

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: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/23/2021 1:48 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/23/2021	Time: 1:48 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CHRISTIAN HOSPITAL NORTHEAST (26-0180) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,813,524	-88,357	0	13,180,106	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	12,270	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	1,825,794	-88,357	0	13,180,106	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.

Health Financial Systems		CHRISTIAN HOSPITAL NORTHEAST		In Lieu of Form CMS-2552-10						
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 26-0180		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/23/2021 1:46 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 11133 DUNN ROAD			PO Box:				1.00		
2.00	City: ST. LOUIS			State: MO		Zip Code: 63136-		County: ST. LOUIS 2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		CHRISTIAN HOSPITAL NORTHEAST	260180	41180	1	09/27/1975	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF		REHAB	26T180	41180	5	12/08/1983	N	P	O
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020	12/31/2020		
21.00	Type of Control (see instructions)						2			
							1.00	2.00		
							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			
22.01	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			
22.02	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			
22.03	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		
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			
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			7,816	1,940	122	151	1,838	0	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	187	183	0	0	3		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.01	1		60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.99	0.000000		64.00

Worksheet S-2
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

MCRIF32 - 16.10.172.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/23/2021 1:46 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	286,000	2,650,000 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1804	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 26-0180		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/23/2021 1:46 pm		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: BJC HEALTH CARE	Contractor's Name: WPS		Contractor's Number: 05301						
142.00	Street: 4901 FOREST PARK BLVD	PO Box:								
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108						
								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.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	N	157.00		
158.00	SUBPROVIDER							158.00		
159.00	SNF	N	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	N	161.00		
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00		
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00	169.00
								Beginning	Ending	
								1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)									170.00
								1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								N	0 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/23/2021 1:46 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.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	Y		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/21/2021	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		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/23/2021 1:46 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				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		N	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.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	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.		N	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		Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	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.		N	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.		Y	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.		Y	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PAUL	BRADSHAW	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-7419	PAUL.BRADSHAW@BJC.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/23/2021 1:46 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part V
Date/Time Prepared:
7/23/2021 1:46 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	PAUL	1.00
2.00	Last Name	BRADSHAW	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTH CARE	4.00
5.00	Phone Number	(314)362-7419	5.00
6.00	E-mail Address	PAUL.BRADSHAW@BJC.ORG	6.00
7.00	Department	CORP REIMBURSEMENT	7.00
8.00	Mailing Address 1	MAILBOX 90-67-808	8.00
9.00	Mailing Address 2	4249 CLAYTON ROAD	9.00
10.00	City	ST. LOUIS	10.00
11.00	State	MO	11.00
12.00	Zip	63110	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

Health Financial Systems		CHRISTIAN HOSPITAL NORTHEAST		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part IX Date/Time Prepared: 7/23/2021 1:46 pm	
			Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	N	Y		1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	N	Y		2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	N	Y		3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	Y	Y		3.01
3.02	Does Title XIX transfer managed care (HMO) days from Worksheet S-3, Part I, column 7, sum of lines 2, 3, and 4 to Worksheet E-4, column 2, line 26?		Y		3.02
			Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N		4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N		5.00
			Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	N	Y		6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	N	Y		7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N		8.00
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N		9.00
			State 1.00		
STATE MEDICAID FORMS					
10.00	Select the state when using state Medicaid forms.				10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/23/2021 1:46 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	241	96,393	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)		241	96,393	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,516	0.00	0	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)		267	105,909	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,588		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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)		285			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: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/23/2021 1:46 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)	17,304	7,027	57,818			1.00
2.00	HMO and other (see instructions)	20,301	4,003				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	901	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)	17,304	7,027	57,818			7.00
8.00	INTENSIVE CARE UNIT	2,253	837	5,774			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)	19,557	7,864	63,592	0.00	1,425.80	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,286	373	3,200	0.00	14.50	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)				0.00	1,440.30	27.00
28.00	Observation Bed Days		0	2,024			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			539			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: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/23/2021 1:46 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	3,284	1,793	11,912	1.00
2.00 HMO and other (see instructions)			3,376	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
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	3,284	1,793	11,912	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	102	0	273	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: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/23/2021 1:46 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	97,366,946	0	97,366,946	2,960,422.00	32.89
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		343,350	0	343,350	2,401.00	143.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		161,818	0	161,818	1,832.00	88.33
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	115,441	115,441	5,581.00	20.68
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		8,600,006	169,571	8,769,577	54,809.00	160.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		9,881,229	0	9,881,229	139,396.00	70.89
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		981,576	0	981,576	7,039.00	139.45
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		17,548,289	0	17,548,289	443,717.00	39.55
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		28,054,854	0	28,054,854		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,787,819	0	2,787,819		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		109,329	0	109,329		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		51,526	0	51,526		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		41,019	0	41,019		
25.50	Home office wage-related (core)		3,654,383	0	3,654,383		
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: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,227,570	-40,774	1,186,796	28,176.00	42.12	26.00
27.00	Administrative & General	5.00	8,900,230	51,542	8,951,772	190,882.00	46.90	27.00
28.00	Administrative & General under contract (see inst.)		1,415,778	0	1,415,778	13,063.00	108.38	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,697,110	-3,360	2,693,750	107,660.00	25.02	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,764,298	-3,732	2,760,566	180,999.00	15.25	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,505,947	0	1,505,947	59,257.00	25.41	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	3,591,586	-46,559	3,545,027	94,512.00	37.51	38.00
39.00	Central Services and Supply	14.00	401,531	-416	401,115	19,266.00	20.82	39.00
40.00	Pharmacy	15.00	3,343,077	-168,224	3,174,853	69,003.00	46.01	40.00
41.00	Medical Records & Medical Records Library	16.00	2,684,504	-3,183	2,681,321	72,429.00	37.02	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/23/2021 1:46 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)	100,126,853	-115,441	100,011,412	3,025,329.00	33.06	1.00
2.00	Excluded area salaries (see instructions)	8,600,006	169,571	8,769,577	54,809.00	160.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,526,847	-285,012	91,241,835	2,970,520.00	30.72	3.00
4.00	Subtotal other wages & related costs (see inst.)	28,411,094	0	28,411,094	590,152.00	48.14	4.00
5.00	Subtotal wage-related costs (see inst.)	31,818,566	0	31,818,566	0.00	34.87	5.00
6.00	Total (sum of lines 3 thru 5)	151,756,507	-285,012	151,471,495	3,560,672.00	42.54	6.00
7.00	Total overhead cost (see instructions)	28,531,631	-214,706	28,316,925	835,247.00	33.90	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 7/23/2021 1:46 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,384,976 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)			8,256,153 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			9,385,965 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			325,205 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			74,453 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)			1,364,971 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,728,975 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			6,993,410 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			381,243 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			504,313 22.00
23.00	Tuition Reimbursement			603,864 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			31,003,528 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: 26-0180

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 7/23/2021 1:46 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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		CHRISTIAN HOSPITAL NORTHEAST		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/23/2021 1:46 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)			0.249936	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			25,156,661	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			37,021,335	5.00
6.00	Medicaid charges			166,113,140	6.00
7.00	Medicaid cost (line 1 times line 6)			41,517,654	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			19,673	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			5,751,316	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)	88,127,120	7,098,808	95,225,928	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	22,026,140	7,098,808	29,124,948	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)	22,026,140	7,098,808	29,124,948	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)			40,164,076	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,360,972	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,093,802	27.01
28.00	Non-Medicare bad debt expense (see instructions)			38,070,274	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			10,247,962	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			39,372,910	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			39,372,910	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

Period:

From 01/01/2020

To 12/31/2020

Worksheet A

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		0	0	10,700,688	10,700,688	1.00
1.01	00101 NEW CAP REL COSTS-WHSE		0	0	5,482	5,482	1.01
1.02	00102 NEW CAP REL COSTS-B BLDG		0	0	16,292	16,292	1.02
1.03	00103 NEW CAP REL COSTS-PFD		0	0	41,552	41,552	1.03
1.04	00104 CAP REL COSTS-SITEMAN MOB		0	0	7,048,975	7,048,975	1.04
1.05	00105 NEW CAP REL COSTS-POB I		0	0	90,567	90,567	1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB		0	0	54,484	54,484	1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING		0	0	233,539	233,539	1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	8,424,875	8,424,875	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	1,227,570	2,654,948	3,882,518	-48,377	3,834,141	4.00
5.01	00570 ADMITTING	0	59,498	59,498	-1,982	57,516	5.01
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	122,814	122,814	-438	122,376	5.02
5.03	00590 MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591 ADMINISTRATIVE AND GENERAL	8,900,230	72,332,918	81,233,148	-12,108,314	69,124,834	5.04
7.00	00700 OPERATION OF PLANT	2,384,748	4,041,341	6,426,089	-63,125	6,362,964	7.00
7.01	00701 OPERATION OF PLANT- POB I	0	3,620	3,620	171,736	175,356	7.01
7.02	00702 OPERATION OF PLANT NW	312,362	536,150	848,512	-15,973	832,539	7.02
7.03	00703 OPERATION OF PLANT SITEMAN POB	0	0	0	168,401	168,401	7.03
8.00	00800 LAUNDRY & LINEN SERVICE	0	1,045,651	1,045,651	0	1,045,651	8.00
9.00	00900 HOUSEKEEPING	2,383,907	2,029,221	4,413,128	-9,376	4,403,752	9.00
9.01	00901 HOUSEKEEPING-POB I	136,259	87,953	224,212	0	224,212	9.01
9.02	00902 HOUSEKEEPING NW	244,132	239,302	483,434	-1,298	482,136	9.02
10.00	01000 DIETARY	0	6,530,268	6,530,268	-427,104	6,103,164	10.00
11.00	01100 CAFETERIA	0	58,836	58,836	-864	57,972	11.00
13.00	01300 NURSING ADMINISTRATION	3,591,586	2,619,003	6,210,589	-337,844	5,872,745	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	401,531	230,206	631,737	-404,765	226,972	14.00
15.00	01500 PHARMACY	3,343,077	10,299,906	13,642,983	-9,212,670	4,430,313	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	2,684,504	1,757,115	4,441,619	-7,330	4,434,289	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850 RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	156,440	156,440	21.00
23.00	02300 PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301 PARAMED ED PRGM PHARMACY	0	0	0	212,521	212,521	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	20,509,707	20,822,994	41,332,701	-1,972,669	39,360,032	30.00
31.00	03100 INTENSIVE CARE UNIT	4,979,780	2,806,992	7,786,772	-827,127	6,959,645	31.00
41.00	04100 SUBPROVIDER - IRF	981,388	438,278	1,419,666	-18,111	1,401,555	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,924,182	17,950,042	23,874,224	-12,905,622	10,968,602	50.00
51.00	05100 RECOVERY ROOM	705,599	348,681	1,054,280	-17,575	1,036,705	51.00
53.00	05300 ANESTHESIOLOGY	0	3,744,536	3,744,536	-297,802	3,446,734	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,263,400	7,022,231	11,285,631	-1,368,070	9,917,561	54.00
57.00	05700 CT SCAN	1,062,313	806,790	1,869,103	-66,447	1,802,656	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	302,223	118,975	421,198	-15,893	405,305	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,006,795	8,536,602	9,543,397	-7,667,229	1,876,168	59.00
60.00	06000 LABORATORY	3,925,723	9,641,885	13,567,608	-1,349,177	12,218,431	60.00
60.01	06001 G.I. LAB	726,432	1,818,600	2,545,032	-1,282,803	1,262,229	60.01
60.02	06002 VASCULAR LAB	259,666	128,011	387,677	-28,564	359,113	60.02
60.03	06003 LABORATORY-PATHOLOGY	524,949	696,917	1,221,866	116,274	1,338,140	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	413,727	1,431,404	1,845,131	226,101	2,071,232	63.00
65.00	06500 RESPIRATORY THERAPY	3,203,723	1,986,611	5,190,334	-84,281	5,106,053	65.00
66.00	06600 PHYSICAL THERAPY	3,000,820	1,051,815	4,052,635	-327,221	3,725,414	66.00
67.00	06700 OCCUPATIONAL THERAPY	994,721	303,188	1,297,909	240,316	1,538,225	67.00
68.00	06800 SPEECH PATHOLOGY	317,211	89,636	406,847	74,718	481,565	68.00
69.00	06900 ELECTROCARDIOLOGY	624,990	293,130	918,120	4,379	922,499	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	264,787	172,763	437,550	-20,393	417,157	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,651,538	9,651,538	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,755,802	13,755,802	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	8,418,077	8,418,077	73.00
74.00	07400 RENAL DIALYSIS	0	2,111,030	2,111,030	-15,428	2,095,602	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	617,137	1,092,533	1,709,670	-12,002	1,697,668	76.01
76.03	03550 OP PSYCH	298,205	226,679	524,884	-1,669	523,215	76.03
76.04	03020 CARDIAC REHAB	111,081	43,282	154,363	22,138	176,501	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	109,496	109,496	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	9,119,863	6,214,082	15,333,945	-969,408	14,364,537	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	6,151,147	4,352,442	10,503,589	-524,548	9,979,041	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

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

Worksheet A

Date/Time Prepared:
7/23/2021 1:46 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	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	95,899,475	198,898,879	294,798,354	7,532,892	302,331,246	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	49,393	274,566	323,959	0	323,959	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	45,851	45,851	-560	45,291	190.09
190.10	19010 RETAIL PHARMACY	266,979	1,054,506	1,321,485	-829	1,320,656	190.10
190.11	19011 PUBLIC RELATIONS	0	4,749	4,749	0	4,749	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	253,631	126,281	379,912	-1,116	378,796	190.12
190.13	19013 PHYSICIAN PRACTICE	278,914	1,896,842	2,175,756	0	2,175,756	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	38,485	301,058	339,543	-262,303	77,240	192.00
192.01	19201 GRAHAM POB	162,252	256,133	418,385	-50,708	367,677	192.01
192.02	19202 SITEMAN MOB	112,802	7,265,506	7,378,308	-7,217,376	160,932	192.02
192.03	19203 OTHER POB'S	305,015	1,087,890	1,392,905	0	1,392,905	192.03
200.00	TOTAL (SUM OF LINES 118 through 199)	97,366,946	211,212,261	308,579,207	0	308,579,207	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

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

Worksheet A

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,758,572	13,459,260	1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	5,482	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	41,552	1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB	0	7,048,975	1.04
1.05	00105	NEW CAP REL COSTS-POB I	43,607	134,174	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	892	55,376	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	266,722	500,261	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	838,652	9,263,527	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	171,421	4,005,562	4.00
5.01	00570	ADMITTING	0	57,516	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	122,376	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	-742,219	68,382,615	5.04
7.00	00700	OPERATION OF PLANT	-117,755	6,245,209	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	175,356	7.01
7.02	00702	OPERATION OF PLANT NW	-15,274	817,265	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	168,401	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,045,651	8.00
9.00	00900	HOUSEKEEPING	-116,589	4,287,163	9.00
9.01	00901	HOUSEKEEPING-POB I	-6,673	217,539	9.01
9.02	00902	HOUSEKEEPING NW	-11,933	470,203	9.02
10.00	01000	DIETARY	-6,148	6,097,016	10.00
11.00	01100	CAFETERIA	-1,068,875	-1,010,903	11.00
13.00	01300	NURSING ADMINISTRATION	-190,694	5,682,051	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-19,644	207,328	14.00
15.00	01500	PHARMACY	-196,939	4,233,374	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-159,372	4,274,917	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	156,440	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	-7,982	204,539	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,332,380	34,027,652	30.00
31.00	03100	INTENSIVE CARE UNIT	-243,740	6,715,905	31.00
41.00	04100	SUBPROVIDER - IRF	-47,980	1,353,575	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-546,155	10,422,447	50.00
51.00	05100	RECOVERY ROOM	-34,544	1,002,161	51.00
53.00	05300	ANESTHESIOLOGY	-3,131,250	315,484	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,886,628	7,030,933	54.00
57.00	05700	CT SCAN	-51,939	1,750,717	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-14,785	390,520	58.00
59.00	05900	CARDIAC CATHETERIZATION	-49,259	1,826,909	59.00
60.00	06000	LABORATORY	101,135	12,319,566	60.00
60.01	06001	G.I. LAB	-37,850	1,224,379	60.01
60.02	06002	VASCULAR LAB	-12,703	346,410	60.02
60.03	06003	LABORATORY-PATHOLOGY	-35,937	1,302,203	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-46,153	2,025,079	63.00
65.00	06500	RESPIRATORY THERAPY	-233,015	4,873,038	65.00
66.00	06600	PHYSICAL THERAPY	-147,198	3,578,216	66.00
67.00	06700	OCCUPATIONAL THERAPY	-57,805	1,480,420	67.00
68.00	06800	SPEECH PATHOLOGY	-18,435	463,130	68.00
69.00	06900	ELECTROCARDIOLOGY	-60,083	862,416	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-12,952	404,205	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,651,538	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	13,755,802	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,418,077	73.00
74.00	07400	RENAL DIALYSIS	0	2,095,602	74.00
76.00	03320	SHOCK THERAPY	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	-526,692	1,170,976	76.01
76.03	03550	OP PSYCH	-26,119	497,096	76.03
76.04	03020	CARDIAC REHAB	-19,797	156,704	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	-1,534	107,962	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-446,184	13,918,353	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-576,578	9,402,463	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,076,791	289,254,455	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

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

Worksheet A

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-2,419	321,540	190.00
190.01	19001	VISITOR MEALS	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	190.08
190.09	19009	CATERING	0	45,291	190.09
190.10	19010	RETAIL PHARMACY	-13,055	1,307,601	190.10
190.11	19011	PUBLIC RELATIONS	0	4,749	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	-12,400	366,396	190.12
190.13	19013	PHYSICIAN PRACTICE	-13,660	2,162,096	190.13
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,885	75,355	192.00
192.01	19201	GRAHAM POB	-7,946	359,731	192.01
192.02	19202	SITEMAN MOB	-5,524	155,408	192.02
192.03	19203	OTHER POB'S	-14,938	1,377,967	192.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,148,618	295,430,589	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0180

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

Worksheet Non-CMS W

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	NEW CAP REL COSTS-WHSE	00101		1.01
1.02	NEW CAP REL COSTS-B BLDG	00102		1.02
1.03	NEW CAP REL COSTS-PFD	00103		1.03
1.04	CAP REL COSTS-SITEMAN MOB	00104		1.04
1.05	NEW CAP REL COSTS-POB I	00105		1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	00106		1.06
1.07	NEW CAP REL COSTS-NW BUILDING	00107		1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	ADMITTING	00570	ADMITTING	5.01
5.02	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.02
5.03	MENTAL HEALTH ADMINISTRATION	00590		5.03
5.04	ADMINISTRATIVE AND GENERAL	00591		5.04
7.00	OPERATION OF PLANT	00700		7.00
7.01	OPERATION OF PLANT- POB I	00701		7.01
7.02	OPERATION OF PLANT NW	00702		7.02
7.03	OPERATION OF PLANT SITEMAN POB	00703		7.03
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING-POB I	00901		9.01
9.02	HOUSEKEEPING NW	00902		9.02
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
17.01	RESEARCH ADMIN	01850		17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.00	PARAMED ED PRGM PASTORAL CARE	02300		23.00
23.01	PARAMED ED PRGM PHARMACY	02301		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
41.00	SUBPROVIDER - IRF	04100		41.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	G.I. LAB	06001		60.01
60.02	VASCULAR LAB	06002		60.02
60.03	LABORATORY-PATHOLOGY	06003		60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	SHOCK THERAPY	03320	ELECTROSHOCK THERAPY	76.00
76.01	PAIN MANAGEMENT & OP CHEMOTHERAPY	03480	ONCOLOGY	76.01
76.03	OP PSYCH	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.03
76.04	CARDIAC REHAB	03020	ACUPUNCTURE	76.04
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet Non-CMS W
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	09500		95.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	VISITOR MEALS	19001		190.01
190.02	NON REIMBURSABLE B BLDG	19002		190.02
190.03	NON REIMB NW BUILDING	19003		190.03
190.04	NON REIMBURSABLE CHIP	19004		190.04
190.05	NON REIMBURSABLE PFD	19005		190.05
190.06	NON REIMBURSABLE HOSPITAL	19006		190.06
190.07	NON REIMBURSABLE POB I	19007		190.07
190.08	MEALS ON WHEELS	19008		190.08
190.09	CATERING	19009		190.09
190.10	RETAIL PHARMACY	19010		190.10
190.11	PUBLIC RELATIONS	19011		190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	19012		190.12
190.13	PHYSICIAN PRACTICE	19013		190.13
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	GRAHAM POB	19201		192.01
192.02	SITEMAN MOB	19202		192.02
192.03	OTHER POB'S	19203		192.03
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6

Date/Time Prepared:
7/23/2021 1:46 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS PHARMACY RESIDENT PROGRAM					
1.00	PARAMED ED PRGM PHARMACY	23.01	162,975	49,546		1.00
	0		162,975	49,546		
	B - TO RECLASS PROPERTY INSURANCE					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	309,626		1.00
	0		0	309,626		
	C - TO RECLASS PHARMACEUTICALS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,418,077		1.00
	0		0	8,418,077		
	D - TO RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	23,428,664		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
	0		0	23,428,664		
	E - TO RECLASS PROF FEES FOR REHAB DIR					
1.00	SUBPROVIDER - IRF	41.00	14,420	0		1.00
	0		14,420	0		
	F - TO RECLASS HYPERBARIC OXYGEN					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	31,315	78,181		1.00
	0		31,315	78,181		
	G - TO RECLASS GI MEDICAL DIRECTOR					
1.00	G.I. LAB	60.01	9,228	0		1.00
	0		9,228	0		
	H - TO RECLASS CARDIOTHORACIC SURG FEES					
1.00	OPERATING ROOM	50.00	0	55,000		1.00
	0		0	55,000		
	I - TO RECLASS POB 1 EXPENSES					
1.00	NEW CAP REL COSTS-POB I	1.05	0	90,567		1.00
2.00	OPERATION OF PLANT- POB I	7.01	0	171,736		2.00
	0		0	262,303		
	J - TO RECLASS PURCHASING VARIANCE					
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	74,539		1.00
	0		0	74,539		
	K - TO RECLASS DEPRECIATION EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	10,569,037		1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482		2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292		3.00
4.00	NEW CAP REL COSTS-PFD	1.03	0	33,318		4.00
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	3,776		5.00
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	220,167		6.00
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,268,506		7.00
	0		0	19,116,578		
	L - TO RECLASS INTERNS AND RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	115,441	40,999		1.00
	0		115,441	40,999		
	M - TO RECLASS CHIEF OF SURGERY					
1.00	OPERATING ROOM	50.00	27,938	0		1.00
	0		27,938	0		
	N - TO RECLASS IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	13,755,802		1.00
	0		0	13,755,802		
	O - TO RECLASS LAB ADMIN COSTS					
1.00	LABORATORY-PATHOLOGY	60.03	69,591	88,054		1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	54,841	180,855		2.00
	0		124,432	268,909		

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6

Date/Time Prepared:
7/23/2021 1:46 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	P - TO RECLASS REHAB ADMIN FEES					
1.00	OCCUPATIONAL THERAPY	67.00	187,232	58,541		1.00
2.00	SPEECH PATHOLOGY	68.00	59,707	15,895		2.00
			246,939	74,436		
	Q - TO RECLASS ADMISSION KITS					
1.00	ADULTS & PEDIATRICS	30.00	0	20,846		1.00
2.00	SUBPROVIDER - IRF	41.00	0	478		2.00
			0	21,324		
	R - TO RECLASS DEPARTMENTAL DEPRECIATION					
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	7,246,809		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
			0	7,246,809		
	S - TO RECLASS CARDIAC REHAB FEES					
1.00	CARDIAC REHAB	76.04	22,500	0		1.00
			22,500	0		
	T - RECLASS GRAHAM MOB					
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	50,708		1.00
			0	50,708		
	U - TO RECLASS CARDIOLOGY FEES					
1.00	ELECTROCARDIOLOGY	69.00	45,089	0		1.00
			45,089	0		
	V - TO RECLASS REFERRAL BONUSES					
1.00	OPERATION OF PLANT	7.00	1,000	0		1.00
2.00	HOUSEKEEPING	9.00	1,000	0		2.00
3.00	NURSING ADMINISTRATION	13.00	3,500	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	500	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	6,500	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	5,000	0		6.00
7.00	OPERATING ROOM	50.00	3,000	0		7.00
8.00	RECOVERY ROOM	51.00	500	0		8.00
9.00	LABORATORY	60.00	2,250	0		9.00
10.00	RESPIRATORY THERAPY	65.00	3,750	0		10.00
11.00	PHYSICAL THERAPY	66.00	3,500	0		11.00

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
7/23/2021 1:46 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
12.00 EMERGENCY	91.00	4,000	0		12.00
13.00 AMBULANCE SERVICES	95.00	4,500	0		13.00
TOTALS		39,000	0		
W - TO RECLASS SITEMAN MOB					
1.00 CAP REL COSTS-SITEMAN MOB	1.04	0	7,048,975		1.00
2.00 OPERATION OF PLANT SITEMAN	7.03	0	168,401		2.00
POB					
TOTALS		0	7,217,376		
X - TO RECLASS FINANCE ACCRUAL					
1.00 ADMINISTRATIVE AND GENERAL	5.04	134,000	0		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
25.00	0.00	0	0		25.00
26.00	0.00	0	0		26.00
27.00	0.00	0	0		27.00
28.00	0.00	0	0		28.00
29.00	0.00	0	0		29.00
30.00	0.00	0	0		30.00
31.00	0.00	0	0		31.00
32.00	0.00	0	0		32.00
33.00	0.00	0	0		33.00
34.00	0.00	0	0		34.00
35.00	0.00	0	0		35.00
36.00	0.00	0	0		36.00
37.00	0.00	0	0		37.00
TOTALS		134,000	0		
500.00 Grand Total: Increases		973,277	80,468,877		500.00

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6

Date/Time Prepared:
7/23/2021 1:46 pm

		Decreases				wkst. A-7 Ref.	
		Cost Center	Line #	Salary	Other		
		6.00	7.00	8.00	9.00	10.00	
A - RECLASS PHARMACY RESIDENT PROGRAM							
1.00	PHARMACY	15.00	162,975	49,546	0		1.00
	0		162,975	49,546			
B - TO RECLASS PROPERTY INSURANCE							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	309,626	12		1.00
	0		0	309,626			
C - TO RECLASS PHARMACEUTICALS							
1.00	PHARMACY	15.00	0	8,418,077	0		1.00
	0		0	8,418,077			
D - TO RECLASS MEDICAL SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	1,222,909	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	746,319	0		2.00
3.00	G.I. LAB	60.01	0	428,477	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	22,264	0		4.00
5.00	EMERGENCY	91.00	0	680,504	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	281,629	0		6.00
7.00	PHARMACY	15.00	0	398,907	0		7.00
8.00	OPERATING ROOM	50.00	0	12,108,374	0		8.00
9.00	RECOVERY ROOM	51.00	0	9,744	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	242,614	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	60,903	0		11.00
12.00	CT SCAN	57.00	0	16,647	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	7,192,591	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	16,782	0		14.00
	0		0	23,428,664			
E - TO RECLASS PROF FEES FOR REHAB DIR							
1.00	ADMINISTRATIVE AND GENERAL	5.04	14,420	0	0		1.00
	0		14,420	0			
F - TO RECLASS HYPERBARIC OXYGEN							
1.00	OPERATING ROOM	50.00	31,315	78,181	0		1.00
	0		31,315	78,181			
G - TO RECLASS GI MEDICAL DIRECTOR							
1.00	ADMINISTRATIVE AND GENERAL	5.04	9,228	0	0		1.00
	0		9,228	0			
H - TO RECLASS CARDIOTHORACIC SURG FEES							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	55,000	0		1.00
	0		0	55,000			
I - TO RECLASS POB 1 EXPENSES							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	262,303	9		1.00
2.00		0.00	0	0	0		2.00
	0		0	262,303			
J - TO RECLASS PURCHASING VARIANCE							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	74,539	0		1.00
	0		0	74,539			
K - TO RECLASS DEPRECIATION EXPENSE							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	19,116,578	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
	0		0	19,116,578			
L - TO RECLASS INTERNS AND RESIDENTS							
1.00	ADULTS & PEDIATRICS	30.00	115,441	40,999	0		1.00
	0		115,441	40,999			
M - TO RECLASS CHIEF OF SURGERY							
1.00	ADMINISTRATIVE AND GENERAL	5.04	27,938	0	0		1.00
	0		27,938	0			
N - TO RECLASS IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,755,802	0		1.00
	0		0	13,755,802			
O - TO RECLASS LAB ADMIN COSTS							
1.00	LABORATORY	60.00	124,432	268,909	0		1.00
2.00		0.00	0	0	0		2.00
	0		124,432	268,909			
P - TO RECLASS REHAB ADMIN FEES							
1.00	PHYSICAL THERAPY	66.00	246,939	74,436	0		1.00
2.00		0.00	0	0	0		2.00
	0		246,939	74,436			

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
7/23/2021 1:46 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	Q - TO RECLASS ADMISSION KITS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,324	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	21,324			
	R - TO RECLASS DEPARTMENTAL DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,603	0		1.00
2.00	ADMITTING	5.01	0	1,982	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	438	0		3.00
4.00	OPERATION OF PLANT	7.00	0	60,252	0		4.00
5.00	OPERATION OF PLANT NW	7.02	0	15,486	0		5.00
6.00	VASCULAR LAB	60.02	0	28,288	0		6.00
7.00	HOUSEKEEPING	9.00	0	6,116	0		7.00
8.00	HOUSEKEEPING NW	9.02	0	826	0		8.00
9.00	AMBULANCE SERVICES	95.00	0	519,243	0		9.00
10.00	CAFETERIA	11.00	0	864	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	291,285	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	48,181	0		12.00
13.00	PHARMACY	15.00	0	177,916	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,147	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	591,519	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	77,966	0		16.00
17.00	CATERING	190.09	0	560	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	9,058	0		18.00
19.00	OPERATING ROOM	50.00	0	766,528	0		19.00
20.00	RECOVERY ROOM	51.00	0	7,579	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	55,188	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,301,435	0		22.00
23.00	CT SCAN	57.00	0	48,023	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	15,563	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	473,664	0		25.00
26.00	LABORATORY	60.00	0	952,578	0		26.00
27.00	RETAIL PHARMACY	190.10	0	424	0		27.00
28.00	LABORATORY-PATHOLOGY	60.03	0	40,634	0		28.00
29.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	9,028	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	66,878	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	4,925	0		31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	3,835	0		32.00
33.00	SPEECH PATHOLOGY	68.00	0	393	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	39,813	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,071	0		35.00
36.00	RENAL DIALYSIS	74.00	0	15,428	0		36.00
37.00	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	11,299	0		37.00
38.00	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0	689	0		38.00
39.00	OP PSYCH	76.03	0	1,361	0		39.00
40.00	CARDIAC REHAB	76.04	0	201	0		40.00
41.00	EMERGENCY	91.00	0	279,703	0		41.00
42.00	DIETARY	10.00	0	427,104	0		42.00
43.00	G.I. LAB	60.01	0	862,735	0		43.00
	0		0	7,246,809			
	S - TO RECLASS CARDIAC REHAB FEES						
1.00	ADMINISTRATIVE AND GENERAL	5.04	22,500	0	0		1.00
	0		22,500	0			
	T - RECLASS GRAHAM MOB						
1.00	GRAHAM_POB	192.01	0	50,708	9		1.00
	0		0	50,708			
	U - TO RECLASS CARDIOLOGY FEES						
1.00	NURSING ADMINISTRATION	13.00	45,089	0	0		1.00
	0		45,089	0			
	V - TO RECLASS REFERRAL BONUSES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	39,000	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6

Date/Time Prepared:
7/23/2021 1:46 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
	TOTALS		39,000	0		
W - TO RECLASS SITEMAN MOB						
1.00	SITEMAN MOB	192.02	0	7,217,376	9	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	7,217,376		
X - TO RECLASS FINANCE ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,774	0	0	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	8,372	0	0	2.00
3.00	OPERATION OF PLANT	7.00	3,873	0	0	3.00
4.00	OPERATION OF PLANT NW	7.02	487	0	0	4.00
5.00	HOUSEKEEPING	9.00	4,260	0	0	5.00
6.00	HOUSEKEEPING NW	9.02	472	0	0	6.00
7.00	NURSING ADMINISTRATION	13.00	4,970	0	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	416	0	0	8.00
9.00	PHARMACY	15.00	5,249	0	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	3,683	0	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	29,147	0	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	7,842	0	0	12.00
13.00	SUBPROVIDER - IRF	41.00	1,687	0	0	13.00
14.00	OPERATING ROOM	50.00	7,162	0	0	14.00
15.00	RECOVERY ROOM	51.00	752	0	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	5,732	0	0	16.00
17.00	CT SCAN	57.00	1,777	0	0	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	330	0	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	974	0	0	19.00
20.00	LABORATORY	60.00	5,508	0	0	20.00
21.00	G.I. LAB	60.01	819	0	0	21.00
22.00	VASCULAR LAB	60.02	276	0	0	22.00
23.00	LABORATORY-PATHOLOGY	60.03	737	0	0	23.00
24.00	BLOOD STORING, PROCESSING & TRANS.	63.00	567	0	0	24.00
25.00	RESPIRATORY THERAPY	65.00	4,371	0	0	25.00
26.00	PHYSICAL THERAPY	66.00	4,421	0	0	26.00
27.00	OCCUPATIONAL THERAPY	67.00	1,622	0	0	27.00
28.00	SPEECH PATHOLOGY	68.00	491	0	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	897	0	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	322	0	0	30.00
31.00	PAIN MANAGEMENT & OP	76.01	703	0	0	31.00
32.00	CHEMOTHERAPY					
32.00	OP PSYCH	76.03	308	0	0	32.00
33.00	CARDIAC REHAB	76.04	161	0	0	33.00
34.00	EMERGENCY	91.00	13,201	0	0	34.00
35.00	AMBULANCE SERVICES	95.00	9,805	0	0	35.00
36.00	RETAIL PHARMACY	190.10	405	0	0	36.00
37.00	PHYSICIAN PRACTICE	190.12	427	0	0	37.00
	DEVELOPMENT					
	TOTALS		134,000	0		
500.00	Grand Total: Decreases		973,277	80,468,877		500.00

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
7/23/2021 1:46 pm

Increases					Decreases					
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - RECLASS PHARMACY RESIDENT PROGRAM										
1.00	PARAMED ED PRGM PHARMACY	23.01	162,975	49,546	PHARMACY	15.00	162,975	49,546		1.00
	0		162,975	49,546	0		162,975	49,546		
B - TO RECLASS PROPERTY INSURANCE										
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	309,626	ADMINISTRATIVE AND GENERAL	5.04	0	309,626		1.00
	0		0	309,626	0		0	309,626		
C - TO RECLASS PHARMACEUTICALS										
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,418,077	PHARMACY	15.00	0	8,418,077		1.00
	0		0	8,418,077	0		0	8,418,077		
D - TO RECLASS MEDICAL SUPPLIES										
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	23,428,664	ADULTS & PEDIATRICS	30.00	0	1,222,909		1.00
2.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	746,319		2.00
3.00		0.00	0	0	G.I. LAB	60.01	0	428,477		3.00
4.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	22,264		4.00
5.00		0.00	0	0	EMERGENCY	91.00	0	680,504		5.00
6.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	281,629		6.00
7.00		0.00	0	0	PHARMACY	15.00	0	398,907		7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	12,108,374		8.00
9.00		0.00	0	0	RECOVERY ROOM	51.00	0	9,744		9.00
10.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	242,614		10.00
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	60,903		11.00
12.00		0.00	0	0	CT SCAN	57.00	0	16,647		12.00
13.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	7,192,591		13.00
14.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	16,782		14.00
	0		0	23,428,664	0		0	23,428,664		
E - TO RECLASS PROF FEES FOR REHAB DIR										
1.00	SUBPROVIDER - IRF	41.00	14,420	0	ADMINISTRATIVE AND GENERAL	5.04	14,420	0		1.00
	0		14,420	0	0		14,420	0		
F - TO RECLASS HYPERBARIC OXYGEN										
1.00	HYPERBARIC OXYGEN THERAPY	76.98	31,315	78,181	OPERATING ROOM	50.00	31,315	78,181		1.00
	0		31,315	78,181	0		31,315	78,181		
G - TO RECLASS GI MEDICAL DIRECTOR										
1.00	G.I. LAB	60.01	9,228	0	ADMINISTRATIVE AND GENERAL	5.04	9,228	0		1.00
	0		9,228	0	0		9,228	0		
H - TO RECLASS CARDIOTHORACIC SURG FEES										
1.00	OPERATING ROOM	50.00	0	55,000	ADMINISTRATIVE AND GENERAL	5.04	0	55,000		1.00
	0		0	55,000	0		0	55,000		
I - TO RECLASS POB 1 EXPENSES										
1.00	NEW CAP REL COSTS-POB I	1.05	0	90,567	PHYSICIANS' PRIVATE OFFICES	192.00	0	262,303		1.00
2.00	OPERATION OF PLANT- POB I	7.01	0	171,736		0.00	0	0		2.00
	0		0	262,303	0		0	262,303		
J - TO RECLASS PURCHASING VARIANCE										
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	74,539	CENTRAL SERVICES & SUPPLY	14.00	0	74,539		1.00
	0		0	74,539	0		0	74,539		
K - TO RECLASS DEPRECIATION EXPENSE										
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	10,569,037	ADMINISTRATIVE AND GENERAL	5.04	0	19,116,578		1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482		0.00	0	0		2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292		0.00	0	0		3.00
4.00	NEW CAP REL COSTS-PFD	1.03	0	33,318		0.00	0	0		4.00
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	3,776		0.00	0	0		5.00
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	220,167		0.00	0	0		6.00
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,268,506		0.00	0	0		7.00
	0		0	19,116,578	0		0	19,116,578		

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
7/23/2021 1:46 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
L - TO RECLASS INTERNS AND RESIDENTS									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	115,441	40,999	ADULTS & PEDIATRICS	30.00	115,441	40,999	1.00
			115,441	40,999			115,441	40,999	
M - TO RECLASS CHIEF OF SURGERY									
1.00	OPERATING ROOM	50.00	27,938	0	ADMINISTRATIVE AND GENERAL	5.04	27,938	0	1.00
			27,938	0			27,938	0	
N - TO RECLASS IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	13,755,802	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,755,802	1.00
			0	13,755,802			0	13,755,802	
O - TO RECLASS LAB ADMIN COSTS									
1.00	LABORATORY-PATHOLOGY	60.03	69,591	88,054	LABORATORY	60.00	124,432	268,909	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	54,841	180,855		0.00	0	0	2.00
			124,432	268,909			124,432	268,909	
P - TO RECLASS REHAB ADMIN FEES									
1.00	OCCUPATIONAL THERAPY	67.00	187,232	58,541	PHYSICAL THERAPY	66.00	246,939	74,436	1.00
2.00	SPEECH PATHOLOGY	68.00	59,707	15,895		0.00	0	0	2.00
			246,939	74,436			246,939	74,436	
Q - TO RECLASS ADMISSION KITS									
1.00	ADULTS & PEDIATRICS	30.00	0	20,846	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,324	1.00
2.00	SUBPROVIDER - IRF	41.00	0	478		0.00	0	0	2.00
			0	21,324			0	21,324	
R - TO RECLASS DEPARTMENTAL DEPRECIATION									
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	7,246,809	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,603	1.00
2.00		0.00	0		0 ADMITTING	5.01	0	1,982	2.00
3.00		0.00	0		0 CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	438	3.00
4.00		0.00	0		0 OPERATION OF PLANT	7.00	0	60,252	4.00
5.00		0.00	0		0 OPERATION OF PLANT NW	7.02	0	15,486	5.00
6.00		0.00	0		0 VASCULAR LAB	60.02	0	28,288	6.00
7.00		0.00	0		0 HOUSEKEEPING	9.00	0	6,116	7.00
8.00		0.00	0		0 HOUSEKEEPING NW	9.02	0	826	8.00
9.00		0.00	0		0 AMBULANCE SERVICES	95.00	0	519,243	9.00
10.00		0.00	0		0 CAFETERIA	11.00	0	864	10.00
11.00		0.00	0		0 NURSING	13.00	0	291,285	11.00
12.00		0.00	0		0 ADMINISTRATION				
					0 CENTRAL SERVICES & SUPPLY	14.00	0	48,181	12.00
13.00		0.00	0		0 PHARMACY	15.00	0	177,916	13.00
14.00		0.00	0		0 MEDICAL RECORDS & LIBRARY	16.00	0	4,147	14.00
15.00		0.00	0		0 ADULTS & PEDIATRICS	30.00	0	591,519	15.00
16.00		0.00	0		0 INTENSIVE CARE UNIT	31.00	0	77,966	16.00
17.00		0.00	0		0 CATERING	190.09	0	560	17.00
18.00		0.00	0		0 SUBPROVIDER - IRF	41.00	0	9,058	18.00
19.00		0.00	0		0 OPERATING ROOM	50.00	0	766,528	19.00
20.00		0.00	0		0 RECOVERY ROOM	51.00	0	7,579	20.00
21.00		0.00	0		0 ANESTHESIOLOGY	53.00	0	55,188	21.00
22.00		0.00	0		0 RADIOLOGY-DIAGNOSTIC	54.00	0	1,301,435	22.00
23.00		0.00	0		0 CT SCAN	57.00	0	48,023	23.00
24.00		0.00	0		0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	15,563	24.00
25.00		0.00	0		0 CARDIAC	59.00	0	473,664	25.00
26.00		0.00	0		0 CATHETERIZATION				
					0 LABORATORY	60.00	0	952,578	26.00
27.00		0.00	0		0 RETAIL PHARMACY	190.10	0	424	27.00
28.00		0.00	0		0 LABORATORY-PATHOLOGY	60.03	0	40,634	28.00
29.00		0.00	0		0 BLOOD STORING, PROCESSING & TRANS.	63.00	0	9,028	29.00
30.00		0.00	0		0 RESPIRATORY THERAPY	65.00	0	66,878	30.00
31.00		0.00	0		0 PHYSICAL THERAPY	66.00	0	4,925	31.00
32.00		0.00	0		0 OCCUPATIONAL THERAPY	67.00	0	3,835	32.00
33.00		0.00	0		0 SPEECH PATHOLOGY	68.00	0	393	33.00
34.00		0.00	0		0 ELECTROCARDIOLOGY	69.00	0	39,813	34.00
35.00		0.00	0		0 ELECTROENCEPHALOGRAPH Y	70.00	0	20,071	35.00
36.00		0.00	0		0 RENAL DIALYSIS	74.00	0	15,428	36.00
37.00		0.00	0		0 PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	11,299	37.00

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
7/23/2021 1:46 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
38.00	0.00	0	0	0	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0	689	38.00
39.00	0.00	0	0	0	OP PSYCH	76.03	0	1,361	39.00
40.00	0.00	0	0	0	CARDIAC REHAB	76.04	0	201	40.00
41.00	0.00	0	0	0	EMERGENCY	91.00	0	279,703	41.00
42.00	0.00	0	0	0	DIETARY	10.00	0	427,104	42.00
43.00	0.00	0	0	0	G.I. LAB	60.01	0	862,735	43.00
0		0	7,246,809	0			0	7,246,809	
S - TO RECLASS CARDIAC REHAB FEES									
1.00	CARDIAC REHAB	76.04	22,500	0	ADMINISTRATIVE AND GENERAL	5.04	22,500	0	1.00
0			22,500	0			22,500	0	
T - RECLASS GRAHAM MOB									
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	50,708	GRAHAM POB	192.01	0	50,708	1.00
0			0	50,708	0		0	50,708	
U - TO RECLASS CARDIOLOGY FEES									
1.00	ELECTROCARDIOLOGY	69.00	45,089	0	NURSING ADMINISTRATION	13.00	45,089	0	1.00
0			45,089	0	0		45,089	0	
V - TO RECLASS REFERRAL BONUSES									
1.00	OPERATION OF PLANT	7.00	1,000	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	39,000	0	1.00
2.00	HOUSEKEEPING	9.00	1,000	0		0.00	0	0	2.00
3.00	NURSING	13.00	3,500	0		0.00	0	0	3.00
4.00	ADMINISTRATION			0					
4.00	MEDICAL RECORDS & LIBRARY	16.00	500	0		0.00	0	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	6,500	0		0.00	0	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	5,000	0		0.00	0	0	6.00
7.00	OPERATING ROOM	50.00	3,000	0		0.00	0	0	7.00
8.00	RECOVERY ROOM	51.00	500	0		0.00	0	0	8.00
9.00	LABORATORY	60.00	2,250	0		0.00	0	0	9.00
10.00	RESPIRATORY THERAPY	65.00	3,750	0		0.00	0	0	10.00
11.00	PHYSICAL THERAPY	66.00	3,500	0		0.00	0	0	11.00
12.00	EMERGENCY	91.00	4,000	0		0.00	0	0	12.00
13.00	AMBULANCE SERVICES	95.00	4,500	0		0.00	0	0	13.00
	TOTALS		39,000	0	TOTALS		39,000	0	
W - TO RECLASS SITEMAN MOB									
1.00	CAP REL COSTS-SITEMAN MOB	1.04	0	7,048,975	SITEMAN MOB	192.02	0	7,217,376	1.00
2.00	OPERATION OF PLANT	7.03	0	168,401		0.00	0	0	2.00
	SITEMAN POB								
	TOTALS		0	7,217,376	TOTALS		0	7,217,376	
X - TO RECLASS FINANCE ACCRUAL									
1.00	ADMINISTRATIVE AND GENERAL	5.04	134,000	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,774	0	1.00
2.00		0.00	0	0	ADMINISTRATIVE AND GENERAL	5.04	8,372	0	2.00
3.00		0.00	0	0	OPERATION OF PLANT	7.00	3,873	0	3.00
4.00		0.00	0	0	OPERATION OF PLANT NW	7.02	487	0	4.00
5.00		0.00	0	0	HOUSEKEEPING	9.00	4,260	0	5.00
6.00		0.00	0	0	HOUSEKEEPING NW	9.02	472	0	6.00
7.00		0.00	0	0	NURSING	13.00	4,970	0	7.00
8.00		0.00	0	0	ADMINISTRATION				
8.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	416	0	8.00
9.00		0.00	0	0	PHARMACY	15.00	5,249	0	9.00
10.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	3,683	0	10.00
11.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	29,147	0	11.00
12.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	7,842	0	12.00
13.00		0.00	0	0	SUBPROVIDER - IRF	41.00	1,687	0	13.00
14.00		0.00	0	0	OPERATING ROOM	50.00	7,162	0	14.00
15.00		0.00	0	0	RECOVERY ROOM	51.00	752	0	15.00
16.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	5,732	0	16.00
17.00		0.00	0	0	CT SCAN	57.00	1,777	0	17.00
18.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	330	0	18.00
19.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	974	0	19.00
20.00		0.00	0	0	LABORATORY	60.00	5,508	0	20.00
21.00		0.00	0	0	G.I. LAB	60.01	819	0	21.00
22.00		0.00	0	0	VASCULAR LAB	60.02	276	0	22.00

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
7/23/2021 1:46 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other
	2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00
23.00		0.00	0			0 LABORATORY-PATHOLOGY	60.03	737	0
24.00		0.00	0			0 BLOOD STORING, PROCESSING & TRANS.	63.00	567	0
25.00		0.00	0			0 RESPIRATORY THERAPY	65.00	4,371	0
26.00		0.00	0			0 PHYSICAL THERAPY	66.00	4,421	0
27.00		0.00	0			0 OCCUPATIONAL THERAPY	67.00	1,622	0
28.00		0.00	0			0 SPEECH PATHOLOGY	68.00	491	0
29.00		0.00	0			0 ELECTROCARDIOLOGY	69.00	897	0
30.00		0.00	0			0 ELECTROENCEPHALOGRAPH Y	70.00	322	0
31.00		0.00	0			0 PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	703	0
32.00		0.00	0			0 OP PSYCH	76.03	308	0
33.00		0.00	0			0 CARDIAC REHAB	76.04	161	0
34.00		0.00	0			0 EMERGENCY	91.00	13,201	0
35.00		0.00	0			0 AMBULANCE SERVICES	95.00	9,805	0
36.00		0.00	0			0 RETAIL PHARMACY	190.10	405	0
37.00		0.00	0			0 PHYSICIAN PRACTICE DEVELOPMENT	190.12	427	0
	TOTALS		134,000			TOTALS		134,000	0
500.00	Grand Total: Increases		973,277	80,468,877		Grand Total: Decreases		973,277	80,468,877

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/23/2021 1:46 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	2,240,325	0	0	0	238,525	1.00	
2.00	Land Improvements	6,768,729	1,373,527	0	1,373,527	0	2.00	
3.00	Buildings and Fixtures	34,499,664	2,146,954	0	2,146,954	0	3.00	
4.00	Building Improvements	45,250,414	11,399,123	0	11,399,123	138,191	4.00	
5.00	Fixed Equipment	80,056,637	16,561,651	0	16,561,651	36,526	5.00	
6.00	Movable Equipment	112,317,971	18,845,754	0	18,845,754	10,482,763	6.00	
7.00	HIT designated Assets	3,375,973	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	284,509,713	50,327,009	0	50,327,009	10,896,005	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	284,509,713	50,327,009	0	50,327,009	10,896,005	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,001,800	0				1.00	
2.00	Land Improvements	8,142,256	0				2.00	
3.00	Buildings and Fixtures	36,646,618	0				3.00	
4.00	Building Improvements	56,511,346	0				4.00	
5.00	Fixed Equipment	96,581,762	0				5.00	
6.00	Movable Equipment	120,680,962	0				6.00	
7.00	HIT designated Assets	3,375,973	0				7.00	
8.00	Subtotal (sum of lines 1-7)	323,940,717	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	323,940,717	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	0	0	1.03
1.04	CAP REL COSTS-SITEMAN MOB	0	0	0	0	0	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-WHSE	0	0				1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0				1.02
1.03	NEW CAP REL COSTS-PFD	0	0				1.03
1.04	CAP REL COSTS-SITEMAN MOB	0	0				1.04
1.05	NEW CAP REL COSTS-POB I	0	0				1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0				1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0				1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	109,928,748	0	109,928,748	0.425193	131,651	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-PFD	6,875,229	0	6,875,229	0.026593	8,234	1.03
1.04	CAP REL COSTS-SITEMAN MOB	0	0	0	0.000000	0	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	0.000000	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0.000000	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	11,165,278	0	11,165,278	0.043186	13,372	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	130,569,440	0	130,569,440	0.505028	156,369	2.00
3.00	Total (sum of lines 1-2)	258,538,695	0	258,538,695	1.000000	309,626	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	131,651	13,327,609	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	5,482	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	16,292	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	8,234	33,318	0	1.03
1.04	CAP REL COSTS-SITEMAN MOB	0	0	0	7,048,975	0	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	134,174	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	55,376	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	13,372	486,889	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	156,369	9,107,158	0	2.00
3.00	Total (sum of lines 1-2)	0	0	309,626	30,215,273	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	131,651	0	0	13,459,260	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	5,482	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	16,292	1.02
1.03	NEW CAP REL COSTS-PFD	0	8,234	0	0	41,552	1.03
1.04	CAP REL COSTS-SITEMAN MOB	0	0	0	0	7,048,975	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	134,174	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	55,376	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	13,372	0	0	500,261	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	156,369	0	0	9,263,527	2.00
3.00	Total (sum of lines 1-2)	0	309,626	0	0	30,524,899	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP REL COSTS-WHSE (chapter 2)			0 NEW CAP REL COSTS-WHSE	1.01	0	1.01
1.02	Investment income - NEW CAP REL COSTS-B BLDG (chapter 2)			0 NEW CAP REL COSTS-B BLDG	1.02	0	1.02
1.03	Investment income - NEW CAP REL COSTS-PFD (chapter 2)			0 NEW CAP REL COSTS-PFD	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-SITEMAN MOB (chapter 2)			0 CAP REL COSTS-SITEMAN MOB	1.04	0	1.04
1.05	Investment income - NEW CAP REL COSTS-POB I (chapter 2)			0 NEW CAP REL COSTS-POB I	1.05	0	1.05
1.06	Investment income - NEW CAP REL COSTS-GRAHAM MOB (chapter 2)			0 NEW CAP REL COSTS-GRAHAM MOB	1.06	0	1.06
1.07	Investment income - NEW CAP REL COSTS-NW BUILDING (chapter 2)			0 NEW CAP REL COSTS-NW BUILDING	1.07	0	1.07
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-21,848	ADMINISTRATIVE AND GENERAL	5.04	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-11,100,489			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	-4,770,775			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,068,771	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:
7/23/2021 1:46 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	
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-WHSE			0 NEW CAP REL COSTS-WHSE	1.01	0	26.01
26.02	Depreciation - NEW CAP REL COSTS-B BLDG			0 NEW CAP REL COSTS-B BLDG	1.02	0	26.02
26.03	Depreciation - NEW CAP REL COSTS-PFD			0 NEW CAP REL COSTS-PFD	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-SITEMAN MOB			0 CAP REL COSTS-SITEMAN MOB	1.04	0	26.04
26.05	Depreciation - NEW CAP REL COSTS-POB I			0 NEW CAP REL COSTS-POB I	1.05	0	26.05
26.06	Depreciation - NEW CAP REL COSTS-GRAHAM MOB			0 NEW CAP REL COSTS-GRAHAM MOB	1.06	0	26.06
26.07	Depreciation - NEW CAP REL COSTS-NW BUILDING			0 NEW CAP REL COSTS-NW BUILDING	1.07	0	26.07
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	PENSION FUNDING	A	252,207	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	LOSS ON UNNECESSARY BORROWING	A	-333,217	ADMINISTRATIVE AND GENERAL	5.04	0	33.01
33.02	NON ALLOWABLE ASSOC DUES	A	-45,833	ADMINISTRATIVE AND GENERAL	5.04	0	33.02
33.03	OTHER REVENUE EMPLOYEE H&W	B	-22,664	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.03
33.04	OTHER REVENUE PHARMACY	B	-41,500	PHARMACY	15.00	0	33.04
33.05	GYN PART B PHYSICIAN FEES	A	-81,000	ADMINISTRATIVE AND GENERAL	5.04	0	33.05
33.06	OTHER REVENUE P.T.	B	-4,593	PHYSICAL THERAPY	66.00	0	33.06
33.08	OTHER REVENUE LAB	B	-1,915	LABORATORY	60.00	9	33.08
33.09	INTEREST ON UNNECESSARY BORROWING	A	-747,845	ADMINISTRATIVE AND GENERAL	5.04	0	33.09
33.10	FIN COST ON UNNECESSARY BORROWING	A	36	ADMINISTRATIVE AND GENERAL	5.04	0	33.10
33.11	OTHER REVENUE NURSING ADMIN	B	-14,859	NURSING ADMINISTRATION	13.00	0	33.11
33.12	OTHER REVENUE RADIOLOGY	B	-7,477	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.14	OTHER REVENUE SURGERY	A	-683	OPERATING ROOM	50.00	0	33.14
33.17	OTHER REVENUE PLANT OPS	B	-905	OPERATION OF PLANT	7.00	0	33.17
33.18	MEDICAID TAX ASSESSMENT	A	14,750,100	ADMINISTRATIVE AND GENERAL	5.04	0	33.18
33.19	MALPRACTICE ADJUSTMENT	A	-2,650,000	ADMINISTRATIVE AND GENERAL	5.04	0	33.19
33.20	A&G PHYSICIAN PART B FEES	A	-4,319,878	ADMINISTRATIVE AND GENERAL	5.04	0	33.20
33.21	OTHER REVENUE AMBULANCE	B	-227,811	AMBULANCE SERVICES	95.00	0	33.21
33.22	OTHER REVENUE ADMIN	B	-882,792	ADMINISTRATIVE AND GENERAL	5.04	0	33.22
33.23	OTHER REVENUE MEDICAL RECORDS	B	-28,057	MEDICAL RECORDS & LIBRARY	16.00	0	33.23
33.24	ASSET IMPAIRMENT	A	-850,000	ADMINISTRATIVE AND GENERAL	5.04	0	33.24
33.25	ASBESTOS REMOVAL	A	-2,766	ADMINISTRATIVE AND GENERAL	5.04	0	33.25
33.26	ASBESTOS REMOVAL	A	-200	OPERATION OF PLANT	7.00	0	33.26
33.27	ASBESTOS REMOVAL	A	-3,400	PHYSICAL THERAPY	66.00	0	33.27
33.28	NON ALLOWABLE EMPLOYEE ACTIVITIES	A		0 ADMINISTRATIVE AND GENERAL	5.04	0	33.28
33.29	ACCELERATED DEPRECIATION	A	-41,252	ADMINISTRATIVE AND GENERAL	5.04	0	33.29
33.30	OTHER REVENUE DIETARY	B	-6,148	DIETARY	10.00	0	33.30
33.32	OTHER REVENUE CAFETERIA	B	-104	CAFETERIA	11.00	0	33.32
33.33	OTHER REVENUE PAIN MANAGEMENT	B	-12,906	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	9	33.33
33.34	ALCOHOLIC BEVARAGES	A	-258	ADMINISTRATIVE AND GENERAL	5.04	0	33.34
33.38	ALCOHOLIC BEVERAGES	A	-13	NURSING ADMINISTRATION	13.00	0	33.38
33.39	ALCOHOLIC BEVERAGES	A	-30	OPERATING ROOM	50.00	0	33.39
33.40	ALCOHOLIC BEVERAGES	A	46	PHARMACY	15.00	0	33.40

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:
7/23/2021 1:46 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
33.41	ENTERTAINMENT EXPENSE	A	-246	ADMINISTRATIVE AND GENERAL		5.04	0 33.41
33.42	ENTERTAINMENT EXPENSE	A		0NURSING ADMINISTRATION		13.00	0 33.42
33.43	ENTERTAINMENT EXPENSE	A	-26	PHYSICAL THERAPY		66.00	0 33.43
33.44	ENTERTAINMENT EXPENSE	A	-20	OP PSYCH		76.03	0 33.44
34.00	ENTERTAINMENT EXPENSE	A		0EMPLOYEE BENEFITS DEPARTMENT		4.00	0 34.00
35.00	ENTERTAINMENT EXPENSE	A	-110	AMBULANCE SERVICES		95.00	0 35.00
36.00	ADVERTISING EXPENSE	A		0RESPIRATORY THERAPY		65.00	0 36.00
37.00	ADVERTISING EXPENSE	A		0ADMINISTRATIVE AND GENERAL		5.04	0 37.00
38.00	ADVERTISING EXPENSE	A	-1,918	RADIOLOGY-DIAGNOSTIC		54.00	0 38.00
38.01	ADVERTISING EXPENSE	A	-4,356	PHYSICAL THERAPY		66.00	0 38.01
38.02	SELF FUNDED INSURANCE	A	-58,122	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.02
38.04	SELF FUNDED INSURANCE	A	-5,524	SITEMAN MOB		192.02	0 38.04
38.05	SELF FUNDED INSURANCE	A	-442,031	ADMINISTRATIVE AND GENERAL		5.04	0 38.05
38.06	SELF FUNDED INSURANCE	A	-116,650	OPERATION OF PLANT		7.00	0 38.06
38.07	SELF FUNDED INSURANCE	A	-15,274	OPERATION OF PLANT NW		7.02	0 38.07
38.08	SELF FUNDED INSURANCE	A	-116,589	HOUSEKEEPING		9.00	0 38.08
38.09	SELF FUNDED INSURANCE	A	-6,673	HOUSEKEEPING-POB I		9.01	0 38.09
38.10	SELF FUNDED INSURANCE	A	-11,933	HOUSEKEEPING NW		9.02	0 38.10
38.11	SELF FUNDED INSURANCE	A	-175,822	NURSING ADMINISTRATION		13.00	0 38.11
38.12	SELF FUNDED INSURANCE	A	-19,644	CENTRAL SERVICES & SUPPLY		14.00	0 38.12
38.13	SELF FUNDED INSURANCE	A	-155,485	PHARMACY		15.00	0 38.13
38.14	SELF FUNDED INSURANCE	A	-131,315	MEDICAL RECORDS & LIBRARY		16.00	0 38.14
38.15	SELF FUNDED INSURANCE	A	-14,938	OTHER POB'S		192.03	0 38.15
38.16	SELF FUNDED INSURANCE	A	-7,982	PARAMED ED PRGM PHARMACY		23.01	0 38.16
38.18	SELF FUNDED INSURANCE	A	-997,683	ADULTS & PEDIATRICS		30.00	0 38.18
38.19	SELF FUNDED INSURANCE	A	-243,740	INTENSIVE CARE UNIT		31.00	0 38.19
38.21	SELF FUNDED INSURANCE	A	-47,980	SUBPROVIDER - IRF		41.00	0 38.21
38.22	SELF FUNDED INSURANCE	A	-288,392	OPERATING ROOM		50.00	0 38.22
38.24	SELF FUNDED INSURANCE	A	-34,544	RECOVERY ROOM		51.00	0 38.24
38.25	SELF FUNDED INSURANCE	A	-208,514	RADIOLOGY-DIAGNOSTIC		54.00	0 38.25
38.26	SELF FUNDED INSURANCE	A	-51,939	CT SCAN		57.00	0 38.26
38.27	SELF FUNDED INSURANCE	A	-14,785	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0 38.27
38.28	SELF FUNDED INSURANCE	A	-49,259	CARDIAC CATHETERIZATION		59.00	0 38.28
38.29	SELF FUNDED INSURANCE	A	-186,004	LABORATORY		60.00	0 38.29
38.30	SELF FUNDED INSURANCE	A	-35,536	G.I. LAB		60.01	0 38.30
38.31	SELF FUNDED INSURANCE	A	-12,703	VASCULAR LAB		60.02	0 38.31
38.32	SELF FUNDED INSURANCE	A	-29,081	LABORATORY-PATHOLOGY		60.03	0 38.32
38.33	SELF FUNDED INSURANCE	A	-22,920	BLOOD STORING, PROCESSING & TRANS.		63.00	0 38.33
38.34	SELF FUNDED INSURANCE	A	-156,868	RESPIRATORY THERAPY		65.00	0 38.34
38.35	SELF FUNDED INSURANCE	A	-134,823	PHYSICAL THERAPY		66.00	0 38.35
38.36	SELF FUNDED INSURANCE	A	-57,805	OCCUPATIONAL THERAPY		67.00	0 38.36
38.37	SELF FUNDED INSURANCE	A	-18,435	SPEECH PATHOLOGY		68.00	0 38.37
38.38	SELF FUNDED INSURANCE	A	-30,564	ELECTROCARDIOLOGY		69.00	0 38.38
38.39	SELF FUNDED INSURANCE	A	-12,952	ELECTROENCEPHALOGRAPHY		70.00	0 38.39
38.40	SELF FUNDED INSURANCE	A	-30,189	PAIN MANAGEMENT & OP CHEMOTHERAPY		76.01	0 38.40
38.41	SELF FUNDED INSURANCE	A	-14,589	OP PSYCH		76.03	0 38.41
38.42	SELF FUNDED INSURANCE	A	-5,432	CARDIAC REHAB		76.04	0 38.42
38.44	SELF FUNDED INSURANCE	A	-1,534	HYPERBARIC OXYGEN THERAPY		76.98	0 38.44
38.45	SELF FUNDED INSURANCE	A	-446,184	EMERGENCY		91.00	0 38.45
38.46	SELF FUNDED INSURANCE	A	-300,985	AMBULANCE SERVICES		95.00	0 38.46
38.47	SELF FUNDED INSURANCE	A	-2,419	GIFT, FLOWER, COFFEE SHOP & CANTEEN		190.00	0 38.47
38.48	SELF FUNDED INSURANCE	A	-13,055	RETAIL PHARMACY		190.10	0 38.48
38.49	SELF FUNDED INSURANCE	A	-12,400	PHYSICIAN PRACTICE DEVELOPMENT		190.12	0 38.49
38.50	SELF FUNDED INSURANCE	A	-13,660	PHYSICIAN PRACTICE		190.13	0 38.50
39.00	SEL FUNDED INSURANCE	B	-1,885	PHYSICIANS' PRIVATE OFFICES		192.00	0 39.00
40.00	SEL FUNDED INSURANCE	B	-7,946	GRAHAM POB		192.01	0 40.00
41.00	ASSET IMPAIRMENT DEPRECIATION	A	2,758,572	NEW CAP REL COSTS-BLDG & FIXT		1.00	9 41.00
42.00	ASSET IMPAIRMENT DEPRECIATION	A	43,607	NEW CAP REL COSTS-POB I		1.05	9 42.00
43.00	ASSET IMPAIRMENT DEPRECIATION	A	892	NEW CAP REL COSTS-GRAHAM MOB		1.06	9 43.00
44.00	ASSET IMPAIRMENT DEPRECIATION	A	266,722	NEW CAP REL COSTS-NW BUILDING		1.07	9 44.00
45.00	ASSET IMPAIRMENT DEPRECIATION	A	838,652	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9 45.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:
7/23/2021 1:46 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	
46.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	46.00
46.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	46.01
46.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	46.02
46.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	46.03
46.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	46.04
46.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	46.05
46.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	46.06
46.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	46.07
46.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	46.08
46.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	46.09
46.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	46.10
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,148,618				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: 26-0180

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

Worksheet A-8-1

Date/Time Prepared:
7/23/2021 1:46 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	5.04	ADMINISTRATIVE AND GENERAL	BJC HEALTH SYSTEM	34,868,055	39,916,664	1.00
2.00	5.04	ADMINISTRATIVE AND GENERAL	CHRISTIAN HEALTH SERVICES	37,551	0	2.00
3.00	5.04	ADMINISTRATIVE AND GENERAL	TELEPHONE FACILITIES CORP	188,578	189,529	3.00
4.00	50.00	OPERATING ROOM	MIDWEST SURGICAL TECHNOLOGIE	36,831	55,435	4.00
4.01	60.00	LABORATORY	CHIDREN'S HOSPITAL LAB	23,511	36,823	4.01
4.02	60.00	LABORATORY	BARNES JEWIXH HOSPITAL LAB	2,027,487	1,716,815	4.02
4.03	60.03	LABORATORY-PATHOLOGY	BARNES JEWISH PATHOLOGY LAB	4,845	11,701	4.03
4.04	63.00	BLOOD STORING, PROCESSING &	BARNES JEWISH BLOOD BANK	20,231	43,464	4.04
4.05	60.00	LABORATORY	MISSOURI BAPTIST LAB	18,782	27,088	4.05
4.06	50.00	OPERATING ROOM	MIDWEST LITHOTRIPSY	45,423	44,559	4.06
5.00	0		0	37,271,294	42,042,069	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	
	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	G	BJC HEALTH CARE	100.00	0.00	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:	HOME OFFICE		0.00	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.

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

Provider CCN: 26-0180

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

Worksheet A-8-1

Date/Time Prepared:
7/23/2021 1:46 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	-5,048,609	0		1.00
2.00	37,551	0		2.00
3.00	-951	0		3.00
4.00	-18,604	0		4.00
4.01	-13,312	0		4.01
4.02	310,672	0		4.02
4.03	-6,856	0		4.03
4.04	-23,233	0		4.04
4.05	-8,306	0		4.05
4.06	873	0		4.06
5.00	-4,770,775			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			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: 26-0180

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

Worksheet A-8-2

Date/Time Prepared:
7/23/2021 1:46 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	30.00	DR. A	12,000	0	12,000	211,500	80	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,405,873	1,405,873	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,924,959	2,924,959	0	0	0	3.00
4.00	41.00	DR. B	14,420	0	14,420	211,500	149	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	203,563	203,563	0	0	0	5.00
6.00	50.00	DR. C	27,938	0	27,938	246,400	224	6.00
7.00	50.00	DR. D	55,000	0	55,000	246,400	263	7.00
8.00	50.00	DR. E	15,340	0	15,340	246,400	210	8.00
9.00	50.00	DR. F	35,267	0	35,267	246,400	209	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	3,131,250	3,131,250	0	0	0	10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	2,671,992	2,599,992	72,000	271,900	329	11.00
12.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	80,519	5,519	75,000	271,900	312	12.00
13.00	60.00	AGGREGATE-LABORATORY	350,004	0	350,004	260,300	3,670	13.00
14.00	65.00	AGGREGATE-RESPIRATORY THERAPY	191,659	0	191,659	211,500	1,136	14.00
15.00	60.01	DR. G	9,228	0	9,228	211,500	68	15.00
16.00	69.00	DR. H	45,089	0	45,089	211,500	234	16.00
17.00	69.00	DR. I	17,375	0	17,375	211,500	90	17.00
18.00	76.04	DR. J	22,500	0	22,500	211,500	80	18.00
19.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	493,054	415,781	77,273	211,500	93	19.00
20.00	76.03	DR. K	23,800	0	23,800	181,300	141	20.00
21.00	95.00	AGGREGATE-AMBULANCE SERVICES	210,364	0	210,364	211,500	1,600	21.00
22.00	5.04	AGGREGATE-ADMINISTRATIVE AND GENERAL	203,328	0	203,328	211,500	1,587	22.00
23.00	5.04	AGGREGATE-ADMINISTRATIVE AND GENERAL	92,125	0	92,125	211,500	715	23.00
200.00			12,236,647	10,686,937	1,549,710		11,190	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0180

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

Worksheet A-8-2

Date/Time Prepared:
7/23/2021 1:46 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	DR. A	8,135	407	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	41.00	DR. B	15,151	758	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	50.00	DR. C	26,535	1,327	0	0	0	6.00
7.00	50.00	DR. D	31,155	1,558	0	0	0	7.00
8.00	50.00	DR. E	24,877	1,244	0	0	0	8.00
9.00	50.00	DR. F	24,759	1,238	0	0	0	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	43,007	2,150	0	0	0	11.00
12.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	40,785	2,039	0	0	0	12.00
13.00	60.00	AGGREGATE-LABORATORY	459,279	22,964	0	0	0	13.00
14.00	65.00	AGGREGATE-RESPIRATORY THERAPY	115,512	5,776	0	0	0	14.00
15.00	60.01	DR. G	6,914	346	0	0	0	15.00
16.00	69.00	DR. H	23,794	1,190	0	0	0	16.00
17.00	69.00	DR. I	9,151	458	0	0	0	17.00
18.00	76.04	DR. J	8,135	407	0	0	0	18.00
19.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	9,457	473	0	0	0	19.00
20.00	76.03	DR. K	12,290	615	0	0	0	20.00
21.00	95.00	AGGREGATE-AMBULANCE SERVICES	162,692	8,135	0	0	0	21.00
22.00	5.04	AGGREGATE-ADMINISTRATIVE AND GENERAL	161,370	8,069	0	0	0	22.00
23.00	5.04	AGGREGATE-ADMINISTRATIVE AND GENERAL	72,703	3,635	0	0	0	23.00
200.00			1,255,701	62,789	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0180

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

Worksheet A-8-2

Date/Time Prepared:
7/23/2021 1:46 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	DR. A	0	8,135	3,865	3,865		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,405,873		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	2,924,959		3.00
4.00	41.00	DR. B	0	15,151	0	0		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	203,563		5.00
6.00	50.00	DR. C	0	26,535	1,403	1,403		6.00
7.00	50.00	DR. D	0	31,155	23,845	23,845		7.00
8.00	50.00	DR. E	0	24,877	0	0		8.00
9.00	50.00	DR. F	0	24,759	10,508	10,508		9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	3,131,250		10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	43,007	28,993	2,628,985		11.00
12.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	40,785	34,215	39,734		12.00
13.00	60.00	AGGREGATE-LABORATORY	0	459,279	0	0		13.00
14.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	115,512	76,147	76,147		14.00
15.00	60.01	DR. G	0	6,914	2,314	2,314		15.00
16.00	69.00	DR. H	0	23,794	21,295	21,295		16.00
17.00	69.00	DR. I	0	9,151	8,224	8,224		17.00
18.00	76.04	DR. J	0	8,135	14,365	14,365		18.00
19.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	9,457	67,816	483,597		19.00
20.00	76.03	DR. K	0	12,290	11,510	11,510		20.00
21.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	162,692	47,672	47,672		21.00
22.00	5.04	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	161,370	41,958	41,958		22.00
23.00	5.04	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	72,703	19,422	19,422		23.00
200.00			0	1,255,701	413,552	11,100,489		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	13,459,260	13,459,260				1.00
1.01	00101	NEW CAP REL COSTS-WHSE	5,482	0	5,482			1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	16,292	0	0	16,292		1.02
1.03	00103	NEW CAP REL COSTS-PFD	41,552	0	0	0	41,552	1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB	7,048,975	0	0	0	0	1.04
1.05	00105	NEW CAP REL COSTS-POB I	134,174	0	0	0	0	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	55,376	0	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	500,261	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	9,263,527					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,005,562	24,209	0	964	3,846	4.00
5.01	00570	ADMITTING	57,516	116,909	0	0	3,791	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	122,376	0	0	46	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	68,382,615	1,123,156	3,093	1,735	24,109	5.04
7.00	00700	OPERATION OF PLANT	6,245,209	1,864,376	334	1,064	5,116	7.00
7.01	00701	OPERATION OF PLANT- POB I	175,356	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	817,265	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	168,401	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	1,045,651	143,727	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,287,163	156,547	0	102	193	9.00
9.01	00901	HOUSEKEEPING-POB I	217,539	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	470,203	0	0	0	0	9.02
10.00	01000	DIETARY	6,097,016	88,374	2,055	0	180	10.00
11.00	01100	CAFETERIA	-1,010,903	103,103	0	1,297	495	11.00
13.00	01300	NURSING ADMINISTRATION	5,682,051	0	0	297	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	207,328	158,106	0	0	0	14.00
15.00	01500	PHARMACY	4,233,374	88,278	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,274,917	138,764	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	156,440	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	204,539	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,027,652	3,933,366	0	274	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,715,905	250,583	0	159	0	31.00
41.00	04100	SUBPROVIDER - IRF	1,353,575	205,856	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,422,447	1,590,602	0	58	0	50.00
51.00	05100	RECOVERY ROOM	1,002,161	78,353	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	315,484	12,598	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,030,933	1,198,200	0	145	0	54.00
57.00	05700	CT SCAN	1,750,717	52,872	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	390,520	32,766	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,826,909	212,282	0	0	0	59.00
60.00	06000	LABORATORY	12,319,566	147,990	0	3,760	0	60.00
60.01	06001	G.I. LAB	1,224,379	48,768	0	946	0	60.01
60.02	06002	VASCULAR LAB	346,410	0	0	383	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,302,203	0	0	351	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,025,079	0	0	377	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,873,038	68,619	0	53	0	65.00
66.00	06600	PHYSICAL THERAPY	3,578,216	104,089	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,480,420	57,357	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	463,130	39,097	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	862,416	0	0	796	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	404,205	0	0	439	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,651,538	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,755,802	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,418,077	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,095,602	43,074	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,170,976	9,639	0	0	0	76.01
76.03	03550	OP PSYCH	497,096	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	156,704	71,482	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	107,962	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,918,353	526,171	0	1,595	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
			1.00	1.01	1.02	1.03	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	9,402,463	0	0	218	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	289,254,455	12,689,313	5,482	15,059	37,730	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	321,540	40,083	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	335,013	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	1,706	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	383,494	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	45,291	0	0	0	76	190.09
190.10	19010 RETAIL PHARMACY	1,307,601	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	4,749	11,357	0	0	952	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	366,396	0	0	0	1,088	190.12
190.13	19013 PHYSICIAN PRACTICE	2,162,096	0	0	0	0	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	75,355	0	0	0	0	192.00
192.01	19201 GRAHAM POB	359,731	0	0	0	0	192.01
192.02	19202 SITEMAN MOB	155,408	0	0	0	0	192.02
192.03	19203 OTHER POB'S	1,377,967	0	0	0	0	192.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	295,430,589	13,459,260	5,482	16,292	41,552	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			CAPITAL RELATED COSTS					
			SITEMAN MOB	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
			1.04	1.05	1.06	1.07	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB	7,048,975					1.04
1.05	00105	NEW CAP REL COSTS-POB I	0	134,174				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	0	55,376			1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	0	500,261		1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					9,263,527	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	3,623	0	0	8,518	4.00
5.01	00570	ADMITTING	0	0	0	13,615	2,221	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	491	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	639,131	20,179	2,572	99,719	1,242,236	5.04
7.00	00700	OPERATION OF PLANT	0	10,545	255	0	61,875	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	11,544	17,350	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	5,219	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	6,852	9.00
9.01	00901	HOUSEKEEPING-POB I	0	150	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	7,138	925	9.02
10.00	01000	DIETARY	0	0	0	0	478,500	10.00
11.00	01100	CAFETERIA	0	0	0	12,877	968	11.00
13.00	01300	NURSING ADMINISTRATION	0	547	0	0	326,337	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	38,406	14.00
15.00	01500	PHARMACY	0	0	0	0	199,326	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,040	0	6,760	4,646	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	660,765	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	82,023	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	10,148	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	881,283	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	8,491	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	61,829	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,759,107	0	0	38,585	1,415,700	54.00
57.00	05700	CT SCAN	0	0	0	27,050	35,638	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	12,745	17,436	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	529,496	59.00
60.00	06000	LABORATORY	182,416	452	0	11,497	1,048,500	60.00
60.01	06001	G.I. LAB	0	0	0	0	966,554	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	31,692	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	45,524	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	10,114	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	30,293	74,926	65.00
66.00	06600	PHYSICAL THERAPY	0	0	12,352	0	4,273	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,507	0	4,296	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,603	0	440	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	44,604	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	31,503	22,486	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	13,918	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	1,411	0	0	12,659	76.01
76.03	03550	OP PSYCH	0	0	0	0	1,525	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	225	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	169,478	310,322	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	578,135	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			CAPITAL RELATED COSTS					
			SITEMAN MOB	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
			1.04	1.05	1.06	1.07	2.00	
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		2,580,654	38,947	18,289	478,023	9,261,653	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	22,238	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	15,023	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	627	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	475	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	772	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	80,204	0	0	0	192.00
192.01	19201	GRAHAM POB	0	0	37,087	0	0	192.01
192.02	19202	SITEMAN MOB	4,468,321	0	0	0	0	192.02
192.03	19203	OTHER POB'S	0	0	0	0	0	192.03
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)	7,048,975	134,174	55,376	500,261	9,263,527	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	Subtotal	
			4.00	5.01	5.02	5.03	5A.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,046,722					4.00
5.01	00570	ADMITTING	0	194,052				5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	122,913			5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0		5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	380,214	0	0	0	71,918,759	5.04
7.00	00700	OPERATION OF PLANT	100,336	0	0	0	8,289,110	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	175,356	7.01
7.02	00702	OPERATION OF PLANT NW	13,138	0	0	0	859,297	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	168,401	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,194,597	8.00
9.00	00900	HOUSEKEEPING	100,285	0	0	0	4,551,142	9.00
9.01	00901	HOUSEKEEPING-POB I	5,740	0	0	0	223,429	9.01
9.02	00902	HOUSEKEEPING NW	10,264	0	0	0	488,530	9.02
10.00	01000	DIETARY	0	0	0	0	6,666,125	10.00
11.00	01100	CAFETERIA	0	0	0	0	-892,163	11.00
13.00	01300	NURSING ADMINISTRATION	151,234	0	0	0	6,160,466	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,897	0	0	0	420,737	14.00
15.00	01500	PHARMACY	133,741	0	0	0	4,654,719	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	112,951	0	0	0	4,540,078	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	156,440	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	6,865	0	0	0	211,404	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	858,149	29,316	18,595	0	39,528,117	30.00
31.00	03100	INTENSIVE CARE UNIT	209,654	5,443	3,452	0	7,267,219	31.00
41.00	04100	SUBPROVIDER - IRF	41,270	998	633	0	1,612,480	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	248,062	13,081	8,297	0	13,163,830	50.00
51.00	05100	RECOVERY ROOM	29,713	1,448	918	0	1,121,084	51.00
53.00	05300	ANESTHESIOLOGY	0	2,965	1,881	0	394,757	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	179,354	11,358	7,204	0	11,640,586	54.00
57.00	05700	CT SCAN	44,675	11,504	7,297	0	1,929,753	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,717	1,793	1,137	0	469,114	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,370	4,863	3,085	0	2,619,005	59.00
60.00	06000	LABORATORY	159,992	22,571	14,316	0	13,911,060	60.00
60.01	06001	G.I. LAB	30,566	1,958	1,242	0	2,274,413	60.01
60.02	06002	VASCULAR LAB	10,927	1,772	1,124	0	392,308	60.02
60.03	06003	LABORATORY-PATHOLOGY	25,014	1,766	1,120	0	1,375,978	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,715	1,699	1,078	0	2,058,062	63.00
65.00	06500	RESPIRATORY THERAPY	134,931	5,217	3,309	0	5,190,386	65.00
66.00	06600	PHYSICAL THERAPY	115,968	3,098	1,965	0	3,819,961	66.00
67.00	06700	OCCUPATIONAL THERAPY	49,721	1,127	715	0	1,595,143	67.00
68.00	06800	SPEECH PATHOLOGY	15,857	405	257	0	520,789	68.00
69.00	06900	ELECTROCARDIOLOGY	26,290	6,388	4,052	0	944,546	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,141	812	515	0	471,101	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,649	2,314	0	9,657,501	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,309	5,270	0	13,769,381	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,188	3,291	0	8,426,556	73.00
74.00	07400	RENAL DIALYSIS	0	1,351	857	0	2,154,802	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	25,967	1,581	1,003	0	1,223,236	76.01
76.03	03550	OP PSYCH	12,549	329	208	0	511,707	76.03
76.04	03020	CARDIAC REHAB	4,673	56	35	0	233,175	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,319	209	133	0	109,623	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	383,787	34,313	21,594	0	15,365,613	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	258,894	9,485	6,016	0	10,255,211	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,984,940	194,052	122,913	0	283,792,924	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	Subtotal	
			4.00	5.01	5.02	5.03	5A.03	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,081	0	0	0	363,704	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	1,233	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	22,238	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	335,013	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	1,706	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	383,494	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	15,023	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	45,994	190.09
190.10	19010	RETAIL PHARMACY	11,229	0	0	0	1,319,305	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	17,058	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	10,666	0	0	0	378,922	190.12
190.13	19013	PHYSICIAN PRACTICE	11,749	0	0	0	2,173,845	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,621	0	0	0	157,180	192.00
192.01	19201	GRAHAM POB	6,835	0	0	0	403,653	192.01
192.02	19202	SITEMAN MOB	4,752	0	0	0	4,628,481	192.02
192.03	19203	OTHER POB'S	12,849	0	0	0	1,390,816	192.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,046,722	194,052	122,913	0	295,430,589	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	OPERATION OF PLANT SITEMAN POB	
			5.04	7.00	7.01	7.02	7.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	71,918,759					5.04
7.00	00700	OPERATION OF PLANT	2,656,560	10,945,670				7.00
7.01	00701	OPERATION OF PLANT- POB I	56,199	0	231,555			7.01
7.02	00702	OPERATION OF PLANT NW	275,394	0	0	1,134,691		7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	53,970	0	0	0	222,371	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	382,854	126,811	0	15,776	0	8.00
9.00	00900	HOUSEKEEPING	1,458,586	160,184	0	0	0	9.00
9.01	00901	HOUSEKEEPING-POB I	71,606	0	347	0	0	9.01
9.02	00902	HOUSEKEEPING NW	156,568	0	0	21,578	0	9.02
10.00	01000	DIETARY	2,136,413	295,022	0	0	0	10.00
11.00	01100	CAFETERIA	0	260,190	0	38,925	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,974,355	32,250	1,270	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	134,841	139,498	0	0	0	14.00
15.00	01500	PHARMACY	1,491,782	77,888	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,455,041	122,432	4,732	20,434	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	50,137	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	67,752	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,668,262	3,500,264	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,329,056	238,353	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	516,780	181,627	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,218,850	1,409,739	0	0	0	50.00
51.00	05100	RECOVERY ROOM	359,294	69,131	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	126,515	11,115	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,730,668	1,072,952	0	116,633	61,027	54.00
57.00	05700	CT SCAN	618,463	46,649	0	81,766	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	150,345	28,910	0	38,525	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	839,360	187,297	0	30	0	59.00
60.00	06000	LABORATORY	4,458,328	539,269	1,049	34,753	6,328	60.00
60.01	06001	G.I. LAB	728,922	145,813	0	0	0	60.01
60.02	06002	VASCULAR LAB	125,730	41,653	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	440,984	38,172	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	659,584	40,979	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,663,456	66,324	0	91,569	0	65.00
66.00	06600	PHYSICAL THERAPY	1,224,252	91,838	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	511,224	50,606	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	166,907	34,495	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	302,716	86,505	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,982	47,715	0	95,227	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,095,113	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,412,921	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,700,610	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	690,588	38,004	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	392,032	8,505	3,273	0	0	76.01
76.03	03550	OP PSYCH	163,996	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	74,730	63,069	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	35,133	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,924,495	637,647	0	512,286	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,286,672	23,661	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	68,189,026	9,914,567	10,671	1,067,472	67,355	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	OPERATION OF PLANT SITEMAN POB	
			5.04	7.00	7.01	7.02	7.03	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	116,563	35,366	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	395	134,024	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	7,127	0	0	67,219	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	107,368	295,583	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	547	97,199	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	122,905	338,359	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	4,815	0	34,846	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	14,741	4,351	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	422,821	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	5,467	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	121,440	61,974	0	0	0	190.12
190.13	19013	PHYSICIAN PRACTICE	696,691	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	50,374	64,247	186,038	0	0	192.00
192.01	19201	GRAHAM POB	129,366	0	0	0	0	192.01
192.02	19202	SITEMAN MOB	1,483,373	0	0	0	155,016	192.02
192.03	19203	OTHER POB'S	445,740	0	0	0	0	192.03
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)	71,918,759	10,945,670	231,555	1,134,691	222,371	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-P OB I	HOUSEKEEPING NW	DIETARY	
			8.00	9.00	9.01	9.02	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB						7.03
8.00	00800	LAUNDRY & LINEN SERVICE	1,720,038					8.00
9.00	00900	HOUSEKEEPING	0	6,169,912				9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	295,382			9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	666,676		9.02
10.00	01000	DIETARY	0	174,719	0	0	9,272,279	10.00
11.00	01100	CAFETERIA	0	154,091	0	23,649	6,354,754	11.00
13.00	01300	NURSING ADMINISTRATION	0	19,099	1,622	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,717	82,614	0	0	0	14.00
15.00	01500	PHARMACY	0	46,127	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	72,507	6,045	12,415	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,029,417	2,072,944	0	0	2,290,037	30.00
31.00	03100	INTENSIVE CARE UNIT	81,246	141,158	0	0	226,584	31.00
41.00	04100	SUBPROVIDER - IRF	70,416	107,564	0	0	125,571	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,241	834,882	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	40,941	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	6,583	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,879	635,429	0	70,859	0	54.00
57.00	05700	CT SCAN	36,895	27,627	0	49,676	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	17,121	0	23,406	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,620	110,922	0	0	0	59.00
60.00	06000	LABORATORY	0	319,368	1,340	21,114	0	60.00
60.01	06001	G.I. LAB	27,690	86,354	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	24,668	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	22,607	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	24,269	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	39,279	0	55,632	0	65.00
66.00	06600	PHYSICAL THERAPY	189	54,389	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	29,970	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	20,429	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	51,231	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	395	28,258	0	57,854	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,601	22,507	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	676	5,037	4,181	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	37,351	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	333,036	377,630	0	311,233	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	21,020	14,013	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,720,038	5,701,688	13,188	625,838	8,996,946	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-P OB I	HOUSEKEEPING NW	DIETARY	
			8.00	9.00	9.01	9.02	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,944	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	79,373	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	40,838	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	175,052	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	57,564	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	57,963	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	44,518	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	275,333	190.08
190.09	19009	CATERING	0	2,576	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	36,703	0	0	0	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	38,049	237,676	0	0	192.00
192.01	19201	GRAHAM POB	0	0	0	0	0	192.01
192.02	19202	SITEMAN MOB	0	0	0	0	0	192.02
192.03	19203	OTHER POB'S	0	0	0	0	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,720,038	6,169,912	295,382	666,676	9,272,279	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	5,939,446					11.00
13.00	01300	NURSING ADMINISTRATION	221,018	8,410,080				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	45,884	0	837,291			14.00
15.00	01500	PHARMACY	152,431	0	0	6,422,947		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	172,668	0	0	33,222	6,439,574	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	13,316	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	11,344	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,524,391	4,430,590	0	2,376	972,953	30.00
31.00	03100	INTENSIVE CARE UNIT	276,256	803,033	0	530	180,637	31.00
41.00	04100	SUBPROVIDER - IRF	71,530	207,579	0	70	33,137	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	374,436	951,259	0	14,764	434,126	50.00
51.00	05100	RECOVERY ROOM	42,431	123,694	0	5	48,059	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	31,165	98,413	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	280,218	0	0	499	376,965	54.00
57.00	05700	CT SCAN	71,037	0	0	6	381,813	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,755	0	0	0	59,514	58.00
59.00	05900	CARDIAC CATHETERIZATION	64,132	0	0	976	161,396	59.00
60.00	06000	LABORATORY	361,612	0	0	0	749,099	60.00
60.01	06001	G.I. LAB	58,214	0	0	1,220	64,994	60.01
60.02	06002	VASCULAR LAB	16,276	0	0	0	58,818	60.02
60.03	06003	LABORATORY-PATHOLOGY	48,350	0	0	4	58,597	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	35,527	0	0	0	56,383	63.00
65.00	06500	RESPIRATORY THERAPY	211,631	0	0	201	173,155	65.00
66.00	06600	PHYSICAL THERAPY	178,094	0	0	173	102,807	66.00
67.00	06700	OCCUPATIONAL THERAPY	76,462	0	0	0	37,409	67.00
68.00	06800	SPEECH PATHOLOGY	18,742	0	0	0	13,444	68.00
69.00	06900	ELECTROCARDIOLOGY	47,363	0	0	0	212,003	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,701	0	0	0	26,936	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	345,689	0	121,098	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	491,602	0	275,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,236,205	172,197	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	25	44,851	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	51,802	150,287	0	23,706	52,475	76.01
76.03	03550	OP PSYCH	22,687	0	0	0	10,906	76.03
76.04	03020	CARDIAC REHAB	6,412	0	0	0	1,842	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,973	0	0	0	6,938	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	600,386	1,743,638	0	4,718	1,138,054	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	644,280	0	0	73,082	314,798	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,740,359	8,410,080	837,291	6,422,947	6,439,574	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,384	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	54,564	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	16,769	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	12,330	0	0	0	0	190.12
190.13	19013	PHYSICIAN PRACTICE	28,112	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,959	0	0	0	0	192.00
192.01	19201	GRAHAM POB	20,714	0	0	0	0	192.01
192.02	19202	SITEMAN MOB	16,276	0	0	0	0	192.02
192.03	19203	OTHER POB'S	38,979	0	0	0	0	192.03
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)	5,939,446	8,410,080	837,291	6,422,947	6,439,574	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			SOCIAL SERVICE	RESEARCH ADMIN	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM PASTORAL CARE	PARAMED ED PRGM PHARMACY	
			17.00	17.01	21.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
17.01	01850	RESEARCH ADMIN	0	0				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	219,893			21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0		0		23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0			290,500	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	219,893	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	290,500	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		SOCIAL SERVICE	RESEARCH ADMIN	INTERNS & RESIDENTS	PARAMED ED PRGM PASTORAL CARE	PARAMED ED PRGM PHARMACY	
				SERVICES-SALAR Y & FRINGES			
		17.00	17.01	21.00	23.00	23.01	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	219,893	0	290,500	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
190.13	19013 PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 GRAHAM POB	0	0	0	0	0	192.01
192.02	19202 SITEMAN MOB	0	0	0	0	0	192.02
192.03	19203 OTHER POB'S	0	0	0	0	0	192.03
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)	0	0	219,893	0	290,500	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-WHSE				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG				1.02
1.03	00103	NEW CAP REL COSTS-PFD				1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB				1.04
1.05	00105	NEW CAP REL COSTS-POB I				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB				1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING				1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00570	ADMITTING				5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION				5.03
5.04	00591	ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT- POB I				7.01
7.02	00702	OPERATION OF PLANT NW				7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB				7.03
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-POB I				9.01
9.02	00902	HOUSEKEEPING NW				9.02
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01850	RESEARCH ADMIN				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE				23.00
23.01	02301	PARAMED ED PRGM PHARMACY				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	68,019,351	0	68,019,351	30.00
31.00	03100	INTENSIVE CARE UNIT	11,544,072	0	11,544,072	31.00
41.00	04100	SUBPROVIDER - IRF	2,926,754	0	2,926,754	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,646,020	-219,893	21,426,127	50.00
51.00	05100	RECOVERY ROOM	1,804,639	0	1,804,639	51.00
53.00	05300	ANESTHESIOLOGY	668,548	0	668,548	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,049,715	0	18,049,715	54.00
57.00	05700	CT SCAN	3,243,685	0	3,243,685	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	804,690	0	804,690	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,998,708	0	3,998,708	59.00
60.00	06000	LABORATORY	20,403,320	0	20,403,320	60.00
60.01	06001	G.I. LAB	3,387,620	0	3,387,620	60.01
60.02	06002	VASCULAR LAB	659,453	0	659,453	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,984,692	0	1,984,692	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,874,804	0	2,874,804	63.00
65.00	06500	RESPIRATORY THERAPY	7,491,633	0	7,491,633	65.00
66.00	06600	PHYSICAL THERAPY	5,471,703	0	5,471,703	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,300,814	0	2,300,814	67.00
68.00	06800	SPEECH PATHOLOGY	774,806	0	774,806	68.00
69.00	06900	ELECTROCARDIOLOGY	1,644,364	0	1,644,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	900,169	0	900,169	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,219,401	0	13,219,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,949,661	0	18,949,661	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,826,068	0	17,826,068	73.00
74.00	07400	RENAL DIALYSIS	2,952,378	0	2,952,378	74.00
76.00	03320	SHOCK THERAPY	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,915,210	0	1,915,210	76.01
76.03	03550	OP PSYCH	709,296	0	709,296	76.03
76.04	03020	CARDIAC REHAB	416,579	0	416,579	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	153,667	0	153,667	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	25,948,736	0	25,948,736	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	14,632,737	0	14,632,737	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	277,323,293	-219,893	277,103,400	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	544,961	0	544,961	190.00
190.01	19001 VISITOR MEALS	54,564	0	54,564	190.01
190.02	19002 NON REIMBURSABLE B BLDG	215,025	0	215,025	190.02
190.03	19003 NON REIMB NW BUILDING	137,422	0	137,422	190.03
190.04	19004 NON REIMBURSABLE CHIP	913,016	0	913,016	190.04
190.05	19005 NON REIMBURSABLE PFD	157,016	0	157,016	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	902,721	0	902,721	190.06
190.07	19007 NON REIMBURSABLE POB I	99,202	0	99,202	190.07
190.08	19008 MEALS ON WHEELS	275,333	0	275,333	190.08
190.09	19009 CATERING	67,662	0	67,662	190.09
190.10	19010 RETAIL PHARMACY	1,758,895	0	1,758,895	190.10
190.11	19011 PUBLIC RELATIONS	22,525	0	22,525	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	611,369	0	611,369	190.12
190.13	19013 PHYSICIAN PRACTICE	2,898,648	0	2,898,648	190.13
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	736,523	0	736,523	192.00
192.01	19201 GRAHAM POB	553,733	0	553,733	192.01
192.02	19202 SITEMAN MOB	6,283,146	0	6,283,146	192.02
192.03	19203 OTHER POB'S	1,875,535	0	1,875,535	192.03
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	295,430,589	-219,893	295,210,696	202.00

COST ALLOCATION STATISTICS

Provider CCN: 26-0180

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

Worksheet Non-CMS W

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
1.00	GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET		1.00
1.01	NEW CAP REL COSTS-WHSE	21	SQUARE FEET		1.01
1.02	NEW CAP REL COSTS-B BLDG	22	SQUARE FEET		1.02
1.03	NEW CAP REL COSTS-PFD	23	SQUARE FEET		1.03
1.04	CAP REL COSTS-SITEMAN MOB	24	SQUARE FEET		1.04
1.05	NEW CAP REL COSTS-POB I	25	SQUARE FEET		1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	35	SQUARE FEET		1.06
1.07	NEW CAP REL COSTS-NW BUILDING	30	SQUARE FEET		1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS SALARIES		4.00
5.01	ADMITTING	27	GROSS REVENUE		5.01
5.02	CASHIERING/ACCOUNTS RECEIVABLE	27	GROSS REVENUE		5.02
5.03	MENTAL HEALTH ADMINISTRATION	40	PSYCH PATIEN DAYS		5.03
5.04	ADMINISTRATIVE AND GENERAL	-41	ACCUM. COST		5.04
7.00	OPERATION OF PLANT	28	SQUARE FEET		7.00
7.01	OPERATION OF PLANT- POB I	25	SQUARE FEET		7.01
7.02	OPERATION OF PLANT NW	30	SQUARE FEET		7.02
7.03	OPERATION OF PLANT SITEMAN POB	24	SQUARE FEET		7.03
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY		8.00
9.00	HOUSEKEEPING	29	SQUARE FEET		9.00
9.01	HOUSEKEEPING-POB I	25	SQUARE FEET		9.01
9.02	HOUSEKEEPING NW	30	SQUARE FEET		9.02
10.00	DIETARY	8	MEALS SERVED		10.00
11.00	CAFETERIA	9	MEALS SERVED		11.00
13.00	NURSING ADMINISTRATION	11	HOURS OF SERVICE		13.00
14.00	CENTRAL SERVICES & SUPPLY	13	COSTED REQUISITIONS		14.00
15.00	PHARMACY	14	COSTED REQUISITIONS		15.00
16.00	MEDICAL RECORDS & LIBRARY	27	GROSS REVENUE		16.00
17.00	SOCIAL SERVICE	16	TIME SPENT		17.00
17.01	RESEARCH ADMIN	17	TIME SPENT		17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME		21.00
23.00	PARAMED ED PRGM PASTORAL CARE	34	PATIENT DAYS		23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,207	24,209	0	964	3,846	4.00
5.01	00570	ADMITTING	7,107	116,909	0	0	3,791	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	3	0	0	46	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	1,440,504	1,123,156	3,093	1,735	24,109	5.04
7.00	00700	OPERATION OF PLANT	11,284	1,864,376	334	1,064	5,116	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	3,941	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	143,727	0	0	0	8.00
9.00	00900	HOUSEKEEPING	553	156,547	0	102	193	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	17,523	88,374	2,055	0	180	10.00
11.00	01100	CAFETERIA	0	103,103	0	1,297	495	11.00
13.00	01300	NURSING ADMINISTRATION	701,713	0	0	297	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2	158,106	0	0	0	14.00
15.00	01500	PHARMACY	324,403	88,278	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,319	138,764	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,570	3,933,366	0	274	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,696	250,583	0	159	0	31.00
41.00	04100	SUBPROVIDER - IRF	437	205,856	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	537,766	1,590,602	0	58	0	50.00
51.00	05100	RECOVERY ROOM	0	78,353	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	12,598	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,918	1,198,200	0	145	0	54.00
57.00	05700	CT SCAN	0	52,872	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	32,766	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,790	212,282	0	0	0	59.00
60.00	06000	LABORATORY	39,111	147,990	0	3,760	0	60.00
60.01	06001	G.I. LAB	59	48,768	0	946	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	383	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	31,437	0	0	351	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	377	0	63.00
65.00	06500	RESPIRATORY THERAPY	34,481	68,619	0	53	0	65.00
66.00	06600	PHYSICAL THERAPY	14,312	104,089	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	57,357	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	39,097	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,066	0	0	796	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,298	0	0	439	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,398	43,074	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	6,317	9,639	0	0	0	76.01
76.03	03550	OP PSYCH	4,328	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	679	71,482	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	27,384	526,171	0	1,595	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			Directly Assigned New Capital Related Costs 0	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
			0	1.00	1.01	1.02	1.03	
95.00	OTHER REIMBURSABLE COST CENTERS							
	09500	AMBULANCE SERVICES	2,844	0	0	218	0	95.00
			SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,295,450	12,689,313	5,482	15,059	37,730	118.00
			NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40,083	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	335,013	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	1,706	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	383,494	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	76	190.09
190.10	19010	RETAIL PHARMACY	474	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	11,357	0	0	952	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	2,102	0	0	0	1,088	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	GRAHAM POB	0	0	0	0	0	192.01
192.02	19202	SITEMAN MOB	0	0	0	0	0	192.02
192.03	19203	OTHER POB'S	0	0	0	0	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,298,026	13,459,260	5,482	16,292	41,552	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			CAPITAL RELATED COSTS					
			SITEMAN MOB	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
			1.04	1.05	1.06	1.07	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	3,623	0	0	8,518	4.00
5.01	00570	ADMITTING	0	0	0	13,615	2,221	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	491	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	639,131	20,179	2,572	99,719	1,242,236	5.04
7.00	00700	OPERATION OF PLANT	0	10,545	255	0	61,875	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	11,544	17,350	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	5,219	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	6,852	9.00
9.01	00901	HOUSEKEEPING-POB I	0	150	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	7,138	925	9.02
10.00	01000	DIETARY	0	0	0	0	478,500	10.00
11.00	01100	CAFETERIA	0	0	0	12,877	968	11.00
13.00	01300	NURSING ADMINISTRATION	0	547	0	0	326,337	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	38,406	14.00
15.00	01500	PHARMACY	0	0	0	0	199,326	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,040	0	6,760	4,646	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	660,765	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	82,023	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	10,148	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	881,283	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	8,491	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	61,829	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,759,107	0	0	38,585	1,415,700	54.00
57.00	05700	CT SCAN	0	0	0	27,050	35,638	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	12,745	17,436	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	529,496	59.00
60.00	06000	LABORATORY	182,416	452	0	11,497	1,048,500	60.00
60.01	06001	G.I. LAB	0	0	0	0	966,554	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	31,692	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	45,524	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	10,114	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	30,293	74,926	65.00
66.00	06600	PHYSICAL THERAPY	0	0	12,352	0	4,273	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,507	0	4,296	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,603	0	440	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	44,604	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	31,503	22,486	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	13,918	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	1,411	0	0	12,659	76.01
76.03	03550	OP PSYCH	0	0	0	0	1,525	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	225	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	169,478	310,322	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	578,135	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			CAPITAL RELATED COSTS					
			SITEMAN MOB	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
			1.04	1.05	1.06	1.07	2.00	
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		2,580,654	38,947	18,289	478,023	9,261,653	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	22,238	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	15,023	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	627	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	475	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	772	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	80,204	0	0	0	192.00
192.01	19201	GRAHAM POB	0	0	37,087	0	0	192.01
192.02	19202	SITEMAN MOB	4,468,321	0	0	0	0	192.02
192.03	19203	OTHER POB'S	0	0	0	0	0	192.03
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)	7,048,975	134,174	55,376	500,261	9,263,527	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	
			2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	56,367	56,367				4.00
5.01	00570	ADMITTING	143,643	0	143,643			5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	540	0	0	540		5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	4,596,434	5,298	0	0	0	5.04
7.00	00700	OPERATION OF PLANT	1,954,849	1,398	0	0	0	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	32,835	183	0	0	0	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	148,946	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	164,247	1,397	0	0	0	9.00
9.01	00901	HOUSEKEEPING-POB I	150	80	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	8,063	143	0	0	0	9.02
10.00	01000	DIETARY	586,632	0	0	0	0	10.00
11.00	01100	CAFETERIA	118,740	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,028,894	2,107	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	196,514	235	0	0	0	14.00
15.00	01500	PHARMACY	612,007	1,864	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	161,529	1,574	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	96	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,631,975	11,937	21,778	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	336,461	2,921	4,043	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	216,441	575	742	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,009,709	3,457	9,717	0	0	50.00
51.00	05100	RECOVERY ROOM	86,844	414	1,076	0	0	51.00
53.00	05300	ANESTHESIOLOGY	74,427	0	2,203	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,426,655	2,499	8,438	0	0	54.00
57.00	05700	CT SCAN	115,560	623	8,546	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	62,947	177	1,332	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	743,568	590	3,613	0	0	59.00
60.00	06000	LABORATORY	1,433,726	2,229	16,767	0	0	60.00
60.01	06001	G.I. LAB	1,016,327	426	1,455	0	0	60.01
60.02	06002	VASCULAR LAB	32,075	152	1,317	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	77,312	349	1,312	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,491	275	1,262	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	208,372	1,880	3,876	0	0	65.00
66.00	06600	PHYSICAL THERAPY	135,026	1,616	2,301	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	63,160	693	837	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	41,140	221	301	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	47,466	366	4,745	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	56,726	155	603	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,711	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	6,172	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,854	0	0	73.00
74.00	07400	RENAL DIALYSIS	59,390	0	1,004	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	30,026	362	1,175	0	0	76.01
76.03	03550	OP PSYCH	5,853	175	244	0	0	76.03
76.04	03020	CARDIAC REHAB	72,386	65	41	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	18	155	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,034,950	5,348	24,977	540	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	581,197	3,608	7,046	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,420,600	55,506	143,643	540	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	
		2A	4.00	5.01	5.02	5.03	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,083	29	0	0	0 190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0 190.01
190.02	19002	NON REIMBURSABLE B BLDG	1,233	0	0	0	0 190.02
190.03	19003	NON REIMB NW BUILDING	22,238	0	0	0	0 190.03
190.04	19004	NON REIMBURSABLE CHIP	335,013	0	0	0	0 190.04
190.05	19005	NON REIMBURSABLE PFD	1,706	0	0	0	0 190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	383,494	0	0	0	0 190.06
190.07	19007	NON REIMBURSABLE POB I	15,023	0	0	0	0 190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0 190.08
190.09	19009	CATERING	703	0	0	0	0 190.09
190.10	19010	RETAIL PHARMACY	949	156	0	0	0 190.10
190.11	19011	PUBLIC RELATIONS	12,309	0	0	0	0 190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	3,962	149	0	0	0 190.12
190.13	19013	PHYSICIAN PRACTICE	0	164	0	0	0 190.13
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	80,204	23	0	0	0 192.00
192.01	19201	GRAHAM POB	37,087	95	0	0	0 192.01
192.02	19202	SITEMAN MOB	4,468,321	66	0	0	0 192.02
192.03	19203	OTHER POB'S	0	179	0	0	0 192.03
200.00		Cross Foot Adjustments	0				200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	33,822,925	56,367	143,643	540	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	OPERATION OF PLANT SITEMAN POB	
			5.04	7.00	7.01	7.02	7.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	4,601,732					5.04
7.00	00700	OPERATION OF PLANT	169,976	2,126,223				7.00
7.01	00701	OPERATION OF PLANT- POB I	3,596	0	3,596			7.01
7.02	00702	OPERATION OF PLANT NW	17,621	0	0	50,639		7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	3,453	0	0	0	3,453	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	24,496	24,633	0	704	0	8.00
9.00	00900	HOUSEKEEPING	93,326	31,116	0	0	0	9.00
9.01	00901	HOUSEKEEPING-POB I	4,582	0	5	0	0	9.01
9.02	00902	HOUSEKEEPING NW	10,018	0	0	963	0	9.02
10.00	01000	DIETARY	136,696	57,309	0	0	0	10.00
11.00	01100	CAFETERIA	0	50,542	0	1,737	0	11.00
13.00	01300	NURSING ADMINISTRATION	126,327	6,265	20	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,628	27,098	0	0	0	14.00
15.00	01500	PHARMACY	95,450	15,130	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	93,099	23,783	73	912	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,208	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	4,335	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	810,665	679,934	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	149,022	46,301	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	33,066	35,282	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	269,937	273,845	0	0	0	50.00
51.00	05100	RECOVERY ROOM	22,989	13,429	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	8,095	2,159	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	238,702	208,424	0	5,205	948	54.00
57.00	05700	CT SCAN	39,572	9,062	0	3,649	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,620	5,616	0	1,719	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,705	36,383	0	0	0	59.00
60.00	06000	LABORATORY	285,260	104,754	16	1,551	98	60.00
60.01	06001	G.I. LAB	46,639	28,324	0	0	0	60.01
60.02	06002	VASCULAR LAB	8,045	8,091	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	28,216	7,415	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	42,203	7,960	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	106,434	12,884	0	4,087	0	65.00
66.00	06600	PHYSICAL THERAPY	78,332	17,840	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	32,710	9,830	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,679	6,701	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,369	16,804	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,660	9,269	0	4,250	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	198,037	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	282,355	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	172,795	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	44,186	7,382	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	25,084	1,652	51	0	0	76.01
76.03	03550	OP PSYCH	10,493	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	4,781	12,251	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,248	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	315,087	123,864	0	22,862	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	210,293	4,596	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,363,090	1,925,928	165	47,639	1,046	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	OPERATION OF PLANT SITEMAN POB	
		5.04	7.00	7.01	7.02	7.03	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,458	6,870	0	0	0 190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0 190.01
190.02	19002	NON REIMBURSABLE B BLDG	25	26,035	0	0	0 190.02
190.03	19003	NON REIMB NW BUILDING	456	0	0	3,000	0 190.03
190.04	19004	NON REIMBURSABLE CHIP	6,870	57,418	0	0	0 190.04
190.05	19005	NON REIMBURSABLE PFD	35	18,881	0	0	0 190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	7,864	65,727	0	0	0 190.06
190.07	19007	NON REIMBURSABLE POB I	308	0	541	0	0 190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0 190.08
190.09	19009	CATERING	943	845	0	0	0 190.09
190.10	19010	RETAIL PHARMACY	27,054	0	0	0	0 190.10
190.11	19011	PUBLIC RELATIONS	350	0	0	0	0 190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	7,770	12,039	0	0	0 190.12
190.13	19013	PHYSICIAN PRACTICE	44,577	0	0	0	0 190.13
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,223	12,480	2,890	0	0 192.00
192.01	19201	GRAHAM POB	8,277	0	0	0	0 192.01
192.02	19202	SITEMAN MOB	94,912	0	0	0	2,407 192.02
192.03	19203	OTHER POB'S	28,520	0	0	0	0 192.03
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)	4,601,732	2,126,223	3,596	50,639	3,453 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-P OB I	HOUSEKEEPING NW	DIETARY	
			8.00	9.00	9.01	9.02	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB						7.03
8.00	00800	LAUNDRY & LINEN SERVICE	198,779					8.00
9.00	00900	HOUSEKEEPING	0	290,086				9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	4,817			9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	19,187		9.02
10.00	01000	DIETARY	0	8,215	0	0	788,852	10.00
11.00	01100	CAFETERIA	0	7,245	0	681	540,640	11.00
13.00	01300	NURSING ADMINISTRATION	0	898	26	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,585	3,884	0	0	0	14.00
15.00	01500	PHARMACY	0	2,169	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,409	99	357	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	118,967	97,462	0	0	194,828	30.00
31.00	03100	INTENSIVE CARE UNIT	9,389	6,637	0	0	19,277	31.00
41.00	04100	SUBPROVIDER - IRF	8,138	5,057	0	0	10,683	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,801	39,253	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,925	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	309	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,382	29,875	0	2,039	0	54.00
57.00	05700	CT SCAN	4,264	1,299	0	1,430	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	805	0	674	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,805	5,215	0	0	0	59.00
60.00	06000	LABORATORY	0	15,015	22	608	0	60.00
60.01	06001	G.I. LAB	3,200	4,060	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	1,160	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	1,063	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,141	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,847	0	1,601	0	65.00
66.00	06600	PHYSICAL THERAPY	22	2,557	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,409	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	960	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,409	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	46	1,329	0	1,665	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	185	1,058	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	78	237	68	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	1,756	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	38,488	17,755	0	8,957	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,429	659	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	198,779	268,072	215	18,012	765,428	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-P OB I	HOUSEKEEPING NW	DIETARY	
			8.00	9.00	9.01	9.02	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	985	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	3,732	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	1,175	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	8,230	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	2,706	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	2,725	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	726	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	23,424	190.08
190.09	19009	CATERING	0	121	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	1,726	0	0	0	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,789	3,876	0	0	192.00
192.01	19201	GRAHAM POB	0	0	0	0	0	192.01
192.02	19202	SITEMAN MOB	0	0	0	0	0	192.02
192.03	19203	OTHER POB'S	0	0	0	0	0	192.03
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)	198,779	290,086	4,817	19,187	788,852	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	614,923					11.00
13.00	01300	NURSING ADMINISTRATION	22,882	1,187,419				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,750	0	242,694			14.00
15.00	01500	PHARMACY	15,781	0	0	742,401		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,877	0	0	3,840	306,552	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,379	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	1,174	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	157,823	625,556	0	275	46,235	30.00
31.00	03100	INTENSIVE CARE UNIT	28,601	113,380	0	61	8,584	31.00
41.00	04100	SUBPROVIDER - IRF	7,406	29,308	0	8	1,575	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,766	134,308	0	1,706	20,630	50.00
51.00	05100	RECOVERY ROOM	4,393	17,464	0	1	2,284	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,602	4,677	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,012	0	0	58	17,914	54.00
57.00	05700	CT SCAN	7,355	0	0	1	18,144	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,838	0	0	0	2,828	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,640	0	0	113	7,670	59.00
60.00	06000	LABORATORY	37,438	0	0	0	35,598	60.00
60.01	06001	G.I. LAB	6,027	0	0	141	3,089	60.01
60.02	06002	VASCULAR LAB	1,685	0	0	0	2,795	60.02
60.03	06003	LABORATORY-PATHOLOGY	5,006	0	0	0	2,785	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,678	0	0	0	2,679	63.00
65.00	06500	RESPIRATORY THERAPY	21,911	0	0	23	8,228	65.00
66.00	06600	PHYSICAL THERAPY	18,438	0	0	20	4,885	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,916	0	0	0	1,778	67.00
68.00	06800	SPEECH PATHOLOGY	1,940	0	0	0	639	68.00
69.00	06900	ELECTROCARDIOLOGY	4,904	0	0	0	10,075	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,247	0	0	0	1,280	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	100,201	0	5,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	142,493	0	13,104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	720,817	8,183	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3	2,131	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	5,363	21,219	0	2,740	2,494	76.01
76.03	03550	OP PSYCH	2,349	0	0	0	518	76.03
76.04	03020	CARDIAC REHAB	664	0	0	0	88	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	204	0	0	0	330	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	62,159	246,184	0	545	54,618	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	66,704	0	0	8,447	14,959	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	594,310	1,187,419	242,694	742,401	306,552	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	868	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	5,649	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	1,736	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	1,277	0	0	0	0	190.12
190.13	19013	PHYSICIAN PRACTICE	2,911	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	306	0	0	0	0	192.00
192.01	19201	GRAHAM POB	2,145	0	0	0	0	192.01
192.02	19202	SITEMAN MOB	1,685	0	0	0	0	192.02
192.03	19203	OTHER POB'S	4,036	0	0	0	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	104,662	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	719,585	1,187,419	242,694	742,401	306,552	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			SOCIAL SERVICE	RESEARCH ADMIN	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM PASTORAL CARE	PARAMED ED PRGM PHARMACY	
			17.00	17.01	21.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
17.01	01850	RESEARCH ADMIN	0	0				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,587			21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0		0		23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0			5,605	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
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
57.00	05700	CT SCAN	0	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	0	0				60.00
60.01	06001	G.I. LAB	0	0				60.01
60.02	06002	VASCULAR LAB	0	0				60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0				60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
65.00	06500	RESPIRATORY THERAPY	0	0				65.00
66.00	06600	PHYSICAL THERAPY	0	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
76.00	03320	SHOCK THERAPY	0	0				76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0				76.01
76.03	03550	OP PSYCH	0	0				76.03
76.04	03020	CARDIAC REHAB	0	0				76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0				76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0				95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		SOCIAL SERVICE	RESEARCH ADMIN	INTERNS & RESIDENTS	PARAMED ED PRGM PASTORAL CARE	PARAMED ED PRGM PHARMACY	
				SERVICES-SALAR Y & FRINGES			
		17.00	17.01	21.00	23.00	23.01	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01	19001 VISITOR MEALS	0	0				190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0				190.02
190.03	19003 NON REIMB NW BUILDING	0	0				190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0				190.04
190.05	19005 NON REIMBURSABLE PFD	0	0				190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0				190.06
190.07	19007 NON REIMBURSABLE POB I	0	0				190.07
190.08	19008 MEALS ON WHEELS	0	0				190.08
190.09	19009 CATERING	0	0				190.09
190.10	19010 RETAIL PHARMACY	0	0				190.10
190.11	19011 PUBLIC RELATIONS	0	0				190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0				190.12
190.13	19013 PHYSICIAN PRACTICE	0	0				190.13
191.00	19100 RESEARCH	0	0				191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201 GRAHAM POB	0	0				192.01
192.02	19202 SITEMAN MOB	0	0				192.02
192.03	19203 OTHER POB'S	0	0				192.03
200.00	Cross Foot Adjustments			4,587	0	5,605	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	0	4,587	0	5,605	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-WHSE				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG				1.02
1.03	00103	NEW CAP REL COSTS-PFD				1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB				1.04
1.05	00105	NEW CAP REL COSTS-POB I				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB				1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING				1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00570	ADMITTING				5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION				5.03
5.04	00591	ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT- POB I				7.01
7.02	00702	OPERATION OF PLANT NW				7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB				7.03
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-POB I				9.01
9.02	00902	HOUSEKEEPING NW				9.02
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01850	RESEARCH ADMIN				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE				23.00
23.01	02301	PARAMED ED PRGM PHARMACY				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,397,435	0	7,397,435	30.00
31.00	03100	INTENSIVE CARE UNIT	724,677	0	724,677	31.00
41.00	04100	SUBPROVIDER - IRF	348,281	0	348,281	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,804,129	0	3,804,129	50.00
51.00	05100	RECOVERY ROOM	150,819	0	150,819	51.00
53.00	05300	ANESTHESIOLOGY	95,472	0	95,472	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,977,151	0	4,977,151	54.00
57.00	05700	CT SCAN	209,505	0	209,505	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87,556	0	87,556	58.00
59.00	05900	CARDIAC CATHETERIZATION	859,302	0	859,302	59.00
60.00	06000	LABORATORY	1,933,082	0	1,933,082	60.00
60.01	06001	G.I. LAB	1,109,688	0	1,109,688	60.01
60.02	06002	VASCULAR LAB	55,320	0	55,320	60.02
60.03	06003	LABORATORY-PATHOLOGY	123,458	0	123,458	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	69,689	0	69,689	63.00
65.00	06500	RESPIRATORY THERAPY	371,143	0	371,143	65.00
66.00	06600	PHYSICAL THERAPY	261,037	0	261,037	66.00
67.00	06700	OCCUPATIONAL THERAPY	118,333	0	118,333	67.00
68.00	06800	SPEECH PATHOLOGY	62,581	0	62,581	68.00
69.00	06900	ELECTROCARDIOLOGY	106,138	0	106,138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	87,230	0	87,230	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	306,704	0	306,704	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	444,124	0	444,124	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	905,649	0	905,649	73.00
74.00	07400	RENAL DIALYSIS	115,339	0	115,339	74.00
76.00	03320	SHOCK THERAPY	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	90,549	0	90,549	76.01
76.03	03550	OP PSYCH	19,632	0	19,632	76.03
76.04	03020	CARDIAC REHAB	92,032	0	92,032	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,955	0	2,955	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,956,334	0	1,956,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	899,938	0	899,938	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	27,785,282	0	27,785,282	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,293	0	56,293	190.00
190.01	19001 VISITOR MEALS	5,649	0	5,649	190.01
190.02	19002 NON REIMBURSABLE B BLDG	31,025	0	31,025	190.02
190.03	19003 NON REIMB NW BUILDING	26,869	0	26,869	190.03
190.04	19004 NON REIMBURSABLE CHIP	407,531	0	407,531	190.04
190.05	19005 NON REIMBURSABLE PFD	23,328	0	23,328	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	459,810	0	459,810	190.06
190.07	19007 NON REIMBURSABLE POB I	16,598	0	16,598	190.07
190.08	19008 MEALS ON WHEELS	23,424	0	23,424	190.08
190.09	19009 CATERING	2,612	0	2,612	190.09
190.10	19010 RETAIL PHARMACY	29,895	0	29,895	190.10
190.11	19011 PUBLIC RELATIONS	12,659	0	12,659	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	26,923	0	26,923	190.12
190.13	19013 PHYSICIAN PRACTICE	47,652	0	47,652	190.13
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	104,791	0	104,791	192.00
192.01	19201 GRAHAM POB	47,604	0	47,604	192.01
192.02	19202 SITEMAN MOB	4,567,391	0	4,567,391	192.02
192.03	19203 OTHER POB'S	32,735	0	32,735	192.03
200.00	Cross Foot Adjustments	10,192	0	10,192	200.00
201.00	Negative Cost Centers	104,662	0	104,662	201.00
202.00	TOTAL (sum lines 118 through 201)	33,822,925	0	33,822,925	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	SITEMAN MOB (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	423,087					1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	19,654				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	0	63,100			1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	0	0	84,340		1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB	0	0	0	0	36,517	1.04
1.05	00105	NEW CAP REL COSTS-POB I	0	0	0	0	0	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	761	0	3,734	7,807	0	4.00
5.01	00570	ADMITTING	3,675	0	0	7,694	0	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	180	0	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	35,306	11,091	6,718	48,935	3,311	5.04
7.00	00700	OPERATION OF PLANT	58,606	1,196	4,122	10,385	0	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	4,518	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,921	0	395	391	0	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	2,778	7,367	0	366	0	10.00
11.00	01100	CAFETERIA	3,241	0	5,025	1,004	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,149	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,970	0	0	0	0	14.00
15.00	01500	PHARMACY	2,775	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,362	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	123,644	0	1,063	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,877	0	615	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	6,471	0	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,000	0	226	0	0	50.00
51.00	05100	RECOVERY ROOM	2,463	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	396	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,665	0	562	0	9,113	54.00
57.00	05700	CT SCAN	1,662	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,030	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,673	0	0	0	0	59.00
60.00	06000	LABORATORY	4,652	0	14,561	0	945	60.00
60.01	06001	G.I. LAB	1,533	0	3,662	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	1,484	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	1,360	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,460	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,157	0	206	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,272	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,803	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,229	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,082	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,700	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,354	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	303	0	0	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	2,247	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,540	0	6,178	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	SITEMAN MOB (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	843	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	398,884	19,654	58,325	76,582	13,369	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	4,775	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	10,531	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	3,463	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	12,055	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	155	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	357	0	0	1,932	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	GRAHAM POB	0	0	0	0	0	192.01
192.02	19202	SITEMAN MOB	0	0	0	0	23,148	192.02
192.03	19203	OTHER POB'S	0	0	0	0	0	192.03
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)	13,459,260	5,482	16,292	41,552	7,048,975	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.812039	0.278925	0.258193	0.492673	193.032697	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW POB I (SQUARE FEET)	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.05	1.06	1.07	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB					1.04
1.05	00105	NEW CAP REL COSTS-POB I	78,926				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	40,600			1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	52,911		1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			8,268,515		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,131	0	0	7,603	96,064,859
5.01	00570	ADMITTING	0	0	1,440	1,982	0
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	438	0
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0
5.04	00591	ADMINISTRATIVE AND GENERAL	11,870	1,886	10,547	1,108,806	9,025,858
7.00	00700	OPERATION OF PLANT	6,203	187	0	55,229	2,381,875
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0
7.02	00702	OPERATION OF PLANT NW	0	0	1,221	15,486	311,875
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	552	0	0
9.00	00900	HOUSEKEEPING	0	0	0	6,116	2,380,647
9.01	00901	HOUSEKEEPING-POB I	88	0	0	0	136,259
9.02	00902	HOUSEKEEPING NW	0	0	755	826	243,660
10.00	01000	DIETARY	0	0	0	427,104	0
11.00	01100	CAFETERIA	0	0	1,362	864	0
13.00	01300	NURSING ADMINISTRATION	322	0	0	291,285	3,590,116
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	34,281	401,115
15.00	01500	PHARMACY	0	0	0	177,916	3,174,853
16.00	01600	MEDICAL RECORDS & LIBRARY	1,200	0	715	4,147	2,681,321
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01850	RESEARCH ADMIN	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	162,975
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	589,791	20,371,769
31.00	03100	INTENSIVE CARE UNIT	0	0	0	73,213	4,976,938
41.00	04100	SUBPROVIDER - IRF	0	0	0	9,058	979,701
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	786,623	5,888,705
51.00	05100	RECOVERY ROOM	0	0	0	7,579	705,347
53.00	05300	ANESTHESIOLOGY	0	0	0	55,188	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,081	1,263,633	4,257,668
57.00	05700	CT SCAN	0	0	2,861	31,810	1,060,536
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,348	15,563	301,893
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	472,622	1,005,821
60.00	06000	LABORATORY	266	0	1,216	935,879	3,798,033
60.01	06001	G.I. LAB	0	0	0	862,735	725,613
60.02	06002	VASCULAR LAB	0	0	0	28,288	259,390
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	40,634	593,803
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,028	468,001
65.00	06500	RESPIRATORY THERAPY	0	0	3,204	66,878	3,203,102
66.00	06600	PHYSICAL THERAPY	0	9,056	0	3,814	2,752,960
67.00	06700	OCCUPATIONAL THERAPY	0	1,105	0	3,835	1,180,331
68.00	06800	SPEECH PATHOLOGY	0	1,175	0	393	376,427
69.00	06900	ELECTROCARDIOLOGY	0	0	0	39,813	624,093
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,332	20,071	264,465
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	12,423	0
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	830	0	0	11,299	616,434
76.03	03550	OP PSYCH	0	0	0	1,361	297,897
76.04	03020	CARDIAC REHAB	0	0	0	201	110,920
76.98	06798	HYPERBARIC OXYGEN THERAPY	0	0	0	0	31,315
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	17,925	276,990	9,110,662
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		
		NEW POB I (SQUARE FEET)	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.05	1.06	1.07	2.00	4.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	516,037	6,145,842	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,910	13,409	50,559	8,266,842	94,598,220	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	49,393	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	2,352	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	8,837	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	560	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	424	266,574	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	689	253,204	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	278,914	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	47,179	0	0	0	38,485	192.00
192.01	19201	GRAHAM POB	0	27,191	0	0	162,252	192.01
192.02	19202	SITEMAN MOB	0	0	0	0	112,802	192.02
192.03	19203	OTHER POB'S	0	0	0	0	305,015	192.03
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)	134,174	55,376	500,261	9,263,527	4,046,722	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.699997	1.363941	9.454764	1.120337	0.042125	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					56,367	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000587	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: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIEN DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.01	5.02	5.03	5A.04	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING	1,108,695,348					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,108,695,348				5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0			5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	0	0	0	-71,918,759	224,403,993	5.04
7.00	00700	OPERATION OF PLANT	0	0	0	0	8,289,110	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	175,356	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	0	859,297	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	168,401	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,194,597	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	4,551,142	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	223,429	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	488,530	9.02
10.00	01000	DIETARY	0	0	0	0	6,666,125	10.00
11.00	01100	CAFETERIA	0	0	0	892,163	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	6,160,466	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	420,737	14.00
15.00	01500	PHARMACY	0	0	0	0	4,654,719	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	4,540,078	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	156,440	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	211,404	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	167,519,372	167,519,372	0	0	39,528,117	30.00
31.00	03100	INTENSIVE CARE UNIT	31,101,441	31,101,441	0	0	7,267,219	31.00
41.00	04100	SUBPROVIDER - IRF	5,705,442	5,705,442	0	0	1,612,480	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,746,143	74,746,143	0	0	13,163,830	50.00
51.00	05100	RECOVERY ROOM	8,274,666	8,274,666	0	0	1,121,084	51.00
53.00	05300	ANESTHESIOLOGY	16,944,425	16,944,425	0	0	394,757	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,904,384	64,904,384	0	0	11,640,586	54.00
57.00	05700	CT SCAN	65,739,182	65,739,182	0	0	1,929,753	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,246,874	10,246,874	0	0	469,114	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,788,513	27,788,513	0	0	2,619,005	59.00
60.00	06000	LABORATORY	128,977,167	128,977,167	0	0	13,911,060	60.00
60.01	06001	G.I. LAB	11,190,412	11,190,412	0	0	2,274,413	60.01
60.02	06002	VASCULAR LAB	10,127,123	10,127,123	0	0	392,308	60.02
60.03	06003	LABORATORY-PATHOLOGY	10,089,080	10,089,080	0	0	1,375,978	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,707,811	9,707,811	0	0	2,058,062	63.00
65.00	06500	RESPIRATORY THERAPY	29,813,157	29,813,157	0	0	5,190,386	65.00
66.00	06600	PHYSICAL THERAPY	17,701,006	17,701,006	0	0	3,819,961	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,440,877	6,440,877	0	0	1,595,143	67.00
68.00	06800	SPEECH PATHOLOGY	2,314,743	2,314,743	0	0	520,789	68.00
69.00	06900	ELECTROCARDIOLOGY	36,501,918	36,501,918	0	0	944,546	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,637,722	4,637,722	0	0	471,101	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,850,163	20,850,163	0	0	9,657,501	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	47,478,740	47,478,740	0	0	13,769,381	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,648,271	29,648,271	0	0	8,426,556	73.00
74.00	07400	RENAL DIALYSIS	7,722,333	7,722,333	0	0	2,154,802	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	9,034,897	9,034,897	0	0	1,223,236	76.01
76.03	03550	OP PSYCH	1,877,763	1,877,763	0	0	511,707	76.03
76.04	03020	CARDIAC REHAB	317,179	317,179	0	0	233,175	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,194,561	1,194,561	0	0	109,623	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	195,899,206	195,899,206	0	0	15,365,613	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	54,200,777	54,200,777	0	0	10,255,211	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIEN DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,108,695,348	1,108,695,348	0	-71,026,596	212,766,328	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	363,704	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	1,233	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	22,238	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	335,013	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	1,706	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	383,494	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	15,023	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	45,994	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	1,319,305	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	17,058	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	378,922	190.12
190.13	19013 PHYSICIAN PRACTICE	0	0	0	0	2,173,845	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	157,180	192.00
192.01	19201 GRAHAM POB	0	0	0	0	403,653	192.01
192.02	19202 SITEMAN MOB	0	0	0	0	4,628,481	192.02
192.03	19203 OTHER POB'S	0	0	0	0	1,390,816	192.03
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)	194,052	122,913	0		71,918,759	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000175	0.000111	0.000000		0.320488	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	143,643	540	0		4,601,732	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000130	0.000000	0.000000		0.020506	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: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	OPERATION OF PLANT SITEMAN POB (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		7.00	7.01	7.02	7.03	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB					1.04
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT	389,971				7.00
7.01	00701	OPERATION OF PLANT- POB I	0	58,722			7.01
7.02	00702	OPERATION OF PLANT NW	0	0	39,703		7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	33,206	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	4,518	0	552	0	1,510,626
9.00	00900	HOUSEKEEPING	5,707	0	0	0	0
9.01	00901	HOUSEKEEPING-POB I	0	88	0	0	0
9.02	00902	HOUSEKEEPING NW	0	0	755	0	0
10.00	01000	DIETARY	10,511	0	0	0	0
11.00	01100	CAFETERIA	9,270	0	1,362	0	0
13.00	01300	NURSING ADMINISTRATION	1,149	322	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	4,970	0	0	0	12,047
15.00	01500	PHARMACY	2,775	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,362	1,200	715	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01850	RESEARCH ADMIN	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	124,707	0	0	0	904,087
31.00	03100	INTENSIVE CARE UNIT	8,492	0	0	0	71,354
41.00	04100	SUBPROVIDER - IRF	6,471	0	0	0	61,843
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	50,226	0	0	0	21,290
51.00	05100	RECOVERY ROOM	2,463	0	0	0	0
53.00	05300	ANESTHESIOLOGY	396	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,227	0	4,081	9,113	56,102
57.00	05700	CT SCAN	1,662	0	2,861	0	32,403
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,030	0	1,348	0	0
59.00	05900	CARDIAC CATHETERIZATION	6,673	0	0	0	13,718
60.00	06000	LABORATORY	19,213	266	1,216	945	0
60.01	06001	G.I. LAB	5,195	0	0	0	24,319
60.02	06002	VASCULAR LAB	1,484	0	0	0	0
60.03	06003	LABORATORY-PATHOLOGY	1,360	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,460	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,363	0	3,204	0	0
66.00	06600	PHYSICAL THERAPY	3,272	0	0	0	166
67.00	06700	OCCUPATIONAL THERAPY	1,803	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	1,229	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,082	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,700	0	3,332	0	347
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,354	0	0	0	1,406
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	303	830	0	0	594
76.03	03550	OP PSYCH	0	0	0	0	0
76.04	03020	CARDIAC REHAB	2,247	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	22,718	0	17,925	0	292,489
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	843	0	0	0	18,461

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	OPERATION OF PLANT SITEMAN POB (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		7.00	7.01	7.02	7.03	8.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	353,235	2,706	37,351	10,058	1,510,626	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	4,775	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	2,352	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	10,531	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	3,463	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	12,055	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	8,837	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	155	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	2,208	0	0	0	0	190.12
190.13	19013 PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,289	47,179	0	0	0	192.00
192.01	19201 GRAHAM POB	0	0	0	0	0	192.01
192.02	19202 SITEMAN MOB	0	0	0	23,148	0	192.02
192.03	19203 OTHER POB'S	0	0	0	0	0	192.03
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)	10,945,670	231,555	1,134,691	222,371	1,720,038	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	28.067908	3.943241	28.579478	6.696711	1.138626	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,126,223	3,596	50,639	3,453	198,779	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.452259	0.061238	1.275445	0.103987	0.131587	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: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-P OB I (SQUARE FEET)	HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		9.00	9.01	9.02	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB					1.04
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	371,178				9.00
9.01	00901	HOUSEKEEPING-POB I	0	58,634			9.01
9.02	00902	HOUSEKEEPING NW	0	0	38,396		9.02
10.00	01000	DIETARY	10,511	0	0	635,477	10.00
11.00	01100	CAFETERIA	9,270	0	1,362	435,524	361,282 11.00
13.00	01300	NURSING ADMINISTRATION	1,149	322	0	0	13,444 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,970	0	0	0	2,791 14.00
15.00	01500	PHARMACY	2,775	0	0	0	9,272 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,362	1,200	715	0	10,503 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0 17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	810 21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0 23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	690 23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	124,707	0	0	156,948	92,725 30.00
31.00	03100	INTENSIVE CARE UNIT	8,492	0	0	15,529	16,804 31.00
41.00	04100	SUBPROVIDER - IRF	6,471	0	0	8,606	4,351 41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	50,226	0	0	0	22,776 50.00
51.00	05100	RECOVERY ROOM	2,463	0	0	0	2,581 51.00
53.00	05300	ANESTHESIOLOGY	396	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,227	0	4,081	0	17,045 54.00
57.00	05700	CT SCAN	1,662	0	2,861	0	4,321 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,030	0	1,348	0	1,080 58.00
59.00	05900	CARDIAC CATHETERIZATION	6,673	0	0	0	3,901 59.00
60.00	06000	LABORATORY	19,213	266	1,216	0	21,996 60.00
60.01	06001	G.I. LAB	5,195	0	0	0	3,541 60.01
60.02	06002	VASCULAR LAB	1,484	0	0	0	990 60.02
60.03	06003	LABORATORY-PATHOLOGY	1,360	0	0	0	2,941 60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,460	0	0	0	2,161 63.00
65.00	06500	RESPIRATORY THERAPY	2,363	0	3,204	0	12,873 65.00
66.00	06600	PHYSICAL THERAPY	3,272	0	0	0	10,833 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,803	0	0	0	4,651 67.00
68.00	06800	SPEECH PATHOLOGY	1,229	0	0	0	1,140 68.00
69.00	06900	ELECTROCARDIOLOGY	3,082	0	0	0	2,881 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,700	0	3,332	0	1,320 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	1,354	0	0	0	0 74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0 76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	303	830	0	0	3,151 76.01
76.03	03550	OP PSYCH	0	0	0	0	1,380 76.03
76.04	03020	CARDIAC REHAB	2,247	0	0	0	390 76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	120 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	22,718	0	17,925	0	36,520 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	843	0	0	0	39,190 95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-P OB I (SQUARE FEET)	HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		9.00	9.01	9.02	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	343,010	2,618	36,044	616,607	349,172	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	510	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	3,319	190.01
190.02	19002 NON REIMBURSABLE B BLDG	4,775	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	2,352	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	10,531	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	3,463	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	3,487	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	8,837	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	18,870	0	190.08
190.09	19009 CATERING	155	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	1,020	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	2,208	0	0	0	750	190.12
190.13	19013 PHYSICIAN PRACTICE	0	0	0	0	1,710	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,289	47,179	0	0	180	192.00
192.01	19201 GRAHAM POB	0	0	0	0	1,260	192.01
192.02	19202 SITEMAN MOB	0	0	0	0	990	192.02
192.03	19203 OTHER POB'S	0	0	0	0	2,371	192.03
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)	6,169,912	295,382	666,676	9,272,279	5,939,446	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	16.622515	5.037726	17.363163	14.591054	16.439917	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	290,086	4,817	19,187	788,852	719,585	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.781528	0.082154	0.499714	1.241354	1.702058	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: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,220,438					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23,428,664				14.00
15.00	01500	PHARMACY	0	0	8,670,155			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	44,846	1,108,695,348		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	642,950	0	3,207	167,519,372	0	30.00
31.00	03100	INTENSIVE CARE UNIT	116,533	0	716	31,101,441	0	31.00
41.00	04100	SUBPROVIDER - IRF	30,123	0	94	5,705,442	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	138,043	0	19,929	74,746,143	0	50.00
51.00	05100	RECOVERY ROOM	17,950	0	7	8,274,666	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	42,069	16,944,425	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	673	64,904,384	0	54.00
57.00	05700	CT SCAN	0	0	8	65,739,182	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,246,874	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,318	27,788,513	0	59.00
60.00	06000	LABORATORY	0	0	0	128,977,167	0	60.00
60.01	06001	G.I. LAB	0	0	1,647	11,190,412	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	10,127,123	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	5	10,089,080	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,707,811	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	271	29,813,157	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	233	17,701,006	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,440,877	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,314,743	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	36,501,918	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,637,722	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,672,862	0	20,850,163	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	13,755,802	0	47,478,740	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	8,418,077	29,648,271	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	34	7,722,333	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	21,809	0	32,000	9,034,897	0	76.01
76.03	03550	OP PSYCH	0	0	0	1,877,763	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	317,179	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,194,561	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	253,030	0	6,369	195,899,206	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	98,652	54,200,777	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,220,438	23,428,664	8,670,155	1,108,695,348	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
190.13	19013 PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 GRAHAM POB	0	0	0	0	0	192.01
192.02	19202 SITEMAN MOB	0	0	0	0	0	192.02
192.03	19203 OTHER POB'S	0	0	0	0	0	192.03
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)	8,410,080	837,291	6,422,947	6,439,574	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.891034	0.035738	0.740811	0.005808	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,187,419	242,694	742,401	306,552	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.972945	0.010359	0.085627	0.000276	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	PARAMED ED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED ED PRGM PHARMACY (ASSIGNED TIME)	
			17.01	21.00	23.00	23.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB					1.04
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-POB I					9.01
9.02	00902	HOUSEKEEPING NW					9.02
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
17.01	01850	RESEARCH ADMIN	0				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	100			21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0		0		23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0			100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	100	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
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description	RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	PARAMED ED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED ED PRGM PHARMACY (ASSIGNED TIME)	
OTHER REIMBURSABLE COST CENTERS	17.01	21.00	23.00	23.01	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	100	0	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001 VISITOR MEALS	0	0	0	0	190.01
190.02 19002 NON REIMBURSABLE B BLDG	0	0	0	0	190.02
190.03 19003 NON REIMB NW BUILDING	0	0	0	0	190.03
190.04 19004 NON REIMBURSABLE CHIP	0	0	0	0	190.04
190.05 19005 NON REIMBURSABLE PFD	0	0	0	0	190.05
190.06 19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	190.06
190.07 19007 NON REIMBURSABLE POB I	0	0	0	0	190.07
190.08 19008 MEALS ON WHEELS	0	0	0	0	190.08
190.09 19009 CATERING	0	0	0	0	190.09
190.10 19010 RETAIL PHARMACY	0	0	0	0	190.10
190.11 19011 PUBLIC RELATIONS	0	0	0	0	190.11
190.12 19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	190.12
190.13 19013 PHYSICIAN PRACTICE	0	0	0	0	190.13
191.00 19100 RESEARCH	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201 GRAHAM POB	0	0	0	0	192.01
192.02 19202 SITEMAN MOB	0	0	0	0	192.02
192.03 19203 OTHER POB'S	0	0	0	0	192.03
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)	0	219,893	0	290,500	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	2,198.930000	0.000000	2,905.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	4,587	0	5,605	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	45.870000	0.000000	56.050000	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: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	68,019,351		68,019,351	3,865	68,023,216	30.00
31.00	03100	INTENSIVE CARE UNIT	11,544,072		11,544,072	0	11,544,072	31.00
41.00	04100	SUBPROVIDER - IRF	2,926,754		2,926,754	0	2,926,754	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,426,127		21,426,127	35,756	21,461,883	50.00
51.00	05100	RECOVERY ROOM	1,804,639		1,804,639	0	1,804,639	51.00
53.00	05300	ANESTHESIOLOGY	668,548		668,548	0	668,548	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,049,715		18,049,715	63,208	18,112,923	54.00
57.00	05700	CT SCAN	3,243,685		3,243,685	0	3,243,685	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	804,690		804,690	0	804,690	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,998,708		3,998,708	0	3,998,708	59.00
60.00	06000	LABORATORY	20,403,320		20,403,320	0	20,403,320	60.00
60.01	06001	G.I. LAB	3,387,620		3,387,620	2,314	3,389,934	60.01
60.02	06002	VASCULAR LAB	659,453		659,453	0	659,453	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,984,692		1,984,692	0	1,984,692	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,874,804		2,874,804	0	2,874,804	63.00
65.00	06500	RESPIRATORY THERAPY	7,491,633	0	7,491,633	76,147	7,567,780	65.00
66.00	06600	PHYSICAL THERAPY	5,471,703	0	5,471,703	0	5,471,703	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,300,814	0	2,300,814	0	2,300,814	67.00
68.00	06800	SPEECH PATHOLOGY	774,806	0	774,806	0	774,806	68.00
69.00	06900	ELECTROCARDIOLOGY	1,644,364		1,644,364	29,519	1,673,883	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	900,169		900,169	0	900,169	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,219,401		13,219,401	0	13,219,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,949,661		18,949,661	0	18,949,661	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,826,068		17,826,068	0	17,826,068	73.00
74.00	07400	RENAL DIALYSIS	2,952,378		2,952,378	0	2,952,378	74.00
76.00	03320	SHOCK THERAPY	0		0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,915,210		1,915,210	67,816	1,983,026	76.01
76.03	03550	OP PSYCH	709,296		709,296	11,510	720,806	76.03
76.04	03020	CARDIAC REHAB	416,579		416,579	14,365	430,944	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	153,667		153,667	0	153,667	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	25,948,736		25,948,736	0	25,948,736	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,300,701		2,300,701	0	2,300,701	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	14,632,737		14,632,737	47,672	14,680,409	95.00
200.00		Subtotal (see instructions)	279,404,101	0	279,404,101	352,172	279,756,273	200.00
201.00		Less Observation Beds	2,300,701		2,300,701		2,300,701	201.00
202.00		Total (see instructions)	277,103,400	0	277,103,400	352,172	277,455,572	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/23/2021 1:46 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	164,465,507		164,465,507		30.00
31.00	03100	INTENSIVE CARE UNIT	31,101,441		31,101,441		31.00
41.00	04100	SUBPROVIDER - IRF	5,705,442		5,705,442		41.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,872,055	34,874,088	74,746,143	0.286652	50.00
51.00	05100	RECOVERY ROOM	3,788,337	4,486,329	8,274,666	0.218092	51.00
53.00	05300	ANESTHESIOLOGY	9,686,701	7,257,724	16,944,425	0.039455	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,884,494	50,019,890	64,904,384	0.278097	54.00
57.00	05700	CT SCAN	22,060,048	43,679,133	65,739,181	0.049342	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,827,716	6,419,158	10,246,874	0.078530	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,563,651	11,224,862	27,788,513	0.143898	59.00
60.00	06000	LABORATORY	55,576,761	73,400,406	128,977,167	0.158193	60.00
60.01	06001	G.I. LAB	3,833,292	7,357,120	11,190,412	0.302725	60.01
60.02	06002	VASCULAR LAB	5,807,130	4,319,993	10,127,123	0.065118	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,878,465	8,210,615	10,089,080	0.196717	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,214,171	2,493,640	9,707,811	0.296133	63.00
65.00	06500	RESPIRATORY THERAPY	27,204,198	2,608,959	29,813,157	0.251286	65.00
66.00	06600	PHYSICAL THERAPY	7,048,205	10,652,801	17,701,006	0.309118	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,536,839	904,038	6,440,877	0.357221	67.00
68.00	06800	SPEECH PATHOLOGY	2,014,356	300,386	2,314,742	0.334727	68.00
69.00	06900	ELECTROCARDIOLOGY	25,788,393	10,713,525	36,501,918	0.045049	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	783,447	3,854,275	4,637,722	0.194097	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,810,998	8,039,165	20,850,163	0.634019	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,995,712	17,483,027	47,478,739	0.399119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,897,615	5,750,657	29,648,272	0.601251	73.00
74.00	07400	RENAL DIALYSIS	7,616,974	105,359	7,722,333	0.382317	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	54,122	8,980,775	9,034,897	0.211979	76.01
76.03	03550	OP PSYCH	1,382	1,876,381	1,877,763	0.377735	76.03
76.04	03020	CARDIAC REHAB	650	316,530	317,180	1.313384	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,194,561	1,194,561	0.128639	76.98
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	33,271,709	162,627,497	195,899,206	0.132460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	954,463	2,099,402	3,053,865	0.753374	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	132,800	54,067,977	54,200,777	0.269973	95.00
200.00		Subtotal (see instructions)	563,377,074	545,318,273	1,108,695,347		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	563,377,074	545,318,273	1,108,695,347		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/23/2021 1:46 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
41.00	04100	SUBPROVIDER - IRF			41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.287130		50.00
51.00	05100	RECOVERY ROOM	0.218092		51.00
53.00	05300	ANESTHESIOLOGY	0.039455		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.279071		54.00
57.00	05700	CT SCAN	0.049342		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078530		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.143898		59.00
60.00	06000	LABORATORY	0.158193		60.00
60.01	06001	G.I. LAB	0.302932		60.01
60.02	06002	VASCULAR LAB	0.065118		60.02
60.03	06003	LABORATORY-PATHOLOGY	0.196717		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.296133		63.00
65.00	06500	RESPIRATORY THERAPY	0.253840		65.00
66.00	06600	PHYSICAL THERAPY	0.309118		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.357221		67.00
68.00	06800	SPEECH PATHOLOGY	0.334727		68.00
69.00	06900	ELECTROCARDIOLOGY	0.045857		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194097		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.634019		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.399119		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.601251		73.00
74.00	07400	RENAL DIALYSIS	0.382317		74.00
76.00	03320	SHOCK THERAPY	0.000000		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.219485		76.01
76.03	03550	OP PSYCH	0.383864		76.03
76.04	03020	CARDIAC REHAB	1.358673		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.128639		76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.132460		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.753374		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.270852		95.00
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: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	68,019,351		68,019,351	3,865	68,023,216	30.00
31.00	03100	INTENSIVE CARE UNIT	11,544,072		11,544,072	0	11,544,072	31.00
41.00	04100	SUBPROVIDER - IRF	2,926,754		2,926,754	0	2,926,754	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,426,127		21,426,127	35,756	21,461,883	50.00
51.00	05100	RECOVERY ROOM	1,804,639		1,804,639	0	1,804,639	51.00
53.00	05300	ANESTHESIOLOGY	668,548		668,548	0	668,548	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,049,715		18,049,715	63,208	18,112,923	54.00
57.00	05700	CT SCAN	3,243,685		3,243,685	0	3,243,685	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	804,690		804,690	0	804,690	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,998,708		3,998,708	0	3,998,708	59.00
60.00	06000	LABORATORY	20,403,320		20,403,320	0	20,403,320	60.00
60.01	06001	G.I. LAB	3,387,620		3,387,620	2,314	3,389,934	60.01
60.02	06002	VASCULAR LAB	659,453		659,453	0	659,453	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,984,692		1,984,692	0	1,984,692	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,874,804		2,874,804	0	2,874,804	63.00
65.00	06500	RESPIRATORY THERAPY	7,491,633	0	7,491,633	76,147	7,567,780	65.00
66.00	06600	PHYSICAL THERAPY	5,471,703	0	5,471,703	0	5,471,703	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,300,814	0	2,300,814	0	2,300,814	67.00
68.00	06800	SPEECH PATHOLOGY	774,806	0	774,806	0	774,806	68.00
69.00	06900	ELECTROCARDIOLOGY	1,644,364		1,644,364	29,519	1,673,883	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	900,169		900,169	0	900,169	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,219,401		13,219,401	0	13,219,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,949,661		18,949,661	0	18,949,661	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,826,068		17,826,068	0	17,826,068	73.00
74.00	07400	RENAL DIALYSIS	2,952,378		2,952,378	0	2,952,378	74.00
76.00	03320	SHOCK THERAPY	0		0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,915,210		1,915,210	67,816	1,983,026	76.01
76.03	03550	OP PSYCH	709,296		709,296	11,510	720,806	76.03
76.04	03020	CARDIAC REHAB	416,579		416,579	14,365	430,944	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	153,667		153,667	0	153,667	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	25,948,736		25,948,736	0	25,948,736	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,300,701		2,300,701		2,300,701	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	14,632,737		14,632,737	47,672	14,680,409	95.00
200.00		Subtotal (see instructions)	279,404,101	0	279,404,101	352,172	279,756,273	200.00
201.00		Less Observation Beds	2,300,701		2,300,701		2,300,701	201.00
202.00		Total (see instructions)	277,103,400	0	277,103,400	352,172	277,455,572	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	164,465,507		164,465,507			30.00
31.00	03100	INTENSIVE CARE UNIT	31,101,441		31,101,441			31.00
41.00	04100	SUBPROVIDER - IRF	5,705,442		5,705,442			41.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,872,055	34,874,088	74,746,143	0.286652	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,788,337	4,486,329	8,274,666	0.218092	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	9,686,701	7,257,724	16,944,425	0.039455	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,884,494	50,019,890	64,904,384	0.278097	0.000000	54.00
57.00	05700	CT SCAN	22,060,048	43,679,133	65,739,181	0.049342	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,827,716	6,419,158	10,246,874	0.078530	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,563,651	11,224,862	27,788,513	0.143898	0.000000	59.00
60.00	06000	LABORATORY	55,576,761	73,400,406	128,977,167	0.158193	0.000000	60.00
60.01	06001	G.I. LAB	3,833,292	7,357,120	11,190,412	0.302725	0.000000	60.01
60.02	06002	VASCULAR LAB	5,807,130	4,319,993	10,127,123	0.065118	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,878,465	8,210,615	10,089,080	0.196717	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,214,171	2,493,640	9,707,811	0.296133	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	27,204,198	2,608,959	29,813,157	0.251286	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,048,205	10,652,801	17,701,006	0.309118	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,536,839	904,038	6,440,877	0.357221	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,014,356	300,386	2,314,742	0.334727	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	25,788,393	10,713,525	36,501,918	0.045049	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	783,447	3,854,275	4,637,722	0.194097	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,810,998	8,039,165	20,850,163	0.634019	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,995,712	17,483,027	47,478,739	0.399119	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,897,615	5,750,657	29,648,272	0.601251	0.000000	73.00
74.00	07400	RENAL DIALYSIS	7,616,974	105,359	7,722,333	0.382317	0.000000	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0.000000	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	54,122	8,980,775	9,034,897	0.211979	0.000000	76.01
76.03	03550	OP PSYCH	1,382	1,876,381	1,877,763	0.377735	0.000000	76.03
76.04	03020	CARDIAC REHAB	650	316,530	317,180	1.313384	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,194,561	1,194,561	0.128639	0.000000	76.98
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	33,271,709	162,627,497	195,899,206	0.132460	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	954,463	2,099,402	3,053,865	0.753374	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	132,800	54,067,977	54,200,777	0.269973	0.000000	95.00
200.00		Subtotal (see instructions)	563,377,074	545,318,273	1,108,695,347			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	563,377,074	545,318,273	1,108,695,347			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
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
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	G.I. LAB	0.000000			60.01
60.02	06002	VASCULAR LAB	0.000000			60.02
60.03	06003	LABORATORY-PATHOLOGY	0.000000			60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03320	SHOCK THERAPY	0.000000			76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000			76.01
76.03	03550	OP PSYCH	0.000000			76.03
76.04	03020	CARDIAC REHAB	0.000000			76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
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: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/23/2021 1:46 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	7,397,435	0	7,397,435	59,842	123.62	30.00
31.00	INTENSIVE CARE UNIT	724,677		724,677	5,774	125.51	31.00
41.00	SUBPROVIDER - IRF	348,281	0	348,281	3,200	108.84	41.00
200.00	Total (lines 30 through 199)	8,470,393		8,470,393	68,816		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	17,304	2,139,120				30.00
31.00	INTENSIVE CARE UNIT	2,253	282,774				31.00
41.00	SUBPROVIDER - IRF	1,286	139,968				41.00
200.00	Total (lines 30 through 199)	20,843	2,561,862				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/23/2021 1:46 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	3,804,129	74,746,143	0.050894	15,817,501	805,016	50.00	
51.00	05100	RECOVERY ROOM	150,819	8,274,666	0.018227	1,108,108	20,197	51.00	
53.00	05300	ANESTHESIOLOGY	95,472	16,944,425	0.005634	2,969,080	16,728	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,977,151	64,904,384	0.076684	3,736,958	286,565	54.00	
57.00	05700	CT SCAN	209,505	65,739,181	0.003187	6,298,321	20,073	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87,556	10,246,874	0.008545	967,934	8,271	58.00	
59.00	05900	CARDIAC CATHETERIZATION	859,302	27,788,513	0.030923	2,791,357	86,317	59.00	
60.00	06000	LABORATORY	1,933,082	128,977,167	0.014988	17,996,185	269,727	60.00	
60.01	06001	G.I. LAB	1,109,688	11,190,412	0.099164	967,779	95,969	60.01	
60.02	06002	VASCULAR LAB	55,320	10,127,123	0.005463	2,041,608	11,153	60.02	
60.03	06003	LABORATORY-PATHOLOGY	123,458	10,089,080	0.012237	924,918	11,318	60.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	69,689	9,707,811	0.007179	1,444,487	10,370	63.00	
65.00	06500	RESPIRATORY THERAPY	371,143	29,813,157	0.012449	8,293,933	103,251	65.00	
66.00	06600	PHYSICAL THERAPY	261,037	17,701,006	0.014747	1,539,340	22,701	66.00	
67.00	06700	OCCUPATIONAL THERAPY	118,333	6,440,877	0.018372	1,120,428	20,585	67.00	
68.00	06800	SPEECH PATHOLOGY	62,581	2,314,742	0.027036	517,132	13,981	68.00	
69.00	06900	ELECTROCARDIOLOGY	106,138	36,501,918	0.002908	8,047,236	23,401	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	87,230	4,637,722	0.018809	225,477	4,241	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	306,704	20,850,163	0.014710	6,480,333	95,326	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	444,124	47,478,739	0.009354	10,703,427	100,120	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	905,649	29,648,272	0.030546	7,493,020	228,882	73.00	
74.00	07400	RENAL DIALYSIS	115,339	7,722,333	0.014936	3,597,359	53,730	74.00	
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00	
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	90,549	9,034,897	0.010022	9,923	99	76.01	
76.03	03550	OP PSYCH	19,632	1,877,763	0.010455	931	10	76.03	
76.04	03020	CARDIAC REHAB	92,032	317,180	0.290157	328	95	76.04	
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,955	1,194,561	0.002474	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	1,956,334	195,899,206	0.009986	8,941,602	89,291	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	250,199	3,053,865	0.081929	330,176	27,051	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	18,665,150	853,222,180		114,364,881	2,424,468	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/23/2021 1:46 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	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	59,842	0.00	17,304	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	5,774	0.00	2,253	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	3,200	0.00	1,286	41.00		
200.00		Total (lines 30 through 199)	0	0	68,816		20,843	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost						
			9.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0						
31.00	03100	INTENSIVE CARE UNIT	0	0						
41.00	04100	SUBPROVIDER - IRF	0	0						
200.00		Total (lines 30 through 199)	0	0						

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 1:46 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	290,500	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	290,500	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/23/2021 1:46 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	74,746,143	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,274,666	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,944,425	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	64,904,384	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	65,739,181	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,246,874	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	27,788,513	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	128,977,167	0.000000	60.00
60.01	06001	G.I. LAB	0	0	0	11,190,412	0.000000	60.01
60.02	06002	VASCULAR LAB	0	0	0	10,127,123	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	10,089,080	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,707,811	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	29,813,157	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	17,701,006	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,440,877	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,314,742	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	36,501,918	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,637,722	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	20,850,163	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	47,478,739	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	290,500	290,500	29,648,272	0.009798	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	7,722,333	0.000000	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	9,034,897	0.000000	76.01
76.03	03550	OP PSYCH	0	0	0	1,877,763	0.000000	76.03
76.04	03020	CARDIAC REHAB	0	0	0	317,180	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,194,561	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	195,899,206	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,053,865	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	290,500	290,500	853,222,180		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/23/2021 1:46 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	15,817,501	0	9,520,506	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	1,108,108	0	1,501,816	0	51.00	
53.00	05300 ANESTHESIOLOGY	0.000000	2,969,080	0	1,424,634	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,736,958	0	8,546,692	0	54.00	
57.00	05700 CT SCAN	0.000000	6,298,321	0	6,813,558	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	967,934	0	1,205,414	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,791,357	0	1,636,363	0	59.00	
60.00	06000 LABORATORY	0.000000	17,996,185	0	3,368,829	0	60.00	
60.01	06001 G.I. LAB	0.000000	967,779	0	1,117,810	0	60.01	
60.02	06002 VASCULAR LAB	0.000000	2,041,608	0	1,040,772	0	60.02	
60.03	06003 LABORATORY-PATHOLOGY	0.000000	924,918	0	709,716	0	60.03	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,444,487	0	57,689	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	8,293,933	0	416,173	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	1,539,340	0	12,941	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,120,428	0	4,045	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	517,132	0	2,462	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,047,236	0	2,362,349	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	225,477	0	689,920	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	6,480,333	0	3,548,381	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	10,703,427	0	4,396,570	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.009798	7,493,020	73,417	3,310,105	32,432	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	3,597,359	0	0	0	74.00	
76.00	03320 SHOCK THERAPY	0.000000	0	0	0	0	76.00	
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000	9,923	0	1,728,083	0	76.01	
76.03	03550 OP PSYCH	0.000000	931	0	683,046	0	76.03	
76.04	03020 CARDIAC REHAB	0.000000	328	0	160,392	0	76.04	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	175,560	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	0.000000	8,941,602	0	10,647,444	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	330,176	0	227,147	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		114,364,881	73,417	65,308,417	32,432	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 1:46 pm		
				Title XVIII		Hospital		PPS		
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost					
				21.00	24.00					
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
57.00	05700	CT SCAN	0	0						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0						58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0						59.00
60.00	06000	LABORATORY	0	0						60.00
60.01	06001	G.I. LAB	0	0						60.01
60.02	06002	VASCULAR LAB	0	0						60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0						60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0						63.00
65.00	06500	RESPIRATORY THERAPY	0	0						65.00
66.00	06600	PHYSICAL THERAPY	0	0						66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0						67.00
68.00	06800	SPEECH PATHOLOGY	0	0						68.00
69.00	06900	ELECTROCARDIOLOGY	0	0						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0						73.00
74.00	07400	RENAL DIALYSIS	0	0						74.00
76.00	03320	SHOCK THERAPY	0	0						76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0						76.01
76.03	03550	OP PSYCH	0	0						76.03
76.04	03020	CARDIAC REHAB	0	0						76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0						76.98
OUTPATIENT SERVICE COST CENTERS										
91.00	09100	EMERGENCY	0	0						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0						92.00
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES								95.00
200.00		Total (lines 50 through 199)	0	0						200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/23/2021 1:46 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		0.286652	9,520,506	0	0	2,729,072	50.00
51.00	05100	RECOVERY ROOM		0.218092	1,501,816	0	0	327,534	51.00
53.00	05300	ANESTHESIOLOGY		0.039455	1,424,634	0	0	56,209	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.278097	8,546,692	0	0	2,376,809	54.00
57.00	05700	CT SCAN		0.049342	6,813,558	0	0	336,195	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.078530	1,205,414	0	0	94,661	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.143898	1,636,363	0	0	235,469	59.00
60.00	06000	LABORATORY		0.158193	3,368,829	0	0	532,925	60.00
60.01	06001	G.I. LAB		0.302725	1,117,810	0	0	338,389	60.01
60.02	06002	VASCULAR LAB		0.065118	1,040,772	0	0	67,773	60.02
60.03	06003	LABORATORY-PATHOLOGY		0.196717	709,716	0	0	139,613	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.296133	57,689	0	0	17,084	63.00
65.00	06500	RESPIRATORY THERAPY		0.251286	416,173	0	0	104,578	65.00
66.00	06600	PHYSICAL THERAPY		0.309118	12,941	0	0	4,000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.357221	4,045	0	0	1,445	67.00
68.00	06800	SPEECH PATHOLOGY		0.334727	2,462	0	0	824	68.00
69.00	06900	ELECTROCARDIOLOGY		0.045049	2,362,349	0	0	106,421	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.194097	689,920	0	0	133,911	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.634019	3,548,381	0	0	2,249,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.399119	4,396,570	0	0	1,754,755	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.601251	3,310,105	0	10,132	1,990,204	73.00
74.00	07400	RENAL DIALYSIS		0.382317	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY		0.000000	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0.211979	1,728,083	0	0	366,317	76.01
76.03	03550	OP PSYCH		0.377735	683,046	0	0	258,010	76.03
76.04	03020	CARDIAC REHAB		1.313384	160,392	0	0	210,656	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.128639	175,560	0	0	22,584	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.132460	10,647,444	0	0	1,410,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.753374	227,147	0	0	171,127	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.269973		0			95.00
200.00		Subtotal (see instructions)			65,308,417	0	10,132	16,036,666	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
202.00		Only Charges							
202.00		Net Charges (line 200 - line 201)			65,308,417	0	10,132	16,036,666	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0180		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/23/2021 1:46 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	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
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	G.I. LAB	0	0		60.01
60.02	06002	VASCULAR LAB	0	0		60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,092		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03320	SHOCK THERAPY	0	0		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0		76.01
76.03	03550	OP PSYCH	0	0		76.03
76.04	03020	CARDIAC REHAB	0	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	6,092		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	6,092		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0180

Period:

Worksheet D

Component CCN: 26-T180

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/23/2021 1:46 pm

				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,804,129	74,746,143	0.050894	43,498	2,214	50.00
51.00	05100	RECOVERY ROOM	150,819	8,274,666	0.018227	1,840	34	51.00
53.00	05300	ANESTHESIOLOGY	95,472	16,944,425	0.005634	3,813	21	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,977,151	64,904,384	0.076684	24,020	1,842	54.00
57.00	05700	CT SCAN	209,505	65,739,181	0.003187	27,760	88	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87,556	10,246,874	0.008545	4,652	40	58.00
59.00	05900	CARDIAC CATHETERIZATION	859,302	27,788,513	0.030923	0	0	59.00
60.00	06000	LABORATORY	1,933,082	128,977,167	0.014988	280,942	4,211	60.00
60.01	06001	G.I. LAB	1,109,688	11,190,412	0.099164	0	0	60.01
60.02	06002	VASCULAR LAB	55,320	10,127,123	0.005463	2,349	13	60.02
60.03	06003	LABORATORY-PATHOLOGY	123,458	10,089,080	0.012237	11,047	135	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	69,689	9,707,811	0.007179	2,826	20	63.00
65.00	06500	RESPIRATORY THERAPY	371,143	29,813,157	0.012449	162,375	2,021	65.00
66.00	06600	PHYSICAL THERAPY	261,037	17,701,006	0.014747	891,247	13,143	66.00
67.00	06700	OCCUPATIONAL THERAPY	118,333	6,440,877	0.018372	802,972	14,752	67.00
68.00	06800	SPEECH PATHOLOGY	62,581	2,314,742	0.027036	140,537	3,800	68.00
69.00	06900	ELECTROCARDIOLOGY	106,138	36,501,918	0.002908	25,455	74	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	87,230	4,637,722	0.018809	2,912	55	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	306,704	20,850,163	0.014710	5,225	77	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	444,124	47,478,739	0.009354	16,758	157	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	905,649	29,648,272	0.030546	129,790	3,965	73.00
74.00	07400	RENAL DIALYSIS	115,339	7,722,333	0.014936	176,159	2,631	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	90,549	9,034,897	0.010022	0	0	76.01
76.03	03550	OP PSYCH	19,632	1,877,763	0.010455	0	0	76.03
76.04	03020	CARDIAC REHAB	92,032	317,180	0.290157	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,955	1,194,561	0.002474	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,956,334	195,899,206	0.009986	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,053,865	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	18,414,951	853,222,180		2,756,177	49,293	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 1:46 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	G.I. LAB		0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB		0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY		0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	290,500	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY		0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0	0	0	0	0	76.01
76.03	03550	OP PSYCH		0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB		0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	290,500	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 1:46 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	74,746,143	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	8,274,666	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	16,944,425	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	64,904,384	0.000000	54.00
57.00	05700	CT SCAN		0	0	0	65,739,181	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	10,246,874	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	27,788,513	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	128,977,167	0.000000	60.00
60.01	06001	G.I. LAB		0	0	0	11,190,412	0.000000	60.01
60.02	06002	VASCULAR LAB		0	0	0	10,127,123	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY		0	0	0	10,089,080	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	9,707,811	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	29,813,157	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	17,701,006	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	6,440,877	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,314,742	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	36,501,918	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	4,637,722	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	20,850,163	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	47,478,739	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	290,500	290,500	29,648,272	0.009798	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	7,722,333	0.000000	74.00
76.00	03320	SHOCK THERAPY		0	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0	0	0	9,034,897	0.000000	76.01
76.03	03550	OP PSYCH		0	0	0	1,877,763	0.000000	76.03
76.04	03020	CARDIAC REHAB		0	0	0	317,180	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	1,194,561	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	195,899,206	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	3,053,865	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)		0	290,500	290,500	853,222,180		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 1:46 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	43,498	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	1,840	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	3,813	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	24,020	0	0	0	54.00
57.00	05700	CT SCAN		0.000000	27,760	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	4,652	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	280,942	0	0	0	60.00
60.01	06001	G.I. LAB		0.000000	0	0	0	0	60.01
60.02	06002	VASCULAR LAB		0.000000	2,349	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY		0.000000	11,047	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	2,826	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	162,375	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	891,247	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	802,972	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	140,537	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	25,455	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	2,912	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	5,225	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	16,758	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.009798	129,790	1,272	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	176,159	0	0	0	74.00
76.00	03320	SHOCK THERAPY		0.000000	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0.000000	0	0	0	0	76.01
76.03	03550	OP PSYCH		0.000000	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB		0.000000	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			2,756,177	1,272	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 1:46 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost					
			21.00	24.00					
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
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	G.I. LAB	0	0					60.01
60.02	06002	VASCULAR LAB	0	0					60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0					60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03320	SHOCK THERAPY	0	0					76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0					76.01
76.03	03550	OP PSYCH	0	0					76.03
76.04	03020	CARDIAC REHAB	0	0					76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0	0					200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/23/2021 1:46 pm	
					Title XIX		Hospital		Cost	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	0	41.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	59,842	0.00	7,027		30.00
31.00	03100	INTENSIVE CARE UNIT			0	5,774	0.00	837		31.00
41.00	04100	SUBPROVIDER - IRF		0	0	3,200	0.00	373		41.00
200.00		Total (lines 30 through 199)			0	68,816		8,237		200.00
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
					9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0					30.00
31.00	03100	INTENSIVE CARE UNIT		0	0					31.00
41.00	04100	SUBPROVIDER - IRF		0	0					41.00
200.00		Total (lines 30 through 199)		0	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 1:46 pm	
			Title XIX		Hospital		Cost	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	290,500	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	290,500	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0180

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

Worksheet D
Part IV
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description			Title XIX		Hospital	Cost	
			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	74,746,143	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	8,274,666	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	16,944,425	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	64,904,384	0.000000
57.00	05700	CT SCAN	0	0	0	65,739,181	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,246,874	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	27,788,513	0.000000
60.00	06000	LABORATORY	0	0	0	128,977,167	0.000000
60.01	06001	G.I. LAB	0	0	0	11,190,412	0.000000
60.02	06002	VASCULAR LAB	0	0	0	10,127,123	0.000000
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	10,089,080	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,707,811	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	29,813,157	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	17,701,006	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,440,877	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,314,742	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	36,501,918	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,637,722	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	20,850,163	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	47,478,739	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	290,500	290,500	29,648,272	0.009798
74.00	07400	RENAL DIALYSIS	0	0	0	7,722,333	0.000000
76.00	03320	SHOCK THERAPY	0	0	0	0	0.000000
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	9,034,897	0.000000
76.03	03550	OP PSYCH	0	0	0	1,877,763	0.000000
76.04	03020	CARDIAC REHAB	0	0	0	317,180	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,194,561	0.000000
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	195,899,206	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,053,865	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000
200.00		Total (lines 50 through 199)	0	290,500	290,500	853,222,180	0.000000

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 1:46 pm	
Cost Center Description				Title XIX		Hospital		Cost	
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	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		4,023,902	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		347,406	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000		801,022	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		1,434,681	0	0	0	54.00
57.00	05700	CT SCAN	0.000000		2,732,154	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		504,801	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		772,107	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		7,111,650	0	0	0	60.00
60.01	06001	G.I. LAB	0.000000		370,362	0	0	0	60.01
60.02	06002	VASCULAR LAB	0.000000		786,751	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.000000		340,849	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		515,541	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		3,650,885	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		682,989	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		539,652	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		230,268	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		2,894,054	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		136,925	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		1,537,370	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		1,975,717	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.009798		3,687,065	36,126	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		816,703	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0.000000		0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000		363	0	0	0	76.01
76.03	03550	OP PSYCH	0.000000		0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0.000000		0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.000000		0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		81,664	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			35,974,881	36,126	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 1:46 pm		
				Title XIX		Hospital		Cost		
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost					
				21.00	24.00					
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
57.00	05700	CT SCAN	0	0						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0						58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0						59.00
60.00	06000	LABORATORY	0	0						60.00
60.01	06001	G.I. LAB	0	0						60.01
60.02	06002	VASCULAR LAB	0	0						60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0						60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0						63.00
65.00	06500	RESPIRATORY THERAPY	0	0						65.00
66.00	06600	PHYSICAL THERAPY	0	0						66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0						67.00
68.00	06800	SPEECH PATHOLOGY	0	0						68.00
69.00	06900	ELECTROCARDIOLOGY	0	0						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0						73.00
74.00	07400	RENAL DIALYSIS	0	0						74.00
76.00	03320	SHOCK THERAPY	0	0						76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0						76.01
76.03	03550	OP PSYCH	0	0						76.03
76.04	03020	CARDIAC REHAB	0	0						76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0						76.98
OUTPATIENT SERVICE COST CENTERS										
91.00	09100	EMERGENCY	0	0						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0						92.00
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES								95.00
200.00		Total (lines 50 through 199)	0	0						200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/23/2021 1:46 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs	
						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		0.286652	0	2,846,562	0	0	50.00
51.00	05100	RECOVERY ROOM		0.218092	0	428,332	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.039455	0	353,394	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.278097	0	3,304,194	0	0	54.00
57.00	05700	CT SCAN		0.049342	0	3,048,977	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.078530	0	474,273	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.143898	0	192,999	0	0	59.00
60.00	06000	LABORATORY		0.158193	0	4,659,927	0	0	60.00
60.01	06001	G.I. LAB		0.302725	0	474,638	0	0	60.01
60.02	06002	VASCULAR LAB		0.065118	0	313,578	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY		0.196717	0	211,520	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.296133	0	46,023	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.251286	0	186,427	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.309118	0	1,640,166	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.357221	0	286,094	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.334727	0	126,541	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.045049	0	862,562	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.194097	0	317,999	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.634019	0	1,889,743	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.399119	0	861,455	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.601251	0	893,324	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.382317	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY		0.000000	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0.211979	0	498,857	0	0	76.01
76.03	03550	OP PSYCH		0.377735	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB		1.313384	0	24,928	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.128639	0	191,520	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.132460	0	16,497,397	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.753374	0	227,419	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.269973	0	0	0	0	95.00
200.00		Subtotal (see instructions)			0	40,858,849	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0	0	201.00
202.00		Only Charges							
202.00		Net Charges (line 200 - line 201)			0	40,858,849	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/23/2021 1:46 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	815,973	0				
51.00	05100	RECOVERY ROOM	93,416	0				
53.00	05300	ANESTHESIOLOGY	13,943	0				
54.00	05400	RADIOLOGY-DIAGNOSTIC	918,886	0				
57.00	05700	CT SCAN	150,443	0				
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,245	0				
59.00	05900	CARDIAC CATHETERIZATION	27,772	0				
60.00	06000	LABORATORY	737,168	0				
60.01	06001	G.I. LAB	143,685	0				
60.02	06002	VASCULAR LAB	20,420	0				
60.03	06003	LABORATORY-PATHOLOGY	41,610	0				
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,629	0				
65.00	06500	RESPIRATORY THERAPY	46,846	0				
66.00	06600	PHYSICAL THERAPY	507,005	0				
67.00	06700	OCCUPATIONAL THERAPY	102,199	0				
68.00	06800	SPEECH PATHOLOGY	42,357	0				
69.00	06900	ELECTROCARDIOLOGY	38,858	0				
70.00	07000	ELECTROENCEPHALOGRAPHY	61,723	0				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,198,133	0				
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	343,823	0				
73.00	07300	DRUGS CHARGED TO PATIENTS	537,112	0				
74.00	07400	RENAL DIALYSIS	0	0				
76.00	03320	SHOCK THERAPY	0	0				
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	105,747	0				
76.03	03550	OP PSYCH	0	0				
76.04	03020	CARDIAC REHAB	32,740	0				
76.98	07698	HYPERBARIC OXYGEN THERAPY	24,637	0				
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,185,245	0				
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	171,332	0				
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0					
200.00		Subtotal (see instructions)	8,411,947	0				
201.00		Less PBP Clinic Lab. Services-Program	0					
202.00		Only Charges						
202.00		Net Charges (line 200 - line 201)	8,411,947	0				

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 1:46 pm	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	G.I. LAB		0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB		0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY		0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	290,500	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY		0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0	0	0	0	0	76.01
76.03	03550	OP PSYCH		0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB		0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	290,500	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 1:46 pm	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	74,746,143	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	8,274,666	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	16,944,425	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	64,904,384	0.000000	54.00
57.00	05700	CT SCAN		0	0	0	65,739,181	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	10,246,874	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	27,788,513	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	128,977,167	0.000000	60.00
60.01	06001	G.I. LAB		0	0	0	11,190,412	0.000000	60.01
60.02	06002	VASCULAR LAB		0	0	0	10,127,123	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY		0	0	0	10,089,080	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	9,707,811	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	29,813,157	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	17,701,006	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	6,440,877	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,314,742	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	36,501,918	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	4,637,722	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	20,850,163	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	47,478,739	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	290,500	290,500	29,648,272	0.009798	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	7,722,333	0.000000	74.00
76.00	03320	SHOCK THERAPY		0	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0	0	0	9,034,897	0.000000	76.01
76.03	03550	OP PSYCH		0	0	0	1,877,763	0.000000	76.03
76.04	03020	CARDIAC REHAB		0	0	0	317,180	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	1,194,561	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	195,899,206	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	3,053,865	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)		0	290,500	290,500	853,222,180		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 1:46 pm	
				Title XIX		Subprovider - IRF		Cost	
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	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
60.01	06001	G.I. LAB		0.000000	0	0	0	0	60.01
60.02	06002	VASCULAR LAB		0.000000	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY		0.000000	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.009798	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY		0.000000	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0.000000	0	0	0	0	76.01
76.03	03550	OP PSYCH		0.000000	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB		0.000000	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
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: 26-0180 Component CCN: 26-T180		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 1:46 pm	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost					
			21.00	24.00					
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
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	G.I. LAB	0	0					60.01
60.02	06002	VASCULAR LAB	0	0					60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0					60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03320	SHOCK THERAPY	0	0					76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0					76.01
76.03	03550	OP PSYCH	0	0					76.03
76.04	03020	CARDIAC REHAB	0	0					76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0	0					200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/23/2021 1:46 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)			59,842	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			59,842	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)			57,818	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)			17,304	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)			68,023,216	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)			68,023,216	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)			68,023,216	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)			1,136.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			19,669,630	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)			19,669,630	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/23/2021 1:46 pm	
				Title XVIII		Hospital	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,544,072	5,774	1,999.32	2,253	4,504,468	43.00
44.00	CORONARY CARE UNIT						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)					29,879,057	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					54,053,155	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)					2,421,894	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,497,885	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,919,779	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					49,133,376	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,024	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,136.71	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,300,701	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0180		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/23/2021 1:46 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost	7,397,435	68,023,216	0.108749	2,300,701	250,199		90.00	
91.00	Nursing School cost	0	68,023,216	0.000000	2,300,701	0		91.00	
92.00	Allied health cost	0	68,023,216	0.000000	2,300,701	0		92.00	
93.00	All other Medical Education	0	68,023,216	0.000000	2,300,701	0		93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/23/2021 1:46 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,200	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,200	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,200	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)		1,286	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,926,754	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,926,754	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,926,754	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)		914.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,176,188	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,176,188	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/23/2021 1:46 pm	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)						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						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)					876,800	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,052,988	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)					139,968	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					50,565	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					190,533	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,862,455	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: 26-0180 Component CCN: 26-T180		Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/23/2021 1:46 pm	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	348,281	2,926,754	0.118999	0	0	90.00
91.00 Nursing School cost	0	2,926,754	0.000000	0	0	91.00
92.00 Allied health cost	0	2,926,754	0.000000	0	0	92.00
93.00 All other Medical Education	0	2,926,754	0.000000	0	0	93.00

Health Financial Systems		CHRISTIAN HOSPITAL NORTHEAST		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/23/2021 1:46 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)			59,842	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			59,842	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)			57,818	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)			7,027	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)			68,019,351	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)			68,019,351	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)			68,019,351	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)			1,136.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			7,987,240	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)			7,987,240	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/23/2021 1:46 pm
Title XIX			Hospital		Cost
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	11,544,072	5,774	1,999.32	837	1,673,431
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,362,753
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					19,023,424
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
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					2,024
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,136.65
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,300,580

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0180

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

Worksheet D-1

Date/Time Prepared:
7/23/2021 1:46 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,397,435	68,019,351	0.108755	2,300,580	250,200	90.00
91.00	Nursing School cost	0	68,019,351	0.000000	2,300,580	0	91.00
92.00	Allied health cost	0	68,019,351	0.000000	2,300,580	0	92.00
93.00	All other Medical Education	0	68,019,351	0.000000	2,300,580	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/23/2021 1:46 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	49,246,493		30.00
31.00	03100	INTENSIVE CARE UNIT	12,191,704		31.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	15,817,501	4,541,679	50.00
51.00	05100	RECOVERY ROOM	1,108,108	241,669	51.00
53.00	05300	ANESTHESIOLOGY	2,969,080	117,145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,736,958	1,042,877	54.00
57.00	05700	CT SCAN	6,298,321	310,772	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	967,934	76,012	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,791,357	401,671	59.00
60.00	06000	LABORATORY	17,996,185	2,846,870	60.00
60.01	06001	G.I. LAB	967,779	293,171	60.01
60.02	06002	VASCULAR LAB	2,041,608	132,945	60.02
60.03	06003	LABORATORY-PATHOLOGY	924,918	181,947	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,444,487	427,760	63.00
65.00	06500	RESPIRATORY THERAPY	8,293,933	2,105,332	65.00
66.00	06600	PHYSICAL THERAPY	1,539,340	475,838	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,120,428	400,240	67.00
68.00	06800	SPEECH PATHOLOGY	517,132	173,098	68.00
69.00	06900	ELECTROCARDIOLOGY	8,047,236	369,022	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	225,477	43,764	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,480,333	4,108,654	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,703,427	4,271,941	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,493,020	4,505,186	73.00
74.00	07400	RENAL DIALYSIS	3,597,359	1,375,332	74.00
76.00	03320	SHOCK THERAPY	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	9,923	2,178	76.01
76.03	03550	OP PSYCH	931	357	76.03
76.04	03020	CARDIAC REHAB	328	446	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	8,941,602	1,184,405	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	330,176	248,746	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)	114,364,881	29,879,057	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)	114,364,881		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/23/2021 1:46 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		2,284,870		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.287130	43,498	12,490	50.00
51.00	05100 RECOVERY ROOM	0.218092	1,840	401	51.00
53.00	05300 ANESTHESIOLOGY	0.039455	3,813	150	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.279071	24,020	6,703	54.00
57.00	05700 CT SCAN	0.049342	27,760	1,370	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.078530	4,652	365	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.143898	0	0	59.00
60.00	06000 LABORATORY	0.158193	280,942	44,443	60.00
60.01	06001 G.I. LAB	0.302932	0	0	60.01
60.02	06002 VASCULAR LAB	0.065118	2,349	153	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.196717	11,047	2,173	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.296133	2,826	837	63.00
65.00	06500 RESPIRATORY THERAPY	0.253840	162,375	41,217	65.00
66.00	06600 PHYSICAL THERAPY	0.309118	891,247	275,500	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.357221	802,972	286,838	67.00
68.00	06800 SPEECH PATHOLOGY	0.334727	140,537	47,042	68.00
69.00	06900 ELECTROCARDIOLOGY	0.045857	25,455	1,167	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.194097	2,912	565	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.634019	5,225	3,313	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.399119	16,758	6,688	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.601251	129,790	78,036	73.00
74.00	07400 RENAL DIALYSIS	0.382317	176,159	67,349	74.00
76.00	03320 SHOCK THERAPY	0.000000	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.219485	0	0	76.01
76.03	03550 OP PSYCH	0.383864	0	0	76.03
76.04	03020 CARDIAC REHAB	1.358673	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.128639	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.132460	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.753374	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,756,177	876,800	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)		2,756,177		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/23/2021 1:46 pm
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		18,844,197	30.00
31.00	03100	INTENSIVE CARE UNIT		4,472,883	31.00
41.00	04100	SUBPROVIDER - IRF		524,790	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.286652	4,023,902	50.00
51.00	05100	RECOVERY ROOM	0.218092	347,406	51.00
53.00	05300	ANESTHESIOLOGY	0.039455	801,022	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.278097	1,434,681	54.00
57.00	05700	CT SCAN	0.049342	2,732,154	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078530	504,801	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.143898	772,107	59.00
60.00	06000	LABORATORY	0.158193	7,111,650	60.00
60.01	06001	G.I. LAB	0.302725	370,362	60.01
60.02	06002	VASCULAR LAB	0.065118	786,751	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.196717	340,849	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.296133	515,541	63.00
65.00	06500	RESPIRATORY THERAPY	0.251286	3,650,885	65.00
66.00	06600	PHYSICAL THERAPY	0.309118	682,989	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.357221	539,652	67.00
68.00	06800	SPEECH PATHOLOGY	0.334727	230,268	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045049	2,894,054	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194097	136,925	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.634019	1,537,370	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.399119	1,975,717	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.601251	3,687,065	73.00
74.00	07400	RENAL DIALYSIS	0.382317	816,703	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.211979	363	76.01
76.03	03550	OP PSYCH	0.377735	0	76.03
76.04	03020	CARDIAC REHAB	1.313384	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.128639	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.132460	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.753374	81,664	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		35,974,881	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)		35,974,881	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/23/2021 1:46 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)		26,617,356	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,176,860	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		1,526,075	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		318,961	2.04
3.00	Managed Care Simulated Payments		34,188,135	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		283.84	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)		2.47	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		-0.24	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)		2.23	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.72	11.00
12.00	Current year allowable FTE (see instructions)		2.72	12.00
13.00	Total allowable FTE count for the prior year.		2.29	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.		1.48	14.00
15.00	Sum of lines 12 through 14 divided by 3.		2.16	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		2.16	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.007610	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.011617	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.007610	21.00
22.00	IME payment adjustment (see instructions)		148,582	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		141,915	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-2.23	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		148,582	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		141,915	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.17	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.50	31.00
32.00	Sum of lines 30 and 31		26.67	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.22	33.00
34.00	Disproportionate share adjustment (see instructions)		1,004,028	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/23/2021 1:46 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)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		8,120,124	9,811,201	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		6,079,001	2,472,962	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		8,551,963		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		6,546		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		789		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		569		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		12.05		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		4,192		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		1.052473		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		447.81		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		268,175		46.00
47.00	Subtotal (see instructions)		47,612,000		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			47,753,915	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,123,719	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).			72,470	52.00
53.00	Nursing and Allied Health Managed Care payment			53,417	53.00
54.00	Special add-on payments for new technologies			158,350	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			73,417	58.00
59.00	Total (sum of amounts on lines 49 through 58)			51,235,288	59.00
60.00	Primary payer payments			20,648	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			51,214,640	61.00
62.00	Deductibles billed to program beneficiaries			2,984,344	62.00
63.00	Coinurance billed to program beneficiaries			239,305	63.00
64.00	Allowable bad debts (see instructions)			1,606,927	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,044,503	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,157,751	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			49,035,494	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)			-53,860	70.93
70.94	HRR adjustment amount (see instructions)			-127,038	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/23/2021 1:46 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	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		508,551	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		48,346,045	71.00
71.01	Sequestration adjustment (see instructions)		319,084	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		46,213,437	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,813,524	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		3,511,607	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 26-0180

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

Worksheet DSH

Date/Time Prepared:
7/23/2021 1:46 pm

		Title XVIII		Hospital		PPS	
		Original .mcrcx Values	Adjusted .mcrcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	8.17	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	18.50	0.00			18.50	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	26.67	0.00			18.50	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	283.84	0.00			283.84	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	11.22	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	8.17	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	5.97	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	7,816	0			7,816	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,940	0			1,940	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	122	0			122	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	151	0			151	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,838	0			1,838	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	11,867	0			11,867	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	63,592	0			63,592	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	539	0			539	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	64,131	0			64,131	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	18.50	0.00			18.50	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 26-0180

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

Worksheet DSH

Date/Time Prepared:
7/23/2021 1:46 pm

		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	11.22		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	True	29.00
30.00	Line 28 or 29 as applicable		11.22		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		11.22		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet DSH Date/Time Prepared: 7/23/2021 1:46 pm
		Title XVIII	Hospital	PPS
		Revised Percentage 6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	4.77		29.00
30.00	Line 28 or 29 as applicable	4.77		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/23/2021 1:46 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	26,617,356	26,617,356		26,617,356	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,176,860		9,176,860	9,176,860	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,526,075	1,526,075		1,526,075	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	318,961		318,961	318,961	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	34,188,135	24,587,614	9,600,521	34,188,135	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.007610	0.007610	0.007610		5.00
6.00	IME payment adjustment (see instructions)	22.00	148,582	110,489	38,093	148,582	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	141,915	102,063	39,852	141,915	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	148,582	110,489	38,093	148,582	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	141,915	102,063	39,852	141,915	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1122	0.1122	0.1122		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,004,028	746,617	257,411	1,004,028	11.00
11.01	Uncompensated care payments	36.00	8,551,963	6,079,001	2,472,962	8,551,963	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	268,175	200,765	67,410	268,175	12.00
13.00	Subtotal (see instructions)	47.00	47,612,000	35,280,303	12,331,697	47,612,000	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	47,753,915	35,382,366	12,371,549	47,753,915	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,123,719	2,348,891	774,828	3,123,719	16.00
17.00	Special add-on payments for new technologies	54.00	158,350	8,316	150,034	158,350	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			37,739,573	13,296,411	51,035,984	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/23/2021 1:46 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	2,766,282	2,074,160	692,122	2,766,282	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	194,226	152,355	41,871	194,226	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	0.0035	0.0035	0.0035		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	9,682	7,260	2,422	9,682	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0555	0.0555	0.0555		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	153,529	115,116	38,413	153,529	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,123,719	2,348,891	774,828	3,123,719	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	-53,860	-18,407	-35,453	-53,860	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	-127,038	-87,865	-39,173	-127,038	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		376,333	132,218	508,551	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/23/2021 1:46 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,092	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,004,234	2.00
3.00	OPPS payments		11,187,237	3.00
4.00	Outlier payment (see instructions)		51,704	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		32,432	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,092	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		10,132	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)		10,132	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)		10,132	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,040	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)		6,092	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)		11,271,373	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)		2,003,138	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)		9,274,327	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		20,710	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)		9,295,037	30.00
31.00	Primary payer payments		15,362	31.00
32.00	Subtotal (line 30 minus line 31)		9,279,675	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)		480,315	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		312,205	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		204,821	36.00
37.00	Subtotal (see instructions)		9,591,880	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-543	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)		9,592,423	40.00
40.01	Sequestration adjustment (see instructions)		63,310	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		9,617,470	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)		-88,357	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: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/23/2021 1:46 pm
		Title XVIII	Hospital	PPS
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/23/2021 1:46 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		46,213,437		9,617,470	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		46,213,437		9,617,470	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		1,813,524		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		88,357	6.02	
7.00	Total Medicare program liability (see instructions)		48,026,961		9,529,113	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: 26-0180 Component CCN: 26-T180		Period: From 01/01/2020 To 12/31/2020		Worksheet E-1 Part I Date/Time Prepared: 7/23/2021 1:46 pm	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,208,884			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,208,884			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		12,270			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		2,221,154			0	7.00
				Contractor Number		NPR Date (Mo/Day/Yr)	
		0		1.00		2.00	
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 7/23/2021 1:46 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/23/2021 1:46 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,137,074 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0597 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			113,051 3.00
4.00	Outlier Payments			5,946 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			8.743169 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,256,071 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,256,071 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,256,071 19.00
20.00	Deductibles			5,632 20.00
21.00	Subtotal (line 19 minus line 20)			2,250,439 21.00
22.00	Coinurance			20,064 22.00
23.00	Subtotal (line 21 minus line 22)			2,230,375 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			6,560 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			4,264 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			6,560 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,234,639 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,272 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,235,911 32.00
32.01	Sequestration adjustment (see instructions)			14,757 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,208,884 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			12,270 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			5,946 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: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 7/23/2021 1:46 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	19,023,424			1.00
2.00	Medical and other services			8,411,947	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	19,023,424		8,411,947	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)	19,023,424		8,411,947	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	23,841,870			8.00
9.00	Ancillary service charges	35,974,881		40,858,849	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)	59,816,751		40,858,849	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)	59,816,751		40,858,849	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	40,793,327		32,446,902	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)	19,023,424		8,411,947	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0		0	24.00
25.00	Capital exception payments (see instructions)	0		0	25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	19,023,424		8,411,947	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)	19,023,424		8,411,947	31.00
32.00	Deductibles	0		0	32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	19,023,424		8,411,947	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	19,023,424		8,411,947	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	28,119			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	19,051,543		8,411,947	40.00
41.00	Interim payments	6,373,111		7,910,273	41.00
42.00	Balance due provider/program (line 40 minus line 41)	12,678,432		501,674	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 7/23/2021 1:46 pm	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		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)		0	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)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		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)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	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)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/23/2021 1:46 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.			2.47	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-0.27	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)			2.20	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.72	6.00
7.00	Enter the lesser of line 5 or line 6			2.20	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.06	2.09	2.15	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.05	1.69	1.74	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.05	1.69		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.01	2.01		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.02	1.17		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.03	1.62		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.03	1.62		17.00
18.00	Per resident amount	92,994.59	92,994.59		18.00
19.00	Approved amount for resident costs	2,790	150,651	153,441	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.52	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			153,441	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	20,843	21,202		26.00
27.00	Total Inpatient Days (see instructions)	66,792	66,792		27.00
28.00	Ratio of inpatient days to total inpatient days	0.312058	0.317433		28.00
29.00	Program direct GME amount	47,882	48,707	96,589	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		3,409	3,409	30.00
31.00	Net Program direct GME amount			93,180	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/23/2021 1:46 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)		7,722,333		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)		56,106,143		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		20,648		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		56,085,495		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		16,042,758		42.00
43.00	Primary payer payments (see instructions)		15,362		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		16,027,396		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		72,112,891		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.777746		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.222254		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		93,180		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		72,470		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		20,710		50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/23/2021 1:46 pm	
		Title XIX	Hospital	Cost	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			2.47	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-0.27	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)			2.20	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.72	6.00
7.00	Enter the lesser of line 5 or line 6			2.20	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.06	2.09	2.15	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.05	1.69	1.74	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.05	1.69		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.01	2.01		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.02	1.17		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.03	1.62		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.03	1.62		17.00
18.00	Per resident amount	92,994.59	92,994.59		18.00
19.00	Approved amount for resident costs	2,790	150,651	153,441	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.52	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			153,441	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	8,237	4,003		26.00
27.00	Total Inpatient Days (see instructions)	66,792	66,792		27.00
28.00	Ratio of inpatient days to total inpatient days	0.123323	0.059932		28.00
29.00	Program direct GME amount	18,923	9,196	28,119	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			28,119	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/23/2021 1:46 pm
		Title XIX	Hospital	Cost
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34.00
35.00	Medicare outpatient ESRD charges (see instructions)			35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			39.00
40.00	Primary payer payments (see instructions)			40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			42.00
43.00	Primary payer payments (see instructions)			43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			28,119 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			50.00

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

Provider CCN: 26-0180

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

Worksheet G

Date/Time Prepared:
7/23/2021 1:46 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	752,074	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	65,200,181	0	0	0	4.00
5.00 Other receivable	-7,357,901	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-35,669,033	0	0	0	6.00
7.00 Inventory	5,533,801	0	0	0	7.00
8.00 Prepaid expenses	321,283	0	0	0	8.00
9.00 Other current assets	1,816,246	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)	30,596,651	0	0	0	11.00
FIXED ASSETS					
12.00 Land	2,001,800	0	0	0	12.00
13.00 Land improvements	8,142,255	0	0	0	13.00
14.00 Accumulated depreciation	-6,861,897	0	0	0	14.00
15.00 Buildings	221,937,706	0	0	0	15.00
16.00 Accumulated depreciation	-157,360,539	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	3,170,718	0	0	0	19.00
20.00 Accumulated depreciation	-2,273,509	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	120,886,216	0	0	0	23.00
24.00 Accumulated depreciation	-106,811,209	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)	82,831,541	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	2,690,982	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	2,690,982	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	116,119,174	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	3,838,117	0	0	0	37.00
38.00 Salaries, wages, and fees payable	8,976,673	0	0	0	38.00
39.00 Payroll taxes payable	218,593	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	37,803,408	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	50,836,791	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	2,425,234	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	2,425,234	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	53,262,025	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	62,857,149	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	62,857,149	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	116,119,174	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0180

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

Worksheet G-1

Date/Time Prepared:
7/23/2021 1:46 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		113,978,430		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-33,010,939				2.00
3.00	Total (sum of line 1 and line 2)		80,967,491		0		3.00
4.00	CHANGE IN RESTRICTED ASSETS	17,930		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		17,930		0		10.00
11.00	Subtotal (line 3 plus line 10)		80,985,421		0		11.00
12.00	TRANSFER TO BJC	18,128,272		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		18,128,272		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		62,857,149		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CHANGE IN RESTRICTED ASSETS		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	TRANSFER TO BJC		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: 26-0180

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/23/2021 1:46 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	164,465,507		164,465,507	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,705,442		5,705,442	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)	170,170,949		170,170,949	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	31,101,441		31,101,441	11.00
12.00	CORONARY CARE UNIT				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)	31,101,441		31,101,441	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	201,272,390		201,272,390	17.00
18.00	Ancillary services	365,894,505	503,597,579	869,492,084	18.00
19.00	Outpatient services	0	0	0	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	132,800	54,067,977	54,200,777	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	567,299,695	557,665,556	1,124,965,251	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		308,579,207		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	NON OPERATING EXPENSES	12,465,502			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)		12,465,502		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		296,113,705		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0180

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

Worksheet G-3

Date/Time Prepared:
7/23/2021 1:46 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,124,965,251	1.00
2.00	Less contractual allowances and discounts on patients' accounts	845,275,096	2.00
3.00	Net patient revenues (line 1 minus line 2)	279,690,155	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	296,113,705	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-16,423,550	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	345,945	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,435,971	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BJC OTHER OPERATING REVENUE	474,754	24.00
24.01	OTHER OPERATING REVENUE	2,612,036	24.01
24.02	BJC ACO OPERATIONS	4,091	24.02
24.50	COVID-19 PHE Funding	5,000,000	24.50
25.00	Total other income (sum of lines 6-24)	9,872,797	25.00
26.00	Total (line 5 plus line 25)	-6,550,753	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	20,561,580	27.00
27.01	PHYSICIAN OFFICE BUILDINGS	5,898,606	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	26,460,186	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-33,010,939	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0180	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/23/2021 1:46 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,766,282	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		194,226	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)		175.22	3.00
4.00	Number of interns & residents (see instructions)		2.16	4.00
5.00	Indirect medical education percentage (see instructions)		0.35	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)		9,682	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.17	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.50	8.00
9.00	Sum of lines 7 and 8		26.67	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.55	10.00
11.00	Disproportionate share adjustment (see instructions)		153,529	11.00
12.00	Total prospective capital payments (see instructions)		3,123,719	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