208	0.003164	594,226	1,880	68.00
69.00	06900	ELECTROCARDIOLOGY	272,788	40,003,205	0.006819	6,666,825	45,461	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,286	4,545,142	0.008864	520,551	4,614	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	457,872	77,850,599	0.005881	12,802,191	75,290	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	273,423	99,225,470	0.002756	16,288,567	44,891	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	856,048	397,103,021	0.002156	77,176,805	166,393	73.00
74.00	07400	RENAL DIALYSIS	202,708	6,494,334	0.031213	2,437,170	76,071	74.00
76.00	03330	ENDOSCOPY	332,589	24,137,470	0.013779	1,348,101	18,575	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,510,642	31,975,391	0.047244	5,333,900	251,995	90.00
91.00	09100	EMERGENCY	1,452,356	200,000,265	0.007262	18,503,053	134,369	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	494,471	7,384,650	0.066959	556,264	37,247	92.00
200.00	Total (lines 50 through 199)		15,259,483	2,152,419,762		280,537,232	2,261,697	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS						Provider CCN: 26-0105		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/19/2021 1:41 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	0	0	427,315	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	619,895	0	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00			
200.00		Total (lines 30 through 199)	0	0	0	1,047,210	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	427,315	50,368	8.48	9,811	30.00			
31.00	03100	INTENSIVE CARE UNIT		619,895	22,331	27.76	5,500	31.00			
32.00	03200	CORONARY CARE UNIT		0	20,790	0.00	6,169	32.00			
40.00	04000	SUBPROVIDER - IPF	0	0	9,775	0.00	1,415	40.00			
200.00		Total (lines 30 through 199)		1,047,210	103,264		22,895	200.00			
Cost Center Description						Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
						9.00					
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	83,197						30.00		
31.00	03100	INTENSIVE CARE UNIT	152,680						31.00		
32.00	03200	CORONARY CARE UNIT	0						32.00		
40.00	04000	SUBPROVIDER - IPF	0						40.00		
200.00		Total (lines 30 through 199)	235,877						200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0105

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

Worksheet D
Part IV
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	86,530	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	86,530	90.00
91.00	09100	EMERGENCY	0	0	0	141,996	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	40,614	92.00
200.00		Total (lines 50 through 199)	0	0	0	355,670	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0105

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

Worksheet D
Part IV
Date/Time Prepared:
7/19/2021 1:41 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	161,844,413	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	15,128,884	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	28,108,671	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	90,004,860	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	27,590,963	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	22,950,829	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	161,764,257	0.000000	57.00
58.00	05800	MRI	0	0	0	37,973,171	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	35,513,369	0.000000	59.00
60.00	06000	LABORATORY	0	86,530	86,530	262,781,517	0.000329	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	39,758,565	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	314,176,276	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	42,078,043	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,174,044	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9,710,145	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,142,208	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	40,003,205	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,545,142	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	77,850,599	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	99,225,470	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	397,103,021	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,494,334	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	24,137,470	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	86,530	86,530	31,975,391	0.002706	90.00
91.00	09100	EMERGENCY	0	141,996	141,996	200,000,265	0.000710	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	40,614	40,614	7,384,650	0.005500	92.00
200.00	Total (lines 50 through 199)		0	355,670	355,670	2,152,419,762		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description			Title XVIII		Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	32,566,407	0	17,352,066	0
51.00	05100	RECOVERY ROOM	0.000000	5,890,226	0	4,428,909	0
53.00	05300	ANESTHESIOLOGY	0.000000	4,766,966	0	2,120,399	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	8,285,052	0	10,393,622	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	566,120	0	6,588,631	0
56.00	05600	RADIOISOTOPE	0.000000	264,180	0	585,585	0
57.00	05700	CT SCAN	0.000000	16,115,842	0	11,210,878	0
58.00	05800	MRI	0.000000	3,132,809	0	4,768,300	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,174,293	0	3,302,341	0
60.00	06000	LABORATORY	0.000329	43,719,979	14,384	17,221,136	5,666
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,438,063	0	754,008	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	49,191	0	721,465	0
65.00	06500	RESPIRATORY THERAPY	0.000000	8,885,848	0	655,709	0
66.00	06600	PHYSICAL THERAPY	0.000000	2,383,607	0	20,331	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,070,996	0	14,728	0
68.00	06800	SPEECH PATHOLOGY	0.000000	594,226	0	7,088	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,666,825	0	2,254,443	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	520,551	0	78,641	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	12,802,191	0	5,658,209	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	16,288,567	0	8,549,331	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	77,176,805	0	102,031,604	0
74.00	07400	RENAL DIALYSIS	0.000000	2,437,170	0	257,880	0
76.00	03330	ENDOSCOPY	0.000000	1,348,101	0	3,451,410	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.002706	5,333,900	14,434	61,360	166
91.00	09100	EMERGENCY	0.000710	18,503,053	13,137	10,667,249	7,574
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.005500	556,264	3,059	935,105	5,143
200.00		Total (lines 50 through 199)		280,537,232	45,014	214,090,428	18,549

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/19/2021 1:41 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	0.206639	17,352,066	143,130	0	3,585,614	50.00
51.00	05100	RECOVERY ROOM	0.329194	4,428,909	0	0	1,457,970	51.00
53.00	05300	ANESTHESIOLOGY	0.150323	2,120,399	0	0	318,745	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166822	10,393,622	31,680	0	1,733,885	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087098	6,588,631	0	0	573,857	55.00
56.00	05600	RADIOISOTOPE	0.200474	585,585	0	0	117,395	56.00
57.00	05700	CT SCAN	0.029673	11,210,878	0	0	332,660	57.00
58.00	05800	MRI	0.075970	4,768,300	0	0	362,248	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.130025	3,302,341	0	0	429,387	59.00
60.00	06000	LABORATORY	0.085416	17,221,136	154	0	1,470,961	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.453471	754,008	0	0	341,921	62.00
64.00	06400	INTRAVENOUS THERAPY	0.024280	721,465	0	0	17,517	64.00
65.00	06500	RESPIRATORY THERAPY	0.197784	655,709	0	0	129,689	65.00
66.00	06600	PHYSICAL THERAPY	0.419102	20,331	0	0	8,521	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249157	14,728	0	0	3,670	67.00
68.00	06800	SPEECH PATHOLOGY	0.230435	7,088	0	0	1,633	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113038	2,254,443	0	0	254,838	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281856	78,641	0	0	22,165	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.628743	5,658,209	0	0	3,557,559	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.293164	8,549,331	0	0	2,506,356	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177204	102,031,604	9,965	371,491	18,080,408	73.00
74.00	07400	RENAL DIALYSIS	0.501864	257,880	0	0	129,421	74.00
76.00	03330	ENDOSCOPY	0.168742	3,451,410	0	0	582,398	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.547422	61,360	0	14,512	33,590	90.00
91.00	09100	EMERGENCY	0.104771	10,667,249	0	0	1,117,618	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.573670	935,105	0	0	536,442	92.00
200.00		Subtotal (see instructions)		214,090,428	184,929	386,003	37,706,468	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		214,090,428	184,929	386,003	37,706,468	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/19/2021 1:41 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	29,576	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,285	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	13	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,766	65,830		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	7,944		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	36,640	73,774		200.00
201.00		Less PBP Clinic Lab. Services-Program	0			201.00
		Only Charges				
202.00		Net Charges (line 200 - line 201)	36,640	73,774		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0105

Period:

Worksheet D

Component CCN: 26-S105

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/19/2021 1:41 pm

				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,429,621	161,844,413	0.021191	0	0	50.00
51.00	05100	RECOVERY ROOM	97,318	15,128,884	0.006433	0	0	51.00
53.00	05300	ANESTHESIOLOGY	288,450	28,108,671	0.010262	7,107	73	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,195,599	90,004,860	0.013284	29,133	387	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	329,426	27,590,963	0.011940	602	7	55.00
56.00	05600	RADIOISOTOPE	362,597	22,950,829	0.015799	0	0	56.00
57.00	05700	CT SCAN	339,886	161,764,257	0.002101	151,431	318	57.00
58.00	05800	MRI	269,147	37,973,171	0.007088	14,804	105	58.00
59.00	05900	CARDIAC CATHETERIZATION	619,228	35,513,369	0.017436	0	0	59.00
60.00	06000	LABORATORY	1,015,448	262,781,517	0.003864	292,942	1,132	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	356,843	39,758,565	0.008975	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	307,637	314,176,276	0.000979	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	257,702	42,078,043	0.006124	3,998	24	65.00
66.00	06600	PHYSICAL THERAPY	409,578	12,174,044	0.033644	1,350	45	66.00
67.00	06700	OCCUPATIONAL THERAPY	81,042	9,710,145	0.008346	2,304	19	67.00
68.00	06800	SPEECH PATHOLOGY	6,778	2,142,208	0.003164	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	272,788	40,003,205	0.006819	45,869	313	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,286	4,545,142	0.008864	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	457,872	77,850,599	0.005881	3,728	22	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	273,423	99,225,470	0.002756	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	856,048	397,103,021	0.002156	674,541	1,454	73.00
74.00	07400	RENAL DIALYSIS	202,708	6,494,334	0.031213	0	0	74.00
76.00	03330	ENDOSCOPY	332,589	24,137,470	0.013779	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,510,642	31,975,391	0.047244	34,692	1,639	90.00
91.00	09100	EMERGENCY	1,452,356	200,000,265	0.007262	500,190	3,632	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,384,650	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)		14,765,012	2,152,419,762		1,762,691	9,170	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0105

Component CCN: 26-S105

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

Worksheet D
Part IV
Date/Time Prepared:
7/19/2021 1:41 pm

			Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/19/2021 1:41 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	161,844,413	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	15,128,884	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	28,108,671	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	90,004,860	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	27,590,963	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	22,950,829	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	161,764,257	0.000000	57.00
58.00	05800	MRI	0	0	0	37,973,171	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	35,513,369	0.000000	59.00
60.00	06000	LABORATORY	0	86,530	86,530	262,781,517	0.000329	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	39,758,565	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	314,176,276	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	42,078,043	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,174,044	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9,710,145	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,142,208	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	40,003,205	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,545,142	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	77,850,599	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	99,225,470	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	397,103,021	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,494,334	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	24,137,470	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	86,530	86,530	31,975,391	0.002706	90.00
91.00	09100	EMERGENCY	0	141,996	141,996	200,000,265	0.000710	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,384,650	0.000000	92.00
200.00		Total (lines 50 through 199)	0	315,056	315,056	2,152,419,762		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0105

Component CCN: 26-S105

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

Worksheet D
Part IV
Date/Time Prepared:
7/19/2021 1:41 pm

			Title XVIII		Subprovider - IPF		PPS	
	Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	7,107	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	29,133	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	602	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	151,431	0	0	0	57.00
58.00	05800	MRI	0.000000	14,804	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000329	292,942	96	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	3,998	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,350	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,304	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	45,869	0	740	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,728	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	674,541	0	6,966	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.000000	0	0	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.002706	34,692	94	106	0	90.00
91.00	09100	EMERGENCY	0.000710	500,190	355	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		1,762,691	545	7,812	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0105

Period:

Worksheet D

Component CCN: 26-S105

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
7/19/2021 1:41 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.206639	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.329194	0	0	0	0 51.00
53.00	05300 ANESTHESIOLOGY	0.150323	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.166822	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.087098	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.200474	0	0	0	0 56.00
57.00	05700 CT SCAN	0.029673	0	0	0	0 57.00
58.00	05800 MRI	0.075970	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.130025	0	0	0	0 59.00
60.00	06000 LABORATORY	0.085416	0	0	0	0 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.453471	0	0	0	0 62.00
64.00	06400 INTRAVENOUS THERAPY	0.024280	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.197784	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.419102	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.249157	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.230435	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.113038	740	0	0	84 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.281856	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.628743	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.293164	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.177204	6,966	530	143	1,234 73.00
74.00	07400 RENAL DIALYSIS	0.501864	0	0	0	0 74.00
76.00	03330 ENDOSCOPY	0.168742	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.547422	106	0	0	58 90.00
91.00	09100 EMERGENCY	0.104771	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.573670	0	0	0	0 92.00
200.00	Subtotal (see instructions)		7,812	530	143	1,376 200.00
201.00	Less PBP Clinic Lab. Services-Program			0	0	0 201.00
202.00	Only Charges					
	Net Charges (line 200 - line 201)		7,812	530	143	1,376 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0105

Period:

Worksheet D

Component CCN: 26-S105

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
7/19/2021 1:41 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	94	25	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	94	25	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	94	25	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/19/2021 1:41 pm

			Title XIX		Hospital		7/19/2021 1:41 pm 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	0.206639	0	5,227,349	0	0	50.00
51.00	05100	RECOVERY ROOM	0.329194	0	995,225	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.150323	0	830,237	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166822	0	4,383,128	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087098	0	2,771,514	0	0	55.00
56.00	05600	RADIOISOTOPE	0.200474	0	186,495	0	0	56.00
57.00	05700	CT SCAN	0.029673	0	6,754,114	0	0	57.00
58.00	05800	MRI	0.075970	0	1,655,097	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.130025	0	1,345,903	0	0	59.00
60.00	06000	LABORATORY	0.085416	0	8,130,561	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.453471	0	194,227	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.024280	0	824	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.197784	0	88,710	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.419102	0	88,290	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249157	0	87,894	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.230435	0	13,575	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113038	0	561,733	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281856	0	27,114	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.628743	0	1,503,726	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.293164	0	1,418,527	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177204	0	30,238,684	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.501864	0	27,560	0	0	74.00
76.00	03330	ENDOSCOPY	0.168742	0	1,760,209	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.547422	0	2,285,209	0	0	90.00
91.00	09100	EMERGENCY	0.104771	0	11,195,095	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.573670	0	514,436	0	0	92.00
200.00		Subtotal (see instructions)		0	82,285,436	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	82,285,436	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/19/2021 1:41 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	1,080,174	0		50.00
51.00	05100	RECOVERY ROOM	327,622	0		51.00
53.00	05300	ANESTHESIOLOGY	124,804	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	731,202	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	241,393	0		55.00
56.00	05600	RADIOISOTOPE	37,387	0		56.00
57.00	05700	CT SCAN	200,415	0		57.00
58.00	05800	MRI	125,738	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	175,001	0		59.00
60.00	06000	LABORATORY	694,480	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	88,076	0		62.00
64.00	06400	INTRAVENOUS THERAPY	20	0		64.00
65.00	06500	RESPIRATORY THERAPY	17,545	0		65.00
66.00	06600	PHYSICAL THERAPY	37,003	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	21,899	0		67.00
68.00	06800	SPEECH PATHOLOGY	3,128	0		68.00
69.00	06900	ELECTROCARDIOLOGY	63,497	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,642	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	945,457	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	415,861	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,358,416	0		73.00
74.00	07400	RENAL DIALYSIS	13,831	0		74.00
76.00	03330	ENDOSCOPY	297,021	0		76.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1,250,974	0		90.00
91.00	09100	EMERGENCY	1,172,921	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	295,117	0		92.00
200.00		Subtotal (see instructions)	13,726,624	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	13,726,624	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/19/2021 1:41 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)			50,368	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			50,368	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)			45,581	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			9,811	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)			44,574,358	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)			44,574,358	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)			44,574,358	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)			884.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			8,682,441	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)			8,682,441	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

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

Worksheet D-1

Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	45,169,937	22,331	2,022.75	5,500	11,125,125	43.00
44.00	CORONARY CARE UNIT	34,797,465	20,790	1,673.76	6,169	10,325,425	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					55,451,666	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					85,584,657	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)					2,403,625	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,306,711	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,710,336	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					80,874,321	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)					4,787	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					884.97	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,236,351	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

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

Worksheet D-1

Date/Time Prepared:
7/19/2021 1:41 pm

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	5,202,746	44,574,358	0.116721	4,236,351	494,471
91.00	Nursing School cost	0	44,574,358	0.000000	4,236,351	0
92.00	Allied health cost	427,315	44,574,358	0.009587	4,236,351	40,614
93.00	All other Medical Education	0	44,574,358	0.000000	4,236,351	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/19/2021 1:41 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,775	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,775	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)		9,775	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,415	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)		13,984,396	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)		13,984,396	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)		13,984,396	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)		1,430.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,024,341	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,024,341	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/19/2021 1:41 pm
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	44.00
45.00 BURN INTENSIVE CARE UNIT					45.00
46.00 SURGICAL INTENSIVE CARE UNIT					46.00
47.00 OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					237,033 48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,261,374 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)					145,490 50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,715 51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					155,205 52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,106,169 53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0 54.00
55.00 Target amount per discharge					0.00 55.00
56.00 Target amount (line 54 x line 55)					0 56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0 57.00
58.00 Bonus payment (see instructions)					0 58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00 59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00 60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0 61.00
62.00 Relief payment (see instructions)					0 62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0 64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0 65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0 66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0 67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0 68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0 87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00 88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0 89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

Period:

Worksheet D-1

Component CCN: 26-S105

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/19/2021 1:41 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,005,060	13,984,396	0.071870	0	0	90.00
91.00	Nursing School cost	0	13,984,396	0.000000	0	0	91.00
92.00	Allied health cost	0	13,984,396	0.000000	0	0	92.00
93.00	All other Medical Education	0	13,984,396	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

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

Worksheet D-1

Date/Time Prepared:
7/19/2021 1:41 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)	50,368	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	50,368	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)	45,581	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)	5,585	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)	44,123,175	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)	44,123,175	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)	44,123,175	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)	876.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,892,572	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)	4,892,572	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

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

Worksheet D-1

Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	45,169,937	22,331	2,022.75	3,327	6,729,689	43.00
44.00	CORONARY CARE UNIT	34,797,465	20,790	1,673.76	2,930	4,904,117	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,116,762	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,643,140	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)					4,787	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					876.02	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,193,508	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

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

Worksheet D-1

Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,202,746	44,123,175	0.117914	4,193,508	494,473	90.00
91.00	Nursing School cost	0	44,123,175	0.000000	4,193,508	0	91.00
92.00	Allied health cost	0	44,123,175	0.000000	4,193,508	0	92.00
93.00	All other Medical Education	0	44,123,175	0.000000	4,193,508	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/19/2021 1:41 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			9,775 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			9,775 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)			9,775 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)			3,160 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)			13,984,396 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)			13,984,396 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)			13,984,396 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)			1,430.63 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,520,791 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)			4,520,791 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/19/2021 1:41 pm	
				Title XIX		Subprovider - IPF	Cost
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					425,449	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,946,240	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
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0
52.00	Total Program excludable cost (sum of lines 50 and 51)						0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0
58.00	Bonus payment (see instructions)						0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	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
62.00	Relief payment (see instructions)						0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

Period:

Worksheet D-1

Component CCN: 26-S105

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/19/2021 1:41 pm

Title XIX

Subprovider -
IPF

Cost

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,005,060	13,984,396	0.071870	0	0	90.00
91.00	Nursing School cost	0	13,984,396	0.000000	0	0	91.00
92.00	Allied health cost	0	13,984,396	0.000000	0	0	92.00
93.00	All other Medical Education	0	13,984,396	0.000000	0	0	93.00

Health Financial Systems		SSM SAINT LOUIS UNIVERSITY HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0105	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/19/2021 1:41 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		17,085,357	30.00
31.00	03100	INTENSIVE CARE UNIT		23,547,537	31.00
32.00	03200	CORONARY CARE UNIT		25,971,484	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.206696	32,566,407	50.00
51.00	05100	RECOVERY ROOM	0.329194	5,890,226	51.00
53.00	05300	ANESTHESIOLOGY	0.150323	4,766,966	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166822	8,285,052	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087098	566,120	55.00
56.00	05600	RADIOISOTOPE	0.200474	264,180	56.00
57.00	05700	CT SCAN	0.029673	16,115,842	57.00
58.00	05800	MRI	0.075970	3,132,809	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.130025	5,174,293	59.00
60.00	06000	LABORATORY	0.085459	43,719,979	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.453533	4,438,063	62.00
64.00	06400	INTRAVENOUS THERAPY	0.024514	49,191	64.00
65.00	06500	RESPIRATORY THERAPY	0.197784	8,885,848	65.00
66.00	06600	PHYSICAL THERAPY	0.419102	2,383,607	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249157	2,070,996	67.00
68.00	06800	SPEECH PATHOLOGY	0.230435	594,226	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113044	6,666,825	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281856	520,551	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.628743	12,802,191	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.293164	16,288,567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177204	77,176,805	73.00
74.00	07400	RENAL DIALYSIS	0.502717	2,437,170	74.00
76.00	03330	ENDOSCOPY	0.168742	1,348,101	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.547422	5,333,900	90.00
91.00	09100	EMERGENCY	0.104796	18,503,053	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.573670	556,264	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		280,537,232	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)		280,537,232	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/19/2021 1:41 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		3,234,043		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.206696	0	0	50.00
51.00	05100 RECOVERY ROOM	0.329194	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.150323	7,107	1,068	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.166822	29,133	4,860	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.087098	602	52	55.00
56.00	05600 RADIOISOTOPE	0.200474	0	0	56.00
57.00	05700 CT SCAN	0.029673	151,431	4,493	57.00
58.00	05800 MRI	0.075970	14,804	1,125	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.130025	0	0	59.00
60.00	06000 LABORATORY	0.085459	292,942	25,035	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.453533	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.024514	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.197784	3,998	791	65.00
66.00	06600 PHYSICAL THERAPY	0.419102	1,350	566	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.249157	2,304	574	67.00
68.00	06800 SPEECH PATHOLOGY	0.230435	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.113044	45,869	5,185	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.281856	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.628743	3,728	2,344	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.293164	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.177204	674,541	119,531	73.00
74.00	07400 RENAL DIALYSIS	0.502717	0	0	74.00
76.00	03330 ENDOSCOPY	0.168742	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.547422	34,692	18,991	90.00
91.00	09100 EMERGENCY	0.104796	500,190	52,418	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.573670	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,762,691	237,033	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)		1,762,691		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0105	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/19/2021 1:41 pm	
Cost Center Description			Title XIX	Hospital	Cost	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		12,044,976		30.00
31.00	03100	INTENSIVE CARE UNIT		14,066,629		31.00
32.00	03200	CORONARY CARE UNIT		12,145,185		32.00
40.00	04000	SUBPROVIDER - IPF		284,930		40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.206639	13,327,421	2,753,965	50.00
51.00	05100	RECOVERY ROOM	0.329194	3,214,457	1,058,180	51.00
53.00	05300	ANESTHESIOLOGY	0.150323	2,230,585	335,308	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166822	4,630,227	772,424	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087098	252,686	22,008	55.00
56.00	05600	RADIOISOTOPE	0.200474	96,879	19,422	56.00
57.00	05700	CT SCAN	0.029673	8,714,097	258,573	57.00
58.00	05800	MRI	0.075970	1,670,369	126,898	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.130025	3,919,416	509,622	59.00
60.00	06000	LABORATORY	0.085416	22,146,500	1,891,665	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.453471	2,550,383	1,156,525	62.00
64.00	06400	INTRAVENOUS THERAPY	0.024280	3,154	77	64.00
65.00	06500	RESPIRATORY THERAPY	0.197784	5,637,037	1,114,916	65.00
66.00	06600	PHYSICAL THERAPY	0.419102	1,171,200	490,852	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249157	1,041,604	259,523	67.00
68.00	06800	SPEECH PATHOLOGY	0.230435	266,668	61,450	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113038	859,238	97,127	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281856	262,516	73,992	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.628743	5,224,841	3,285,082	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.293164	5,200,141	1,524,494	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177204	36,521,993	6,471,843	73.00
74.00	07400	RENAL DIALYSIS	0.501864	738,894	370,824	74.00
76.00	03330	ENDOSCOPY	0.168742	657,003	110,864	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.547422	162,302	88,848	90.00
91.00	09100	EMERGENCY	0.104771	10,999,227	1,152,400	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.573670	191,539	109,880	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		131,690,377	24,116,762	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)		131,690,377		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/19/2021 1:41 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		6,937,098		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.206639	0	0	50.00
51.00	05100 RECOVERY ROOM	0.329194	1,040	342	51.00
53.00	05300 ANESTHESIOLOGY	0.150323	9,639	1,449	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.166822	60,376	10,072	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.087098	0	0	55.00
56.00	05600 RADIOISOTOPE	0.200474	0	0	56.00
57.00	05700 CT SCAN	0.029673	215,269	6,388	57.00
58.00	05800 MRI	0.075970	10,649	809	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.130025	10,232	1,330	59.00
60.00	06000 LABORATORY	0.085416	697,721	59,597	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.453471	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.024280	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.197784	1,748	346	65.00
66.00	06600 PHYSICAL THERAPY	0.419102	13,805	5,786	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.249157	7,352	1,832	67.00
68.00	06800 SPEECH PATHOLOGY	0.230435	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.113038	115,015	13,001	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.281856	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.628743	6,747	4,242	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.293164	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.177204	951,683	168,642	73.00
74.00	07400 RENAL DIALYSIS	0.501864	0	0	74.00
76.00	03330 ENDOSCOPY	0.168742	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.547422	44,763	24,504	90.00
91.00	09100 EMERGENCY	0.104771	1,213,206	127,109	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.573670	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,359,245	425,449	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)		3,359,245		202.00

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

Provider CCN: 26-0105

Period:

From 01/01/2020

To 12/31/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:
7/19/2021 1:41 pm

		Kidney		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	77,204	884.97	58	51,328	1.00
2.00	INTENSIVE CARE UNIT	43.00	81,507	2,022.75	24	48,546	2.00
3.00	CORONARY CARE UNIT	44.00	4,210	1,673.76	2	3,348	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	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		162,921		84	103,222	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	0.206639	1,405,872	290,508	8.00
9.00	RECOVERY ROOM		51.00	0.329194	109,172	35,939	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.150323	151,311	22,746	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.166822	899,138	149,996	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.087098	957	83	13.00
14.00	RADIOISOTOPE		56.00	0.200474	140,219	28,110	14.00
15.00	CT SCAN		57.00	0.029673	536,334	15,915	15.00
16.00	MRI		58.00	0.075970	56,799	4,315	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.130025	819,561	106,563	17.00
18.00	LABORATORY		60.00	0.085416	1,485,503	126,886	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.453471	9,905	4,492	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.024280	4,284	104	22.00
23.00	RESPIRATORY THERAPY		65.00	0.197784	19,056	3,769	23.00
24.00	PHYSICAL THERAPY		66.00	0.419102	6,993	2,931	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.249157	3,052	760	25.00
26.00	SPEECH PATHOLOGY		68.00	0.230435	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.113038	132,267	14,951	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.281856	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.628743	214,112	134,621	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.293164	52,015	15,249	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.177204	881,675	156,236	31.00
32.00	RENAL DIALYSIS		74.00	0.501864	9,058	4,546	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.168742	16,578	2,797	34.00
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	0.547422	156,293	85,558	37.00
38.00	EMERGENCY		91.00	0.104771	2,437	255	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.573670	45,740	26,240	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				7,158,331	1,233,570	41.00
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	58	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	24	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	2	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
48.00	TOTAL (sum of lines 42 through 47)				84	0	48.00

(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.

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

Provider CCN: 26-0105
Component CCN:

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

Worksheet D-4
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description	Kidney		Hospital		PPS	
	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		

49.00	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	21.00	0	0.000000	0	49.00
50.00	RURAL HEALTH CLINIC	22.00	0	0.000000	0	50.00
51.00	FEDERALLY QUALIFIED HEALTH CENTER	23.00	156,293	0.000000	0	51.00
52.00	CLINIC	24.00	2,437	0.000000	0	52.00
53.00	EMERGENCY	25.00	45,740	0.000000	0	53.00
54.00	OBSERVATION BEDS (NON-DISTINCT PART	26.00	0	0.000000	0	54.00
55.00	OTHER OUTPATIENT SERVICE COST CENTER					
55.00	TOTAL (sum of lines 49 through 52)		204,470		0	55.00

Cost Center Description	Cost		Charges	
	Part A	Part B	Part A	Part B
	1.00	2.00	3.00	4.00

56.00	PART III - SUMMARY OF COSTS AND CHARGES	1,336,792		7,321,252		56.00
57.00	Routine and Ancillary from Part I	0		0		57.00
58.00	Interns and Residents (inpatient)	0		0		58.00
59.00	Interns and Residents (outpatient)	0		0		59.00
60.00	Direct Organ Acquisition (see instructions)	10,528,446		10,858,117		60.00
61.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		61.00
62.00	Total (sum of lines 56 thru 60)	11,865,238		18,179,369		62.00
63.00	Total Usable Organs (see instructions)		104			63.00
64.00	Medicare Usable Organs (see instructions)		74			64.00
65.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.711538			65.00
66.00	Medicare Cost/Charges (see instructions)	8,442,568		12,935,312		66.00
67.00	Revenue for Organs Sold	255,772		255,772		67.00
68.00	Subtotal (line 65 minus line 66)	8,186,796		12,679,540		68.00
69.00	Organs Furnished Part B	0		0		69.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	8,186,796		12,679,540		69.00

Cost Center Description	Living Related	Cadaveric	Revenue
	1.00	2.00	3.00

70.00	PART IV - STATISTICS					
71.00	Organs Excised in Provider (1)	9	32			70.00
72.00	Organs Purchased from Other Transplant Hospitals (2)	0	0			71.00
73.00	Organs Purchased from Non-Transplant Hospitals	0	0			72.00
74.00	Organs Purchased from OPOs	0	70			73.00
75.00	Total (sum of lines 70 through 73)	9	102			74.00
76.00	Organs Transplanted	9	70	23,665,289		75.00
77.00	Organs Sold to Other Hospitals	0	0	0		76.00
78.00	Organs Sold to OPOs	0	25	203,608		77.00
79.00	Organs Sold to Transplant Hospitals	0	0	0		78.00
80.00	Organs Sold to Military or VA Hospitals	0	0	0		79.00
81.00	Organs Sold Outside the U.S.	0	0	0		80.00
82.00	Organs Sent Outside the U.S. (no revenue received)	0	0	0		81.00
83.00	Organs Used for Research	0	0	0		82.00
84.00	Unusable/Discarded Organs	0	7			83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	9	102			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.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-0105	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 7/19/2021 1:41 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	42,312	884.97	32	28,319	1.00
2.00	INTENSIVE CARE UNIT	43.00	68,799	2,022.75	21	42,478	2.00
3.00	CORONARY CARE UNIT	44.00	4,284	1,673.76	2	3,348	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	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		115,395		55	74,145	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	0.206639	144,531	29,866	8.00
9.00	RECOVERY ROOM		51.00	0.329194	4,432	1,459	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.150323	20,054	3,015	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.166822	151,993	25,356	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.087098	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.200474	21,268	4,264	14.00
15.00	CT SCAN		57.00	0.029673	198,558	5,892	15.00
16.00	MRI		58.00	0.075970	70,028	5,320	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.130025	188,660	24,531	17.00
18.00	LABORATORY		60.00	0.085416	517,837	44,232	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.453471	10,867	4,928	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.024280	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.197784	3,295	652	23.00
24.00	PHYSICAL THERAPY		66.00	0.419102	18,657	7,819	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.249157	5,214	1,299	25.00
26.00	SPEECH PATHOLOGY		68.00	0.230435	336	77	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.113038	22,463	2,539	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.281856	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.628743	51,178	32,178	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.293164	9,270	2,718	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.177204	327,062	57,957	31.00
32.00	RENAL DIALYSIS		74.00	0.501864	13,871	6,961	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.168742	16,904	2,852	34.00
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	0.547422	49,978	27,359	37.00
38.00	EMERGENCY		91.00	0.104771	3,709	389	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.573670	12,536	7,192	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				1,862,701	298,855	41.00
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	32	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	21	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	2	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
48.00	TOTAL (sum of lines 42 through 47)				55	0	48.00

(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.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
Provider CCN: 26-0105
Period: From 01/01/2020 To 12/31/2020
Worksheet D-4
Date/Time Prepared: 7/19/2021 1:41 pm

		Component CCN:	To	12/31/2020	Date/Time Prepared: 7/19/2021 1:41 pm		
		Liver		Hospital		PPS	
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	49,978	0.000000	0	51.00	
52.00	EMERGENCY	24.00	3,709	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	12,536	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)		66,223		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	373,000		1,978,096		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)	6,945,013		7,161,579		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)	7,318,013		9,139,675		61.00	
62.00	Total Usable Organs (see instructions)		37			62.00	
63.00	Medicare Usable Organs (see instructions)		12			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.324324			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,373,407		2,964,216		65.00	
66.00	Revenue for Organs Sold	38,696		38,696		66.00	
67.00	Subtotal (line 65 minus line 66)	2,334,711		2,925,520		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,334,711	0	2,925,520	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
	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	34		73.00	
74.00	Total (sum of lines 70 through 73)		0	37		74.00	
75.00	Organs Transplanted		0	34	18,106,599	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	3	38,696	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		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	37		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.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-0105	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 7/19/2021 1:41 pm	
				Pancreas	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	0	884.97	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,022.75	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,673.76	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	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		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	0.206639	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.329194	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.150323	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.166822	409	68	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.087098	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.200474	0	0	14.00
15.00	CT SCAN		57.00	0.029673	0	0	15.00
16.00	MRI		58.00	0.075970	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.130025	0	0	17.00
18.00	LABORATORY		60.00	0.085416	6,556	560	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.453471	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.024280	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.197784	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.419102	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.249157	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.230435	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.113038	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.281856	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.628743	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.293164	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.177204	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.501864	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.168742	0	0	34.00
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	0.547422	0	0	37.00
38.00	EMERGENCY		91.00	0.104771	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.573670	74	42	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				7,039	670	41.00
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	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
48.00	TOTAL (sum of lines 42 through 47)				0	0	48.00

(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.

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

Provider CCN: 26-0105

Period:

From 01/01/2020

To 12/31/2020

Worksheet D-4

Date/Time Prepared:
7/19/2021 1:41 pm

		Pancreas		Hospital		PPS	
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	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	74	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)		74		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	670		7,039		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)	227,478		227,353		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)	228,148		234,392		61.00	
62.00	Total Usable Organs (see instructions)		2			62.00	
63.00	Medicare Usable Organs (see instructions)		2			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		1.000000			64.00	
65.00	Medicare Cost/Charges (see instructions)	228,148		234,392		65.00	
66.00	Revenue for Organs Sold	0		0		66.00	
67.00	Subtotal (line 65 minus line 66)	228,148		234,392		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	228,148	0	234,392	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	2		73.00	
74.00	Total (sum of lines 70 through 73)		0	2		74.00	
75.00	Organs Transplanted		0	2	1,061,582	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	0	0	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		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	2		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.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/19/2021 1:41 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		32,487,312	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,774,350	1.02	
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03	
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04	
2.00	Outlier payments for discharges. (see instructions)			2.00	
2.01	Outlier reconciliation amount		0	2.01	
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02	
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		3,745,422	2.03	
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		712,592	2.04	
3.00	Managed Care Simulated Payments		31,088,151	3.00	
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		278.92	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)		220.45	5.00	
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00	
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00	
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01	
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		37.12	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)		257.57	9.00	
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		260.71	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)		257.57	12.00	
13.00	Total allowable FTE count for the prior year.		260.07	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.		263.45	14.00	
15.00	Sum of lines 12 through 14 divided by 3.		260.36	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		260.36	18.00	
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.933458	19.00	
20.00	Prior year resident to bed ratio (see instructions)		0.931315	20.00	
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.931315	21.00	
22.00	IME payment adjustment (see instructions)		18,253,465	22.00	
22.01	IME payment adjustment - Managed Care (see instructions)		12,820,722	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) .		1.73	23.00	
24.00	IME FTE Resident Count Over Cap (see instructions)		3.14	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)		1.73	25.00	
26.00	Resident to bed ratio (divide line 25 by line 4)		0.006202	26.00	
27.00	IME payments adjustment factor. (see instructions)		0.001655	27.00	
28.00	IME add-on adjustment amount (see instructions)		73,253	28.00	
28.01	IME add-on adjustment amount - Managed Care (see instructions)		51,451	28.01	
29.00	Total IME payment (sum of lines 22 and 28)		18,326,718	29.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		12,872,173	29.01	
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		11.21	30.00	
31.00	Percentage of Medicaid patient days (see instructions)		31.07	31.00	
32.00	Sum of lines 30 and 31		42.28	32.00	
33.00	Allowable disproportionate share percentage (see instructions)		42.29	33.00	
34.00	Disproportionate share adjustment (see instructions)		4,679,564	34.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/19/2021 1:41 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
35.01	Factor 3 (see instructions)		0.000573399	0.001024260
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,788,229	8,491,127
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,584,631	2,140,231
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,724,862	
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	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		77,450,820	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		90,322,993	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,263,747	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).		10,178,512	52.00
53.00	Nursing and Allied Health Managed Care payment		120,294	53.00
54.00	Special add-on payments for new technologies		314,795	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)		10,749,655	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).		235,877	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		45,014	58.00
59.00	Total (sum of amounts on lines 49 through 58)		117,230,887	59.00
60.00	Primary payer payments		93,146	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		117,137,741	61.00
62.00	Deductibles billed to program beneficiaries		2,787,444	62.00
63.00	Coinurance billed to program beneficiaries		416,284	63.00
64.00	Allowable bad debts (see instructions)		1,506,033	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		978,921	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,177,800	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		114,912,934	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)		-432,761	70.93
70.94	HRR adjustment amount (see instructions)		-148,565	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
7/19/2021 1:41 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			953,202	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			113,378,406	71.00
71.01	Sequestration adjustment (see instructions)			748,297	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			112,648,081	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)			-17,972	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			2,155,496	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/19/2021 1:41 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	32,487,312	0	32,487,312		32,487,312
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,774,350	0		11,774,350	11,774,350
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	3,745,422	0	3,745,422		3,745,422
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	712,592	0		712,592	712,592
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	31,088,151	0	21,829,245	9,258,906	31,088,151
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.931315	0.931315	0.931315	0.931315	
6.00	IME payment adjustment (see instructions)	22.00	18,253,465	0	13,397,735	4,855,730	18,253,465
6.01	IME payment adjustment for managed care (see instructions)	22.01	12,820,722	0	9,002,358	3,818,364	12,820,722
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.001655	0.001655	0.001655	0.001655	
8.00	IME adjustment (see instructions)	28.00	73,253	0	53,766	19,487	73,253
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	51,451	0	36,128	15,323	51,451
9.00	Total IME payment (sum of lines 6 and 8)	29.00	18,326,718	0	13,451,501	4,875,217	18,326,718
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	12,872,173	0	9,038,486	3,833,687	12,872,173
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4229	0.4229	0.4229	0.4229	
11.00	Disproportionate share adjustment (see instructions)	34.00	4,679,564	0	3,434,721	1,244,843	4,679,564
11.01	Uncompensated care payments	36.00	5,724,862	0	3,584,631	2,140,231	5,724,862
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	77,450,820	0	56,703,587	20,747,233	77,450,820
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	90,322,993	0	65,742,073	24,580,920	90,322,993
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,263,747	0	3,931,387	1,332,360	5,263,747

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/19/2021 1:41 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	314,795	0	249,730	65,065	314,795	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	69,923,190	25,978,345	95,901,535	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,457,276	0	2,559,639	897,637	3,457,276	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	273,861	0	237,061	36,800	273,861	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.3539	0.3539	0.3539	0.3539		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,223,530	0	905,856	317,674	1,223,530	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0894	0.0894	0.0894	0.0894		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	309,080	0	228,831	80,249	309,080	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,263,747	0	3,931,387	1,332,360	5,263,747	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/19/2021 1:41 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	32,487,312	32,487,312		32,487,312	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,774,350		11,774,350	11,774,350	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	3,745,422	3,745,422		3,745,422	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	712,592		712,592	712,592	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	31,088,151	21,829,244	9,258,907	31,088,151	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.931315	0.931315	0.931315		5.00
6.00	IME payment adjustment (see instructions)	22.00	18,253,465	13,397,735	4,855,730	18,253,465	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	12,820,722	9,002,358	3,818,364	12,820,722	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	0.001655	0.001655	0.001655		7.00
8.00	IME adjustment (see instructions)	28.00	73,253	53,766	19,487	73,253	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	51,451	36,128	15,323	51,451	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	18,326,718	13,451,501	4,875,217	18,326,718	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	12,872,173	9,038,486	3,833,687	12,872,173	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4229	0.4229	0.4229		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,679,564	3,434,721	1,244,843	4,679,564	11.00
11.01	Uncompensated care payments	36.00	5,724,862	3,584,631	2,140,231	5,724,862	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	77,450,820	56,703,587	20,747,233	77,450,820	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	90,322,993	65,742,073	24,580,920	90,322,993	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,263,747	3,931,387	1,332,360	5,263,747	16.00
17.00	Special add-on payments for new technologies	54.00	314,795	249,730	65,065	314,795	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			69,923,190	25,978,345	95,901,535	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/19/2021 1:41 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,457,276	2,559,639	897,637	3,457,276	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	273,861	237,061	36,800	273,861	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	0.3539	0.3539	0.3539		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,223,530	905,856	317,674	1,223,530	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0894	0.0894	0.0894		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	309,080	228,831	80,249	309,080	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,263,747	3,931,387	1,332,360	5,263,747	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-432,761	-282,370	-150,391	-432,761	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	-148,565	-104,759	-43,806	-148,565	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		695,361	257,841	953,202	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/19/2021 1:41 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		110,414	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		37,687,919	2.00
3.00	OPPS payments		22,878,151	3.00
4.00	Outlier payment (see instructions)		455,044	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		18,549	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		110,414	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		570,932	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)		570,932	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)		570,932	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		460,518	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)		110,414	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)		23,351,744	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		28,657	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,832,017	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)		19,601,484	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,906,255	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)		23,507,739	30.00
31.00	Primary payer payments		15,631	31.00
32.00	Subtotal (line 30 minus line 31)		23,492,108	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)		715,844	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		465,299	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		446,272	36.00
37.00	Subtotal (see instructions)		23,957,407	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-295	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)		23,957,702	40.00
40.01	Sequestration adjustment (see instructions)		158,121	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		19,385,673	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)		4,413,908	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/19/2021 1:41 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		119	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,376	2.00
3.00	OPPS payments		343	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		119	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		673	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)		673	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		673	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		554	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)		119	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)		343	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		54	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)		408	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		408	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		408	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		408	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		408	40.00
40.01	Sequestration adjustment (see instructions)		3	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		363	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)		42	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/19/2021 1:41 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		87,018,560		19,385,673	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		25,785,931		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	10/08/2020	156,410		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)		-156,410		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)		112,648,081		19,385,673	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		4,413,908	6.01	
6.02	SETTLEMENT TO PROGRAM		17,972		0	6.02	
7.00	Total Medicare program liability (see instructions)		112,630,109		23,799,581	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0105

Period:

Worksheet E-1

Component CCN: 26-S105

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/19/2021 1:41 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,094,782		363	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	11/18/2020	20,021		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)		20,021		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)		1,114,803		363	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		46,844		42	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,161,647		405	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: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/19/2021 1:41 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part II Date/Time Prepared: 7/19/2021 1:41 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,154,436	1.00
2.00	Net IPF PPS Outlier Payments		56,865	2.00
3.00	Net IPF PPS ECT Payments		6,924	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		6.12	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		5.43	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		5.43	8.00
9.00	Average Daily Census (see instructions)		26.707650	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.100006	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		115,451	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,333,676	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,333,676	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,333,676	18.00
19.00	Deductibles		115,324	19.00
20.00	Subtotal (line 18 minus line 19)		1,218,352	20.00
21.00	Coinurance		82,720	21.00
22.00	Subtotal (line 20 minus line 21)		1,135,632	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		51,058	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		33,188	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		28,150	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,168,820	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		545	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,169,365	31.00
31.01	Sequestration adjustment (see instructions)		7,718	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,114,803	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		46,844	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		56,865	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet E-3
Part VII
Date/Time Prepared:
7/19/2021 1:41 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		40,643,140		1.00
2.00	Medical and other services			13,726,624	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		40,643,140	13,726,624	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)		40,643,140	13,726,624	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		131,690,377	82,285,436	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)		131,690,377	82,285,436	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)		131,690,377	82,285,436	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		91,047,237	68,558,812	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)		40,643,140	13,726,624	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		40,643,140	13,726,624	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)		40,643,140	13,726,624	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		40,643,140	13,726,624	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		40,643,140	13,726,624	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		40,643,140	13,726,624	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		40,643,140	13,726,624	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

 Provider CCN: 26-0105
 Component CCN: 26-S105

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

 Worksheet E-3
 Part VII
 Date/Time Prepared:
 7/19/2021 1:41 pm

		Title XIX	Subprovider - IPF	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		4,946,240		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		4,946,240	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		4,946,240	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		3,359,245	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		3,359,245	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		3,359,245	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		1,586,995	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)		3,359,245	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		3,359,245	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		1,586,995	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		3,359,245	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		3,359,245	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		3,359,245	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		3,359,245	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		3,359,245	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0105		Period: From 01/01/2020 To 12/31/2020		Worksheet E-4 Date/Time Prepared: 7/19/2021 1:41 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.					226.61	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					38.32	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)					264.93	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					274.47	6.00
7.00	Enter the lesser of line 5 or line 6					264.93	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.	58.77		186.44		245.21 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.	56.73		179.96		236.69 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	56.73		179.96		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	54.55		170.61		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.78		172.01		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	56.69		174.19		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	56.69		174.19		17.00	
18.00	Per resident amount	152,457.23		152,943.22		18.00	
19.00	Approved amount for resident costs	8,642,800		26,641,179		35,283,979 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)					23.85 20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					9.54 21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					8.52 22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					110,129.51 23.00	
24.00	Multiply line 22 time line 23					938,303 24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)					36,222,282 25.00	
		Inpatient Part A		Managed Care		Total	
		1.00		2.00		3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	22,895		16,556		26.00	
27.00	Total Inpatient Days (see instructions)	98,477		98,477		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.232491		0.168120		28.00	
29.00	Program direct GME amount	8,421,355		6,089,690		14,511,045 29.00	
29.01	Percent reduction for MA DGME			7.00		29.01	
30.00	Reduction for direct GME payments for Medicare Advantage			426,278		426,278 30.00	
31.00	Net Program direct GME amount					14,084,767 31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0105	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/19/2021 1:41 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			6,494,334	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			87,846,031	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			10,749,655	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			93,146	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			98,502,540	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			37,818,377	42.00
43.00	Primary payer payments (see instructions)			15,631	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			37,802,746	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			136,305,286	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.722661	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.277339	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			14,084,767	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			10,178,512	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			3,906,255	50.00

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

Provider CCN: 26-0105

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

Worksheet G

Date/Time Prepared:
7/19/2021 1:41 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	291,522	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	112,737,119	0	0	0	4.00
5.00	Other receivable	2,326,152	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	12,549,028	0	0	0	7.00
8.00	Prepaid expenses	3,097,731	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	131,001,552	0	0	0	11.00
FIXED ASSETS						
12.00	Land	15,930,263	0	0	0	12.00
13.00	Land improvements	1,612,445	0	0	0	13.00
14.00	Accumulated depreciation	-162,798	0	0	0	14.00
15.00	Buildings	506,792,228	0	0	0	15.00
16.00	Accumulated depreciation	-58,919,273	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	12,989,830	0	0	0	19.00
20.00	Accumulated depreciation	-2,090,498	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	118,647,349	0	0	0	23.00
24.00	Accumulated depreciation	-25,191,754	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	569,607,792	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	14,089,193	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	2,723,752	2,670,978	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	16,812,945	2,670,978	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	717,422,289	2,670,978	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	110,522,603	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,668,511	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	530,044	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	560,790,500	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	683,511,658	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	15,914,629	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,914,629	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	699,426,287	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	17,996,002				52.00
53.00	Specific purpose fund		2,670,978			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	17,996,002	2,670,978	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	717,422,289	2,670,978	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0105

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

Worksheet G-1

Date/Time Prepared:
7/19/2021 1:41 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		31,917,437		5,610,425		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-18,163,433				2.00
3.00	Total (sum of line 1 and line 2)		13,754,004		5,610,425		3.00
4.00	TRANSFERS	4,241,998		285,592		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		4,241,998		285,592		10.00
11.00	Subtotal (line 3 plus line 10)		17,996,002		5,896,017		11.00
12.00	CHANGE IN RESTRICTED ASSETS	0		3,225,039		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		3,225,039		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		17,996,002		2,670,978		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	TRANSFERS		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	CHANGE IN RESTRICTED ASSETS		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: 26-0105

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/19/2021 1:41 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	90,031,597		90,031,597	1.00
2.00	SUBPROVIDER - IPF	21,855,873		21,855,873	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)	111,887,470		111,887,470	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	107,093,883		107,093,883	11.00
12.00	CORONARY CARE UNIT	89,734,563		89,734,563	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	196,828,446		196,828,446	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	308,715,916		308,715,916	17.00
18.00	Ancillary services	1,020,121,044	892,938,415	1,913,059,459	18.00
19.00	Outpatient services	108,235,458	143,375,136	251,610,594	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	NON REIMBURSABLE	8,904	80,792,636	80,801,540	27.00
27.01	EMPLOYEE HEALTH INSURANCE	11,944,993	15,356,835	27,301,828	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,449,026,315	1,132,463,022	2,581,489,337	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		658,262,059		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		658,262,059		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0105

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

Worksheet G-3

Date/Time Prepared:
7/19/2021 1:41 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,581,489,337	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,980,691,164	2.00
3.00	Net patient revenues (line 1 minus line 2)	600,798,173	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	658,262,059	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-57,463,886	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	10,382,407	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	47,300	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	1,067,150	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,764,542	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	20,916,956	17.00
18.00	Revenue from sale of medical records and abstracts	20	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	3,651,197	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	1,484,299	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	39,313,871	25.00
26.00	Total (line 5 plus line 25)	-18,150,015	26.00
27.00	OTHER EXPENSE	13,418	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	13,418	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-18,163,433	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0105	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/19/2021 1:41 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,457,276	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		273,861	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)		244.11	3.00
4.00	Number of interns & residents (see instructions)		262.09	4.00
5.00	Indirect medical education percentage (see instructions)		35.39	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)		1,223,530	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		11.21	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.07	8.00
9.00	Sum of lines 7 and 8		42.28	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.94	10.00
11.00	Disproportionate share adjustment (see instructions)		309,080	11.00
12.00	Total prospective capital payments (see instructions)		5,263,747	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