

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: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 5/26/2021 5:46 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/26/2021	Time: 5:46 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 ST. LOUIS CHILDREN'S HOSPITAL (26-3301) 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	1,246,779	9,568	0	38,794,305	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	1,246,779	9,568	0	38,794,305	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 26-3301		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 5/26/2021 5:46 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: ONE CHILDREN'S PLACE			PO Box:				1.00	
2.00	City: ST. LOUIS			State: MO		Zip Code: 63110		County: ST. LOUIS 2.00	
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)
				1.00	2.00	3.00	4.00	5.00	6.00 V XVIII XIX 7.00 8.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ST. LOUIS CHILDREN'S HOSPITAL	263301	41180	7	07/01/1966	0 T 0 3.00
4.00	Subprovider - IPF								4.00
5.00	Subprovider - IRF								5.00
6.00	Subprovider - (Other)								6.00
7.00	Swing Beds - SNF								7.00
8.00	Swing Beds - NF								8.00
9.00	Hospital-Based SNF								9.00
10.00	Hospital-Based NF								10.00
11.00	Hospital-Based OLTC								11.00
12.00	Hospital-Based HHA								12.00
13.00	Separately Certified ASC								13.00
14.00	Hospital-Based Hospice								14.00
15.00	Hospital-Based Health Clinic - RHC								15.00
16.00	Hospital-Based Health Clinic - FQHC								16.00
17.00	Hospital-Based (CMHC) I								17.00
18.00	Renal Dialysis			ST. LOUIS CHILDREN'S HOSPITAL	262309	41180		01/01/1974	18.00
19.00	Other								19.00
								From:	To:
								1.00	2.00
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020	12/31/2020	20.00
21.00	Type of Control (see instructions)						2		21.00
								1.00	2.00 3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.			0	0	0	0	0	0 24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 26-3301		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 5/26/2021 5:46 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.			0	0	0	0	0	25.00
							Urban/Rural S	Date of Geogr	
							1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							1	26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							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	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)							N	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	45.00
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	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.							N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.							N	48.00
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	56.00
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	57.00
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	58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.							N	59.00
				NAHE 413.85 Y/N	Worksheet A Line #		Pass-Through Qualification Criterion Code		
				1.00	2.00		3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.							N	60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
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	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)		4.23	75.51	0.053047		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2000	1.79	78.29	0.022353	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			8.43	99.92	0.077803	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2000	10.62	74.45	0.124838	67.00
67.01		INTERNAL MEDICINE	1400	0.00	0.96	0.000000	67.01
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-3301		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 5/26/2021 5:46 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
						1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,932,000		511,851		0118.01	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	06/18/2009					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.	06/18/2009					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.	06/18/2009					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.	06/18/2009					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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 26-3301		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 5/26/2021 5:46 pm	
			1.00		2.00			
133.00	Removed and reserved							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y		HB1804	
1.00			2.00			3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: BJC HEALTHCARE		Contractor's Name: WPS		Contractor's Number: 05301			
142.00	Street: 4901 FOREST PARK PARKWAY		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
								1.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N		Y	
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			
								1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N
			Part A		Part B		Title V	
			1.00		2.00		3.00	
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	
156.00	Subprovider - IPF		N		N		N	
157.00	Subprovider - IRF		N		N		N	
158.00	SUBPROVIDER							
159.00	SNF		N		N		N	
160.00	HOME HEALTH AGENCY		N		N		N	
161.00	CMHC		N		N		N	
								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
			Name		County		State	
			0		1.00		2.00	
			3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
								1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							N
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)							
168.01	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)							
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 5/26/2021 5:46 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 5/26/2021 5:46 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
			4.00		
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/04/2021	Y	05/04/2021
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
5/26/2021 5:46 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	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CHRISTINA	HASKELL		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.	314-362-6757	CHRISTINA.HASKELL@BJC.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 5/26/2021 5:46 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
5/26/2021 5:46 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	200	73,200	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)		200	73,200	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	80	29,280	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 NEONATAL INTENSIVE CARE UNIT	35.00	122	44,652	0.00	0	12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		402	147,132	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		402			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
5/26/2021 5:46 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)	239	3,070	44,775			1.00
2.00	HMO and other (see instructions)	3	46,770				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	239	3,070	44,775			7.00
8.00	INTENSIVE CARE UNIT	71	895	8,929			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	4,175	40,900			12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	310	8,140	94,604	194.38	3,053.80	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				194.38	3,053.80	27.00
28.00	Observation Bed Days		0	4,440			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	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: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
5/26/2021 5:46 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	49	644	9,775	1.00
2.00 HMO and other (see instructions)			1	4,310		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	49	644	9,775	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 26-3301

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

Worksheet S-5

Date/Time Prepared:
5/26/2021 5:46 pm

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	0	3	0	0	0	20	1.00			
2.00	Number of times per week patient receives dialysis	0.00	4.00	0.00	0.00	0.00	7.00	2.00			
3.00	Average patient dialysis time including setup	0.00	4.50	0.00	0.00			3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	0	366					5.00			
6.00	Number of stations	0	5	0	0			6.00			
7.00	Treatment capacity per day per station	0	2					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						Y	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02			
						Prior to 1/1	After 12/31				
						1.00	2.00				
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						4		11.00		
12.00	Number of patients transplanted during the cost reporting period						6		12.00		
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00		
16.00	Number of EPO units furnished relating to the home dialysis department								16.00		
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00		
						MCP	INITIAL METHOD				
						1.00	2.00				
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable						X		21.00		
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
		1.00	2.00	3.00	4.00	5.00					
ESAs											
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 26-3301

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

Worksheet S-5

Date/Time Prepared:
5/26/2021 5:46 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	262309	4,133	23.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-3301

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

Worksheet A

Date/Time Prepared:
5/26/2021 5:46 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	28,579,097	28,579,097	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	33,427,398	33,427,398	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,917,080	5,228,337	8,145,417	-1,003,567	7,141,850	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	54,766,465	208,597,234	263,363,699	-121,565,402	141,798,297	5.00
6.00	00600	MAINTENANCE & REPAIRS	376,063	978,931	1,354,994	-644,087	710,907	6.00
7.00	00700	OPERATION OF PLANT	2,704,550	8,995,786	11,700,336	-3,556,932	8,143,404	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	297,729	297,729	-19,096	278,633	8.00
9.00	00900	HOUSEKEEPING	4,156,021	4,537,277	8,693,298	-11,250	8,682,048	9.00
10.00	01000	DIETARY	649,896	328,347	978,243	472,943	1,451,186	10.00
11.00	01100	CAFETERIA	2,229,194	3,948,447	6,177,641	184,965	6,362,606	11.00
13.00	01300	NURSING ADMINISTRATION	8,208,611	8,685,912	16,894,523	-2,789,477	14,105,046	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,732,902	1,732,902	14.00
15.00	01500	PHARMACY	0	0	0	14,740,174	14,740,174	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,834,866	1,387,530	3,222,396	-44,753	3,177,643	16.00
17.00	01700	SOCIAL SERVICE	4,213,972	2,091,066	6,305,038	-192,713	6,112,325	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,827,803	4,114,485	13,942,288	78,110,767	92,053,055	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,331,898	25,747,791	62,079,689	-4,943,495	57,136,194	30.00
31.00	03100	INTENSIVE CARE UNIT	13,877,291	6,813,456	20,690,747	-317,344	20,373,403	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	34,406,263	17,642,310	52,048,573	-610,012	51,438,561	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,129,900	27,481,310	38,611,210	-14,501,749	24,109,461	50.00
51.00	05100	RECOVERY ROOM	3,900,916	1,769,647	5,670,563	2,839,043	8,509,606	51.00
53.00	05300	ANESTHESIOLOGY	409,848	6,752,243	7,162,091	280,183	7,442,274	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,515,237	3,044,074	6,559,311	-1,125,221	5,434,090	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	552,920	921,765	1,474,685	-126,907	1,347,778	55.00
57.00	05700	CT SCAN	453,412	589,701	1,043,113	-255,246	787,867	57.00
58.00	05800	MRI	883,452	1,534,735	2,418,187	-1,197,817	1,220,370	58.00
59.00	05900	CARDIAC CATHETERIZATION	785,891	3,853,901	4,639,792	-2,462,652	2,177,140	59.00
60.00	06000	LABORATORY	4,141,725	19,767,592	23,909,317	-4,556,519	19,352,798	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	544,509	2,721,418	3,265,927	1,249,854	4,515,781	63.00
65.00	06500	RESPIRATORY THERAPY	5,574,537	5,570,235	11,144,772	-3,789,429	7,355,343	65.00
66.00	06600	PHYSICAL THERAPY	4,812,061	2,396,050	7,208,111	-397,790	6,810,321	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,606,586	506,162	2,112,748	-18,766	2,093,982	67.00
68.00	06800	SPEECH PATHOLOGY	2,931,394	1,944,970	4,876,364	-679,661	4,196,703	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,589,557	3,589,557	9,993	3,599,550	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	859,926	682,848	1,542,774	-220,435	1,322,339	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	926,068	4,330,777	5,256,845	7,383,093	12,639,938	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,796,682	11,796,682	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,147,744	47,197,489	56,345,233	-16,472,658	39,872,575	73.00
74.00	07400	RENAL DIALYSIS	787,306	1,293,219	2,080,525	-805,693	1,274,832	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,788,328	4,429,988	10,218,316	1,430,539	11,648,855	90.00
91.00	09100	EMERGENCY	5,631,592	6,752,662	12,384,254	-106,736	12,277,518	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	488,989	488,989	-77,841	411,148	94.00
95.00	09500	AMBULANCE SERVICES	4,611,609	2,253,553	6,865,162	-428,334	6,436,828	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	251,797	251,797	101,112	352,909	105.00
106.00	10600	HEART ACQUISITION	0	1,212,784	1,212,784	323,578	1,536,362	106.00
107.00	10700	LIVER ACQUISITION	0	1,113,241	1,113,241	166,735	1,279,976	107.00
108.00	10800	LUNG ACQUISITION	0	1,149,408	1,149,408	195,906	1,345,314	108.00
112.00	08600	BONE MARROW ACQUISITION	0	1,798,692	1,798,692	0	1,798,692	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	245,494,934	454,793,445	700,288,379	103,382	700,391,761	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,247	2,247	0	2,247	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	6,717,459	4,994,014	11,711,473	-103,221	11,608,252	194.00
194.01	07951	RETAIL PHARMACY	647,665	3,819,058	4,466,723	-161	4,466,562	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	252,860,058	463,608,764	716,468,822	0	716,468,822	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-3301

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

Worksheet A

Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-966,857	27,612,240	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,043,630	32,383,768	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,426,777	14,568,627	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,033,861	147,832,158	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	710,907	6.00
7.00	00700	OPERATION OF PLANT	-97	8,143,307	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	278,633	8.00
9.00	00900	HOUSEKEEPING	0	8,682,048	9.00
10.00	01000	DIETARY	-73,557	1,377,629	10.00
11.00	01100	CAFETERIA	-4,436,093	1,926,513	11.00
13.00	01300	NURSING ADMINISTRATION	-15,038	14,090,008	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,732,902	14.00
15.00	01500	PHARMACY	-2,210	14,737,964	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,173,730	1,003,913	16.00
17.00	01700	SOCIAL SERVICE	-42,615	6,069,710	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-503,562	91,549,493	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,838,778	55,297,416	30.00
31.00	03100	INTENSIVE CARE UNIT	-5,804	20,367,599	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-156,187	51,282,374	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-276,493	23,832,968	50.00
51.00	05100	RECOVERY ROOM	-824	8,508,782	51.00
53.00	05300	ANESTHESIOLOGY	-5,047,154	2,395,120	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-38,824	5,395,266	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,347,778	55.00
57.00	05700	CT SCAN	0	787,867	57.00
58.00	05800	MRI	0	1,220,370	58.00
59.00	05900	CARDIAC CATHETERIZATION	-554,515	1,622,625	59.00
60.00	06000	LABORATORY	-1,778,246	17,574,552	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	67,329	4,583,110	63.00
65.00	06500	RESPIRATORY THERAPY	-16,173	7,339,170	65.00
66.00	06600	PHYSICAL THERAPY	-50,705	6,759,616	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,093,982	67.00
68.00	06800	SPEECH PATHOLOGY	428	4,197,131	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,599,550	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,322,339	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-2,689	12,637,249	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,796,682	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-336,978	39,535,597	73.00
74.00	07400	RENAL DIALYSIS	-900	1,273,932	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-429,128	11,219,727	90.00
91.00	09100	EMERGENCY	-155,708	12,121,810	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	411,148	94.00
95.00	09500	AMBULANCE SERVICES	-563,478	5,873,350	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	352,909	105.00
106.00	10600	HEART ACQUISITION	0	1,536,362	106.00
107.00	10700	LIVER ACQUISITION	0	1,279,976	107.00
108.00	10800	LUNG ACQUISITION	0	1,345,314	108.00
112.00	08600	BONE MARROW ACQUISITION	0	1,798,692	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-6,981,578	693,410,183	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,247	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	491,948	12,100,200	194.00
194.01	07951	RETAIL PHARMACY	0	4,466,562	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-6,489,630	709,979,192	200.00

RECLASSIFICATIONS

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
5/26/2021 5:46 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RENTAL EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,165,553		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,023,084		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
			0	5,188,637		
	C - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	484,622		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	341,018		2.00
			0	825,640		
	D - OUTPATIENT TREATMENT ROOM					
1.00	CLINIC	90.00	0	7,502		1.00
			0	7,502		
	E - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,730,692		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,921,530		2.00
			0	4,652,222		
	F - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	22,873,891		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	28,141,766		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

RECLASSIFICATIONS

Provider CCN: 26-3301

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

Worksheet A-6

Date/Time Prepared:
5/26/2021 5:46 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	51,015,657	
G - PHERESIS AND INFUSION					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	513,139	748,446	1.00
2.00	CLINIC	90.00	16,058	19,578	2.00
0			529,197	768,024	
H - INFECTION SURVEILLANCE					
1.00	INTENSIVE CARE UNIT	31.00	30,664	31,724	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	140,460	145,314	2.00
0			171,124	177,038	
I - AFFILIATED SERVICES					
1.00	OPERATING ROOM	50.00	0	2,527,196	1.00
2.00	RECOVERY ROOM	51.00	0	69,038	2.00
3.00	ANESTHESIOLOGY	53.00	0	390,211	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	275,275	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	222,657	5.00
6.00	CT SCAN	57.00	0	3,654	6.00
7.00	MRI	58.00	0	1,913	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	27,429	8.00
9.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,426	9.00
10.00	ELECTROCARDIOLOGY	69.00	0	9,993	10.00
11.00	ELECTROENCEPHALOGRAPHY	70.00	0	41,740	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	363,417	12.00
13.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	307,907	13.00
14.00	DRUGS CHARGED TO PATIENTS	73.00	0	49,635	14.00
0			0	4,292,491	
J - CENTRAL SERVICE					
1.00	CENTRAL SERVICES & SUPPLY	14.00	926,068	791,988	1.00
0			926,068	791,988	
K - PHARMACY					
1.00	PHARMACY	15.00	9,147,744	5,596,162	1.00
0			9,147,744	5,596,162	
L - WU TEACHING SERVICE					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	78,150,227	1.00
0			0	78,150,227	
M - TELEPHONE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,119,548	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

RECLASSIFICATIONS

Provider CCN: 26-3301

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

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
0			0	2,119,548		
N - DIETARY						
1.00	DIETARY	10.00	180,075	318,957		1.00
2.00	CAFETERIA	11.00	0	741,314		2.00
3.00		0.00	0	0		3.00
0			180,075	1,060,271		
O - MAINTENANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	690,726	1,863,828		1.00
2.00		0.00	0	0		2.00
0			690,726	1,863,828		
P - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,284,808		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
0			0	11,284,808		
Q - REFERRAL BONUS						
1.00	ADMINISTRATIVE & GENERAL	5.00	37,000	0		1.00
2.00	OPERATION OF PLANT	7.00	500	0		2.00
3.00	HOUSEKEEPING	9.00	2,500	0		3.00
4.00	CAFETERIA	11.00	500	0		4.00
5.00	NURSING ADMINISTRATION	13.00	5,705	0		5.00
6.00	PHARMACY	15.00	2,000	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	40,625	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	21,500	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	28,375	0		9.00
10.00	OPERATING ROOM	50.00	5,000	0		10.00
11.00	RECOVERY ROOM	51.00	3,000	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	3,000	0		12.00
13.00	LABORATORY	60.00	500	0		13.00
14.00	RESPIRATORY THERAPY	65.00	9,000	0		14.00
15.00	PHYSICAL THERAPY	66.00	7,250	0		15.00
16.00	OCCUPATIONAL THERAPY	67.00	1,750	0		16.00
17.00	SPEECH PATHOLOGY	68.00	4,375	0		17.00
18.00	RENAL DIALYSIS	74.00	500	0		18.00
19.00	CLINIC	90.00	4,750	0		19.00
20.00	EMERGENCY	91.00	15,750	0		20.00
21.00	AMBULANCE SERVICES	95.00	2,500	0		21.00
22.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	2,500	0		22.00
0	TOTALS		198,580	0		
R - EXTENDED RECOVERY						
1.00	RECOVERY ROOM	51.00	0	2,897,854		1.00
2.00		0.00	0	0		2.00
0			0	2,897,854		
S - FAMILY CARE CENTER						
1.00	INTENSIVE CARE UNIT	31.00	19,079	21,793		1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	87,391	99,823		2.00
0			106,470	121,616		

RECLASSIFICATIONS

Provider CCN: 26-3301

Period:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	T - INPATIENT CCPD					
1.00	RENAL DIALYSIS	74.00	0	77,841		1.00
	0		0	77,841		
	U - EPO					
1.00	RENAL DIALYSIS	74.00	0	486,330		1.00
2.00		0.00	0	0		2.00
	0		0	486,330		
	V - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,488,775		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
	0		0	11,488,775		
	W - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	324,339		1.00
	TOTALS		0	324,339		
	X - HEMATOLOGY ONCOLOGY CLINIC					
1.00	CLINIC	90.00	0	2,170,246		1.00
	0		0	2,170,246		
	Y - PRE-TRANSPLANT DIETITIAN COSTS					
1.00	KIDNEY ACQUISITION	105.00	1,351	401		1.00
2.00	HEART ACQUISITION	106.00	8,073	2,394		2.00
3.00	LIVER ACQUISITION	107.00	2,841	842		3.00
4.00	LUNG ACQUISITION	108.00	3,826	1,134		4.00
	0		16,091	4,771		
	Z - PRE-TRANSPLANT COSTS CHILD LIFE					
1.00	KIDNEY ACQUISITION	105.00	487	146		1.00
2.00	HEART ACQUISITION	106.00	7,478	2,240		2.00
3.00	LIVER ACQUISITION	107.00	1,388	416		3.00
4.00	LUNG ACQUISITION	108.00	2,360	707		4.00
	0		11,713	3,509		
	AA - PRE-TRANSPLANT COSTS SOCIAL SERVICES					
1.00	KIDNEY ACQUISITION	105.00	4,785	1,317		1.00
2.00	HEART ACQUISITION	106.00	35,393	9,744		2.00
3.00	LIVER ACQUISITION	107.00	2,380	655		3.00
4.00	LUNG ACQUISITION	108.00	30,791	8,477		4.00
	0		73,349	20,193		
	BB - PRE-TRANSPLANT COSTS FINANCIAL COORD					
1.00	KIDNEY ACQUISITION	105.00	6,756	1,821		1.00
2.00	HEART ACQUISITION	106.00	10,127	2,729		2.00
3.00	LIVER ACQUISITION	107.00	8,957	2,414		3.00
4.00	LUNG ACQUISITION	108.00	9,846	2,654		4.00
	0		35,686	9,618		
	CC - PRE-TRANSPLANT COSTS UNIVERSAL					
1.00	KIDNEY ACQUISITION	105.00	47,271	12,740		1.00
2.00	HEART ACQUISITION	106.00	144,576	38,964		2.00
3.00	LIVER ACQUISITION	107.00	92,184	24,844		3.00
4.00	LUNG ACQUISITION	108.00	61,682	16,622		4.00
	0		345,713	93,170		
	DD - PRE-TRANSPLANT COSTS FIN COORD A&G					
1.00	KIDNEY ACQUISITION	105.00	8,627	2,078		1.00
2.00	HEART ACQUISITION	106.00	22,824	5,498		2.00
3.00	LIVER ACQUISITION	107.00	14,143	3,407		3.00
4.00	LUNG ACQUISITION	108.00	29,608	7,133		4.00
	0		75,202	18,116		
	EE - PRE-TRANSPLANT COSTS PHARMACY					
1.00	KIDNEY ACQUISITION	105.00	4,614	1,126		1.00
2.00	HEART ACQUISITION	106.00	19,862	4,846		2.00
3.00	LIVER ACQUISITION	107.00	7,493	1,828		3.00
4.00	LUNG ACQUISITION	108.00	11,290	2,755		4.00
	0		43,259	10,555		
	FF - PRE-TRANSPLANT COSTS PSYCHOLOGY					
1.00	KIDNEY ACQUISITION	105.00	6,101	1,491		1.00
2.00	HEART ACQUISITION	106.00	7,096	1,734		2.00
3.00	LIVER ACQUISITION	107.00	2,365	578		3.00
4.00	LUNG ACQUISITION	108.00	5,642	1,379		4.00
	TOTALS		21,204	5,182		
	GG - HERO BONUS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,500	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	3,750	0		2.00
3.00	OPERATION OF PLANT	7.00	28,100	0		3.00

RECLASSIFICATIONS

Provider CCN: 26-3301

Period:
From 01/01/2020
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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
4.00	HOUSEKEEPING	9.00	92,750	0	4.00
5.00	DIETARY	10.00	10,100	0	5.00
6.00	CAFETERIA	11.00	44,250	0	6.00
7.00	NURSING ADMINISTRATION	13.00	70,050	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	17,900	0	8.00
9.00	PHARMACY	15.00	80,800	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	5,250	0	10.00
11.00	SOCIAL SERVICE	17.00	62,200	0	11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	99,350	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	485,850	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	148,500	0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	355,800	0	15.00
16.00	OPERATING ROOM	50.00	89,050	0	16.00
17.00	RECOVERY ROOM	51.00	47,450	0	17.00
18.00	ANESTHESIOLOGY	53.00	6,750	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	50,050	0	19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	4,500	0	20.00
21.00	CT SCAN	57.00	750	0	21.00
22.00	MRI	58.00	9,000	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	8,600	0	23.00
24.00	LABORATORY	60.00	50,200	0	24.00
25.00	BLOOD STORING, PROCESSING & TRANS.	63.00	5,250	0	25.00
26.00	RESPIRATORY THERAPY	65.00	65,150	0	26.00
27.00	PHYSICAL THERAPY	66.00	64,800	0	27.00
28.00	OCCUPATIONAL THERAPY	67.00	20,500	0	28.00
29.00	SPEECH PATHOLOGY	68.00	36,150	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	16,500	0	30.00
31.00	RENAL DIALYSIS	74.00	8,600	0	31.00
32.00	CLINIC	90.00	81,050	0	32.00
33.00	EMERGENCY	91.00	73,700	0	33.00
34.00	AMBULANCE SERVICES	95.00	45,650	0	34.00
35.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	105,450	0	35.00
36.00	RETAIL PHARMACY	194.01	6,000	0	36.00
TOTALS			2,307,300	0	
HH - FINANCE ACCRUAL					
1.00	ADMINISTRATIVE & GENERAL	5.00	657,438	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

RECLASSIFICATIONS

Provider CCN: 26-3301

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

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Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
TOTALS		657,438	0			
500.00	Grand Total: Increases	15,536,939	185,526,158			500.00

RECLASSIFICATIONS

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Period:
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		Decreases					5/26/2021 5:46 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RENTAL EXPENSE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,001	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,263,539	10		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	6,682	0		3.00
4.00	HOUSEKEEPING	9.00	0	1,061	0		4.00
5.00	CAFETERIA	11.00	0	5,947	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	8,149	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,948	0		7.00
8.00	SOCIAL SERVICE	17.00	0	7,073	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	27,172	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	18,039	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	47,210	0		11.00
12.00	OPERATING ROOM	50.00	0	16,139	0		12.00
13.00	RECOVERY ROOM	51.00	0	5,144	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	1	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	153,679	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,177	0		16.00
17.00	CT SCAN	57.00	0	124,124	0		17.00
18.00	MRI	58.00	0	124,124	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	733	0		19.00
20.00	LABORATORY	60.00	0	9,424	0		20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	123,118	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	12,268	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	3,733	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	732	0		25.00
26.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,172,856	0		26.00
27.00	DRUGS CHARGED TO PATIENTS	73.00	0	946,915	0		27.00
28.00	RENAL DIALYSIS	74.00	0	19,156	0		28.00
29.00	CLINIC	90.00	0	22,954	0		29.00
30.00	EMERGENCY	91.00	0	4,586	0		30.00
31.00	AMBULANCE SERVICES	95.00	0	16,222	0		31.00
32.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	23,320	0		32.00
33.00	RETAIL PHARMACY	194.01	0	408	0		33.00
			0	5,188,637			
C - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	825,640	12		1.00
2.00		0.00	0	0	12		2.00
			0	825,640			
D - OUTPATIENT TREATMENT ROOM							
1.00	ADULTS & PEDIATRICS	30.00	0	7,502	0		1.00
			0	7,502			
E - INTEREST EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,652,222	11		1.00
2.00		0.00	0	0	11		2.00
			0	4,652,222			
F - DEPRECIATION EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,405	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	38,074,516	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	398,142	0		3.00
4.00	OPERATION OF PLANT	7.00	0	1,203,108	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	18,838	0		5.00
6.00	HOUSEKEEPING	9.00	0	41,510	0		6.00
7.00	CAFETERIA	11.00	0	74,501	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	144,569	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,519	0		9.00
10.00	SOCIAL SERVICE	17.00	0	18,036	0		10.00
11.00	I&R SERVICES-OTHER PRGM	22.00	0	2,174	0		11.00
	COSTS APPRV						
12.00	ADULTS & PEDIATRICS	30.00	0	1,784,569	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	314,751	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	703,687	0		14.00
15.00	OPERATING ROOM	50.00	0	2,180,052	0		15.00
16.00	RECOVERY ROOM	51.00	0	103,593	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	111,278	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,233,393	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	36,896	0		19.00
20.00	CT SCAN	57.00	0	132,963	0		20.00
21.00	MRI	58.00	0	1,067,538	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	128,632	0		22.00
23.00	LABORATORY	60.00	0	263,942	0		23.00

RECLASSIFICATIONS

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Period:
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		Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.					
	6.00	7.00	8.00	9.00	10.00					
24.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	12,919	0				24.00	
25.00	RESPIRATORY THERAPY	65.00	0	116,726	0				25.00	
26.00	PHYSICAL THERAPY	66.00	0	282,049	0				26.00	
27.00	OCCUPATIONAL THERAPY	67.00	0	7,808	0				27.00	
28.00	SPEECH PATHOLOGY	68.00	0	100,846	0				28.00	
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	231,214	0				29.00	
30.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	666,343	0				30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0	302,574	0				31.00	
32.00	RENAL DIALYSIS	74.00	0	46,447	0				32.00	
33.00	CLINIC	90.00	0	639,788	0				33.00	
34.00	EMERGENCY	91.00	0	114,644	0				34.00	
35.00	AMBULANCE SERVICES	95.00	0	413,677	0				35.00	
36.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	19,645	0				36.00	
37.00	RETAIL PHARMACY	194.01	0	365	0				37.00	
	0		0	51,015,657						
G - PHERESIS AND INFUSION										
1.00	RENAL DIALYSIS	74.00	529,197	768,024	0				1.00	
2.00		0.00	0	0	0				2.00	
	0		529,197	768,024						
H - INFECTION SURVEULANCE										
1.00	ADULTS & PEDIATRICS	30.00	171,124	177,038	0				1.00	
2.00		0.00	0	0	0				2.00	
	0		171,124	177,038						
I - AFFILIATED SERVICES										
1.00	LABORATORY	60.00	0	4,292,491	0				1.00	
2.00		0.00	0	0	0				2.00	
3.00		0.00	0	0	0				3.00	
4.00		0.00	0	0	0				4.00	
5.00		0.00	0	0	0				5.00	
6.00		0.00	0	0	0				6.00	
7.00		0.00	0	0	0				7.00	
8.00		0.00	0	0	0				8.00	
9.00		0.00	0	0	0				9.00	
10.00		0.00	0	0	0				10.00	
11.00		0.00	0	0	0				11.00	
12.00		0.00	0	0	0				12.00	
13.00		0.00	0	0	0				13.00	
14.00		0.00	0	0	0				14.00	
	0		0	4,292,491						
J - CENTRAL SERVICE										
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	926,068	791,988	0				1.00	
	0		926,068	791,988						
K - PHARMACY										
1.00	DRUGS CHARGED TO PATIENTS	73.00	9,147,744	5,596,162	0				1.00	
	0		9,147,744	5,596,162						
L - WU TEACHING SERVICE										
1.00	ADMINISTRATIVE & GENERAL	5.00	0	78,150,227	0				1.00	
	0		0	78,150,227						
M - TELEPHONE										
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43,983	0				1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	35,117	0				2.00	
3.00	OPERATION OF PLANT	7.00	0	25,755	0				3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	258	0				4.00	
5.00	HOUSEKEEPING	9.00	0	47,249	0				5.00	
6.00	DIETARY	10.00	0	13,059	0				6.00	
7.00	CAFETERIA	11.00	0	13,793	0				7.00	
8.00	NURSING ADMINISTRATION	13.00	0	81,343	0				8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	33,656	0				9.00	
10.00	SOCIAL SERVICE	17.00	0	66,841	0				10.00	
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	93,745	0				11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	366,380	0				12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	131,891	0				13.00	
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	346,024	0				14.00	
15.00	OPERATING ROOM	50.00	0	81,624	0				15.00	
16.00	RECOVERY ROOM	51.00	0	58,243	0				16.00	
17.00	ANESTHESIOLOGY	53.00	0	4,569	0				17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	52,216	0				18.00	
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,815	0				19.00	
20.00	CT SCAN	57.00	0	834	0				20.00	

RECLASSIFICATIONS

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
21.00	MRI	58.00	0	8,737	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	18,041	0		22.00
23.00	LABORATORY	60.00	0	26,424	0		23.00
24.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	4,424	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	32,379	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	146,673	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	1,242	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	9,652	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	18,736	0		29.00
30.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	17,883	0		30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0	43,191	0		31.00
32.00	RENAL DIALYSIS	74.00	0	13,817	0		32.00
33.00	CLINIC	90.00	0	64,075	0		33.00
34.00	EMERGENCY	91.00	0	52,464	0		34.00
35.00	AMBULANCE SERVICES	95.00	0	29,975	0		35.00
36.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	125,605	0		36.00
37.00	RETAIL PHARMACY	194.01	0	2,835	0		37.00
	0		0	2,119,548			
N - DIETARY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	734,699	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	6,615	0		2.00
3.00	CAFETERIA	11.00	180,075	318,957	0		3.00
	0		180,075	1,060,271			
O - MAINTENANCE							
1.00	MAINTENANCE & REPAIRS	6.00	84,320	122,349	0		1.00
2.00	OPERATION OF PLANT	7.00	606,406	1,741,479	0		2.00
	0		690,726	1,863,828			
P - MEDICAL SUPPLIES							
1.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	247,924	0		1.00
2.00	OPERATING ROOM	50.00	0	6,273,533	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,636	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	285,788	0		4.00
5.00	CT SCAN	57.00	0	114	0		5.00
6.00	MRI	58.00	0	5,546	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	562,018	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	3,572,338	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	13,384	0		9.00
10.00	OCCUPATIONAL THERAPY	67.00	0	26,648	0		10.00
11.00	SPEECH PATHOLOGY	68.00	0	210,806	0		11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	25,080	0		12.00
13.00	CLINIC	90.00	0	58,993	0		13.00
	0		0	11,284,808			
Q - REFERRAL BONUS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	198,580	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
	TOTALS		0	198,580			
R - EXTENDED RECOVERY							
1.00	ADULTS & PEDIATRICS	30.00	0	2,816,081	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	81,773	0		2.00
	0		0	2,897,854			

RECLASSIFICATIONS

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	Decreases							5/26/2021 5:46 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	S - FAMILY CARE CENTER							
1.00	ADMINISTRATIVE & GENERAL	5.00	106,470	121,616	0			1.00
2.00		0.00	0	0	0			2.00
	0		106,470	121,616				
	T - INPATIENT CCPD							
1.00	HOME PROGRAM DIALYSIS	94.00	0	77,841	0			1.00
	0		0	77,841				
	U - EPO							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	485,707	0			1.00
2.00	LABORATORY	60.00	0	623	0			2.00
	0		0	486,330				
	V - IMPLANTS							
1.00	OPERATING ROOM	50.00	0	8,540,784	0			1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	19,763	0			2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	1,787,441	0			3.00
4.00	SPEECH PATHOLOGY	68.00	0	385,163	0			4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	689,994	0			5.00
6.00	CLINIC	90.00	0	65,630	0			6.00
	0		0	11,488,775				
	W - PROPERTY TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	324,339	13			1.00
	TOTALS		0	324,339				
	X - HEMATOLOGY ONCOLOGY CLINIC							
1.00	NURSING ADMINISTRATION	13.00	0	2,170,246	0			1.00
	0		0	2,170,246				
	Y - PRE-TRANSPLANT DIETITIAN COSTS							
1.00	DIETARY	10.00	16,091	4,771	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
	0		16,091	4,771				
	Z - PRE-TRANSPLANT COSTS CHILD LIFE							
1.00	SOCIAL SERVICE	17.00	11,713	3,509	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
	0		11,713	3,509				
	AA - PRE-TRANSPLANT COSTS SOCIAL SERVICES							
1.00	SOCIAL SERVICE	17.00	73,349	20,193	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
	0		73,349	20,193				
	BB - PRE-TRANSPLANT COSTS FINANCIAL COORD							
1.00	NURSING ADMINISTRATION	13.00	13,981	3,768	0			1.00
2.00	SOCIAL SERVICE	17.00	21,705	5,850	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
	0		35,686	9,618				
	CC - PRE-TRANSPLANT COSTS UNIVERSAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	6,412	1,728	0			1.00
2.00	NURSING ADMINISTRATION	13.00	327,663	88,306	0			2.00
3.00	SOCIAL SERVICE	17.00	11,638	3,136	0			3.00
4.00		0.00	0	0	0			4.00
	0		345,713	93,170				
	DD - PRE-TRANSPLANT COSTS FIN COORD A&G							
1.00	ADMINISTRATIVE & GENERAL	5.00	75,202	18,116	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
	0		75,202	18,116				
	EE - PRE-TRANSPLANT COSTS PHARMACY							
1.00	PHARMACY	15.00	43,259	10,555	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
	0		43,259	10,555				
	FF - PRE-TRANSPLANT COSTS PSYCHOLOGY							
1.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	21,204	5,182	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

RECLASSIFICATIONS

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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	TOTALS		21,204	5,182				
	GG - HERO BONUS							
1.00	ADMINISTRATIVE & GENERAL	5.00	2,307,300	0	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	
21.00		0.00	0	0	0		21.00	
22.00		0.00	0	0	0		22.00	
23.00		0.00	0	0	0		23.00	
24.00		0.00	0	0	0		24.00	
25.00		0.00	0	0	0		25.00	
26.00		0.00	0	0	0		26.00	
27.00		0.00	0	0	0		27.00	
28.00		0.00	0	0	0		28.00	
29.00		0.00	0	0	0		29.00	
30.00		0.00	0	0	0		30.00	
31.00		0.00	0	0	0		31.00	
32.00		0.00	0	0	0		32.00	
33.00		0.00	0	0	0		33.00	
34.00		0.00	0	0	0		34.00	
35.00		0.00	0	0	0		35.00	
36.00		0.00	0	0	0		36.00	
	TOTALS		2,307,300	0				
	HH - FINANCE ACCRUAL							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,399	0	0		1.00	
2.00	MAINTENANCE & REPAIRS	6.00	1,227	0	0		2.00	
3.00	OPERATION OF PLANT	7.00	8,784	0	0		3.00	
4.00	HOUSEKEEPING	9.00	16,680	0	0		4.00	
5.00	DIETARY	10.00	2,268	0	0		5.00	
6.00	CAFETERIA	11.00	7,826	0	0		6.00	
7.00	NURSING ADMINISTRATION	13.00	27,207	0	0		7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	3,054	0	0		8.00	
9.00	PHARMACY	15.00	32,718	0	0		9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	1,880	0	0		10.00	
11.00	SOCIAL SERVICE	17.00	11,870	0	0		11.00	
12.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	42,891	0	0		12.00	
13.00	ADULTS & PEDIATRICS	30.00	120,104	0	0		13.00	
14.00	INTENSIVE CARE UNIT	31.00	44,150	0	0		14.00	
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	122,330	0	0		15.00	
16.00	OPERATING ROOM	50.00	30,863	0	0		16.00	
17.00	RECOVERY ROOM	51.00	11,319	0	0		17.00	
18.00	ANESTHESIOLOGY	53.00	930	0	0		18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	11,622	0	0		19.00	
20.00	RADIOLOGY-THERAPEUTIC	55.00	1,625	0	0		20.00	
21.00	CT SCAN	57.00	1,615	0	0		21.00	
22.00	MRI	58.00	2,785	0	0		22.00	
23.00	CARDIAC CATHETERIZATION	59.00	1,816	0	0		23.00	
24.00	LABORATORY	60.00	14,315	0	0		24.00	
25.00	BLOOD STORING, PROCESSING & TRANS.	63.00	2,061	0	0		25.00	
26.00	RESPIRATORY THERAPY	65.00	19,018	0	0		26.00	
27.00	PHYSICAL THERAPY	66.00	15,466	0	0		27.00	
28.00	OCCUPATIONAL THERAPY	67.00	5,318	0	0		28.00	
29.00	SPEECH PATHOLOGY	68.00	9,986	0	0		29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	2,913	0	0		30.00	
31.00	RENAL DIALYSIS	74.00	2,323	0	0		31.00	
32.00	CLINIC	90.00	17,205	0	0		32.00	

RECLASSIFICATIONS

Provider CCN: 26-3301

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

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Date/Time Prepared:
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Decreases						wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00	10.00			
33.00	EMERGENCY	91.00	24,492	0	0			33.00
34.00	AMBULANCE SERVICES	95.00	16,610	0	0			34.00
35.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	16,215	0	0			35.00
36.00	RETAIL PHARMACY	194.01	2,553	0	0			36.00
	TOTALS		657,438	0				
500.00	Grand Total: Decreases		15,338,359	185,724,738				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
5/26/2021 5:46 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	7,990,326	0	0	0	0	1.00	
2.00	Land Improvements	9,553,543	543	0	543	199	2.00	
3.00	Buildings and Fixtures	655,981,436	55,828,636	0	55,828,636	37,840,307	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	2,708,405	24,452	0	24,452	18,901	5.00	
6.00	Movable Equipment	255,130,352	16,260,683	0	16,260,683	2,653,023	6.00	
7.00	HIT designated Assets	6,694,869	7,778,313	0	7,778,313	0	7.00	
8.00	Subtotal (sum of lines 1-7)	938,058,931	79,892,627	0	79,892,627	40,512,430	8.00	
9.00	Reconciling Items	89,432,369	42,380,897	0	42,380,897	37,511,731	9.00	
10.00	Total (line 8 minus line 9)	848,626,562	37,511,730	0	37,511,730	3,000,699	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	7,990,326	0					1.00
2.00	Land Improvements	9,553,887	0					
3.00	Buildings and Fixtures	673,969,765	0					
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	2,713,956	0					
6.00	Movable Equipment	268,738,012	0					
7.00	HIT designated Assets	14,473,182	141,827					7.00
8.00	Subtotal (sum of lines 1-7)	977,439,128	141,827					
9.00	Reconciling Items	94,301,535	0					
10.00	Total (line 8 minus line 9)	883,137,593	141,827					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
5/26/2021 5:46 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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	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	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	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: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
5/26/2021 5:46 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	CAP REL COSTS-BLDG & FIXT	597,212,444	0	597,212,444	0.676239	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	285,925,150	0	285,925,150	0.323761	0	2.00
3.00	Total (sum of lines 1-2)	883,137,594	0	883,137,594	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	22,873,891	2,165,553	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	28,141,766	3,023,084	2.00
3.00	Total (sum of lines 1-2)	0	0	0	51,015,657	5,188,637	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,812,813	484,622	324,339	-48,978	27,612,240	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,275,638	341,018	0	-397,738	32,383,768	2.00
3.00	Total (sum of lines 1-2)	3,088,451	825,640	324,339	-446,716	59,996,008	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-3301

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

Worksheet A-8

Date/Time Prepared:
5/26/2021 5:46 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				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-917,879	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-645,892	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-12,653,104			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	-10,449,960			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-4,359,458	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	B	-148,437	DRUGS CHARGED TO PATIENTS	73.00	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
19.01	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.01
20.00	Vending machines	B	-25,600	ADMINISTRATIVE & GENERAL	5.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** 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

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-3301

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

Worksheet A-8

Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A		Wkst. A-7 Ref.	
				To/From Which the Amount is to be Adjusted			
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	NON ALLOWED DEPRECIATION	A	-45,444	ADMINISTRATIVE & GENERAL	5.00	0	33.00
34.00	OTHER OPERATING REVENUE	B	-3,720,693	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.01	OTHER OPERATING REVENUE	B	-45	OPERATION OF PLANT	7.00	0	34.01
34.02	OTHER OPERATING REVENUE	B	-2,409	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	34.02
34.03	OTHER OPERATING REVENUE	B	-73,557	DIETARY	10.00	0	34.03
34.04	OTHER OPERATING REVENUE	B	-3,268	NURSING ADMINISTRATION	13.00	0	34.04
34.05	OTHER OPERATING REVENUE	B	-30	MEDICAL RECORDS & LIBRARY	16.00	0	34.05
34.06	OTHER OPERATING REVENUE	B	-360,881	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	34.06
34.07	OTHER OPERATING REVENUE	B	-52	CLINIC	90.00	0	34.07
34.08	OTHER OPERATING REVENUE	B	-14,196	RESPIRATORY THERAPY	65.00	0	34.08
34.09	OTHER OPERATING REVENUE	B	-4,382	RADIOLOGY-DIAGNOSTIC	54.00	0	34.09
34.10	OTHER OPERATING REVENUE	B	0	LABORATORY	60.00	0	34.10
34.11	OTHER OPERATING REVENUE	B	-12,191	PHYSICAL THERAPY	66.00	0	34.11
34.12	OTHER OPERATING REVENUE	B	581	SPEECH PATHOLOGY	68.00	0	34.12
34.13	OTHER OPERATING REVENUE	B	-188,541	DRUGS CHARGED TO PATIENTS	73.00	0	34.13
34.14	OTHER OPERATING REVENUE	B	0	EMERGENCY	91.00	0	34.14
34.15	OTHER OPERATING REVENUE	B	-72,591	CAFETERIA	11.00	0	34.15
35.01	NON ALLOWABLE SWAP INTEREST EXP	A	-2,046,274	ADMINISTRATIVE & GENERAL	5.00	0	35.01
35.02	ENTERTAINMENT EXPENSE	A	-145,861	ADMINISTRATIVE & GENERAL	5.00	0	35.02
35.03	ENTERTAINMENT EXPENSE	A	0	MAINTENANCE & REPAIRS	6.00	0	35.03
35.04	ENTERTAINMENT EXPENSE	A	-931	CARDIAC CATHETERIZATION	59.00	0	35.04
35.05	ENTERTAINMENT EXPENSE	A	-913	CAFETERIA	11.00	0	35.05
35.06	ENTERTAINMENT EXPENSE	A	-11,140	NURSING ADMINISTRATION	13.00	0	35.06
35.07	ENTERTAINMENT EXPENSE	A	-650	MEDICAL RECORDS & LIBRARY	16.00	0	35.07
35.08	ENTERTAINMENT EXPENSE	A	-27,015	SOCIAL SERVICE	17.00	0	35.08
35.09	ENTERTAINMENT EXPENSE	A	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	35.09
35.10	ENTERTAINMENT EXPENSE	A	-14,227	ADULTS & PEDIATRICS	30.00	0	35.10
35.11	ENTERTAINMENT EXPENSE	A	-14,681	INTENSIVE CARE UNIT	31.00	0	35.11
35.12	ENTERTAINMENT EXPENSE	A	-3,689	NEONATAL INTENSIVE CARE UNIT	35.00	0	35.12
35.13	ENTERTAINMENT EXPENSE	A	-3,266	OPERATING ROOM	50.00	0	35.13
35.14	ENTERTAINMENT EXPENSE	A	-824	RECOVERY ROOM	51.00	0	35.14
35.15	ENTERTAINMENT EXPENSE	A	-255	RADIOLOGY-DIAGNOSTIC	54.00	0	35.15
35.16	ENTERTAINMENT EXPENSE	A	-84,826	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.16
35.17	ENTERTAINMENT EXPENSE	A	-142	LABORATORY	60.00	0	35.17
35.18	ENTERTAINMENT EXPENSE	A	-477	RESPIRATORY THERAPY	65.00	0	35.18
35.19	ENTERTAINMENT EXPENSE	A	-1,712	PHYSICAL THERAPY	66.00	0	35.19
35.20	ENTERTAINMENT EXPENSE	A	-153	SPEECH PATHOLOGY	68.00	0	35.20
35.21	ENTERTAINMENT EXPENSE	A	-280	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	35.21
35.22	ENTERTAINMENT EXPENSE	A	-52	OPERATION OF PLANT	7.00	0	35.22
35.25	ENTERTAINMENT EXPENSE	A	-897	PHARMACY	15.00	0	35.25
36.00	ENTERTAINMENT EXPENSE	A	-900	RENAL DIALYSIS	74.00	0	36.00
36.01	ENTERTAINMENT EXPENSE	A	-1,361	CLINIC	90.00	0	36.01
36.02	ENTERTAINMENT EXPENSE	A	-15,421	EMERGENCY	91.00	0	36.02
36.03	ENTERTAINMENT EXPENSE	A	1,672	AMBULANCE SERVICES	95.00	0	36.03
37.00	FRA ADD-ON	A	36,829,507	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00	PENSION EXPENSE	A	503,402	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
39.00	MALPRACTICE	A	-1,932,000	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	CONTRIBUTIONS	A	-5,314,428	ADMINISTRATIVE & GENERAL	5.00	0	40.00
40.01	CONTRIBUTIONS	A	0	ADULTS & PEDIATRICS	30.00	0	40.01
40.02	CONTRIBUTIONS	A	-15,600	SOCIAL SERVICE	17.00	0	40.02
40.03	CONTRIBUTIONS	A	-20,000	PHYSICAL THERAPY	66.00	0	40.03
41.00	LOBBYING	A	-67,787	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00	ADVERTISING	A	-56,483	ADMINISTRATIVE & GENERAL	5.00	0	42.00
42.01	ADVERTISING	A	-16,802	PHYSICAL THERAPY	66.00	0	42.01
42.02	ADVERTISING	A	0	EMERGENCY	91.00	0	42.02
42.03	ADVERTISING	A	-328	AMBULANCE SERVICES	95.00	0	42.03
42.04	ADVERTISING	A	-1,313	PHARMACY	15.00	0	42.04
42.05	ADVERTISING	A	-21,875	ADULTS & PEDIATRICS	30.00	0	42.05
42.06	ADVERTISING	A	-25,000	NEONATAL INTENSIVE CARE UNIT	35.00	0	42.06
42.07	ADVERTISING	A	-195,580	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42.07
42.08	ADVERTISING	A	-630	NURSING ADMINISTRATION	13.00	0	42.08
42.09	ADVERTISING	A	-1,500	RESPIRATORY THERAPY	65.00	0	42.09

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-3301

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

Worksheet A-8

Date/Time Prepared:
5/26/2021 5:46 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	
43.00	RESEARCH & DEVELOPMENT	A	-80,909	ADMINISTRATIVE & GENERAL	5.00	0	43.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,489,630				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: 26-3301

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2021 5:46 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	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	2,353,029	2,173,148	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	1,280,883	1,678,621	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SALARY-HO	1,934,228	1,716,992	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	OTHER EXPENSE-HO	8,323,434	1,336,889	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	SALARY-HO	35,878,473	29,974,164	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-HO	26,623,682	46,845,588	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-TFC	2,382,836	2,831,642	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	BJH SPACE	509,514	0	4.04
4.05	50.00	OPERATING ROOM	OTHER EXPENSE - SURGICAL TEC	19,469	25,389	4.05
4.06	59.00	CARDIAC CATHETERIZATION	OTHER EXPENSE-AFFILIATE	250,407	803,984	4.06
4.07	60.00	LABORATORY	OTHER EXPENSE-AFFILIATE	3,451,407	3,938,891	4.07
4.08	63.00	BLOOD STORING, PROCESSING &	OTHER EXPENSE-AFFILIATE	322,281	254,952	4.08
4.09	31.00	INTENSIVE CARE UNIT	BJH SPACE	8,877	0	4.09
4.10	60.00	LABORATORY	BJH SPACE	33,666	0	4.10
4.11	194.00	VARIOUS NONREIMBURSABLE DEPA	BJH SPACE	491,948	0	4.11
4.12	60.00	LABORATORY	SLCH AFFILIATE	885,846	1,387,349	4.12
4.13	91.00	EMERGENCY	PARKLAND HEALTH CENTER ED CO	172,716	0	4.13
4.14	16.00	MEDICAL RECORDS & LIBRARY		0	1,232,198	4.14
4.15	16.00	MEDICAL RECORDS & LIBRARY		0	940,852	4.15
4.16	11.00	CAFETERIA		0	3,131	4.16
4.17	1.00	CAP REL COSTS-BLDG & FIXT		0	228,859	4.17
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			84,922,689	95,372,649	5.00

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

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

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

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

6.00	B	BJC HEALTHCARE	0.01	BJC HEALTHCARE	0.01	6.00
7.00	G	JOINT VENTURE	0.01	TELEPHONE FAC	0.01	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:	JOINT VENTURE				100.00

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

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

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

Provider CCN: 26-3301

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2021 5:46 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	179,881	14		1.00
2.00	-397,738	14		2.00
3.00	217,236	0		3.00
4.00	6,986,545	0		4.00
4.01	5,904,309	0		4.01
4.02	-20,221,906	0		4.02
4.03	-448,806	0		4.03
4.04	509,514	0		4.04
4.05	-5,920	0		4.05
4.06	-553,584	0		4.06
4.07	-487,484	0		4.07
4.08	67,329	0		4.08
4.09	8,877	0		4.09
4.10	33,666	0		4.10
4.11	491,948	0		4.11
4.12	-501,503	0		4.12
4.13	172,716	0		4.13
4.14	-1,232,198	0		4.14
4.15	-940,852	0		4.15
4.16	-3,131	0		4.16
4.17	-228,859	14		4.17
5.00	-10,449,960			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HOME OFFICE		6.00
7.00	COMMUNICATIONS		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: 26-3301

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2021 5:46 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	5.00	ADMINISTRATIVE & GENERAL	3,103,278	3,103,278	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	142,681	142,681	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,802,676	1,802,676	0	0	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	127,498	127,498	0	0	0	4.00
5.00	50.00	OPERATING ROOM	267,307	267,307	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	5,047,154	5,047,154	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	34,187	34,187	0	0	0	7.00
8.00	60.00	LABORATORY	822,783	822,783	0	0	0	8.00
9.00	90.00	CLINIC	427,715	427,715	0	0	0	9.00
10.00	91.00	EMERGENCY	313,003	313,003	0	0	0	10.00
11.00	95.00	AMBULANCE SERVICES	564,822	564,822	0	0	0	11.00
200.00			12,653,104	12,653,104	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	11.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	3,103,278		1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	142,681		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,802,676		3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	127,498		4.00
5.00	50.00	OPERATING ROOM	0	0	0	267,307		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	5,047,154		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	34,187		7.00
8.00	60.00	LABORATORY	0	0	0	822,783		8.00
9.00	90.00	CLINIC	0	0	0	427,715		9.00
10.00	91.00	EMERGENCY	0	0	0	313,003		10.00
11.00	95.00	AMBULANCE SERVICES	0	0	0	564,822		11.00
200.00			0	0	0	12,653,104		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	27,612,240	27,612,240			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	32,383,768		32,383,768		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,568,627	29,027	34,043	14,631,697	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	147,832,158	6,191,133	7,260,993	3,138,529	5.00
6.00	00600	MAINTENANCE & REPAIRS	710,907	72,604	85,150	17,213	6.00
7.00	00700	OPERATION OF PLANT	8,143,307	4,979,539	5,840,027	123,890	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	278,633	69,783	81,841	0	8.00
9.00	00900	HOUSEKEEPING	8,682,048	111,949	131,295	247,702	9.00
10.00	01000	DIETARY	1,377,629	4,034	4,731	48,066	10.00
11.00	01100	CAFETERIA	1,926,513	451,583	529,619	122,023	11.00
13.00	01300	NURSING ADMINISTRATION	14,090,008	372,422	436,778	463,018	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,732,902	0	0	55,039	14.00
15.00	01500	PHARMACY	14,737,964	0	0	535,496	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,003,913	147,014	172,418	107,528	16.00
17.00	01700	SOCIAL SERVICE	6,069,710	74,608	87,501	242,514	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	91,549,493	27,294	32,011	578,180	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	55,297,416	3,367,732	3,949,692	2,138,995	30.00
31.00	03100	INTENSIVE CARE UNIT	20,367,599	829,201	972,491	822,023	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	51,282,374	1,796,904	2,107,418	2,041,239	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,832,968	918,533	1,077,260	654,740	50.00
51.00	05100	RECOVERY ROOM	8,508,782	408,055	478,569	230,473	51.00
53.00	05300	ANESTHESIOLOGY	2,395,120	0	0	24,314	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,395,266	478,952	561,717	208,047	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,347,778	48,774	57,202	32,511	55.00
57.00	05700	CT SCAN	787,867	13,709	16,078	26,472	57.00
58.00	05800	MRI	1,220,370	48,823	57,260	52,041	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,622,625	145,009	170,068	46,368	59.00
60.00	06000	LABORATORY	17,574,552	230,134	269,903	244,399	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,583,110	20,984	24,610	62,054	63.00
65.00	06500	RESPIRATORY THERAPY	7,339,170	421,146	493,922	329,307	65.00
66.00	06600	PHYSICAL THERAPY	6,759,616	491,349	576,257	284,791	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,093,982	151,072	177,178	94,968	67.00
68.00	06800	SPEECH PATHOLOGY	4,197,131	176,857	207,419	173,258	68.00
69.00	06900	ELECTROCARDIOLOGY	3,599,550	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,322,339	77,726	91,157	51,096	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,637,249	177,476	208,144	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,796,682	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,535,597	282,744	331,603	0	73.00
74.00	07400	RENAL DIALYSIS	1,273,932	77,281	90,635	15,495	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	11,219,727	693,051	812,813	343,540	90.00
91.00	09100	EMERGENCY	12,121,810	476,848	559,250	333,220	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	411,148	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	5,873,350	41,622	48,815	271,601	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	352,909	2,351	2,757	4,679	105.00
106.00	10600	HEART ACQUISITION	1,536,362	19,500	22,869	14,941	106.00
107.00	10700	LIVER ACQUISITION	1,279,976	10,641	12,479	7,707	107.00
108.00	10800	LUNG ACQUISITION	1,345,314	24,226	28,412	9,069	108.00
112.00	08600	BONE MARROW ACQUISITION	1,798,692	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	693,410,183	23,961,690	28,102,385	14,196,546	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,247	0	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	12,100,200	3,634,985	4,263,128	397,064	194.00
194.01	07951	RETAIL PHARMACY	4,466,562	15,565	18,255	38,087	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	709,979,192	27,612,240	32,383,768	14,631,697	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	164,422,813					5.00
6.00	00600	MAINTENANCE & REPAIRS	266,990	1,152,864				6.00
7.00	00700	OPERATION OF PLANT	5,752,483	269,271	25,108,517			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	129,673	3,774	107,231	670,935		8.00
9.00	00900	HOUSEKEEPING	2,764,612	6,054	172,025	0	12,115,685	9.00
10.00	01000	DIETARY	432,326	218	6,198	0	3,024	10.00
11.00	01100	CAFETERIA	913,121	24,420	693,918	0	338,604	11.00
13.00	01300	NURSING ADMINISTRATION	4,629,960	20,139	572,276	0	279,248	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	538,860	0	0	0	0	14.00
15.00	01500	PHARMACY	4,603,207	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	431,245	7,950	225,907	0	110,233	16.00
17.00	01700	SOCIAL SERVICE	1,951,273	4,034	114,645	0	55,942	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	27,783,626	1,476	41,942	0	20,466	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,515,899	182,112	5,174,975	215,253	2,525,180	30.00
31.00	03100	INTENSIVE CARE UNIT	6,929,260	44,840	1,274,180	70,955	621,749	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,247,698	97,169	2,761,186	55,993	1,347,348	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,981,756	49,670	1,411,450	37,137	688,731	50.00
51.00	05100	RECOVERY ROOM	2,901,105	22,066	627,032	50,340	305,967	51.00
53.00	05300	ANESTHESIOLOGY	729,184	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,002,403	25,900	735,974	2,280	359,126	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	447,939	2,637	74,947	209	36,571	55.00
57.00	05700	CT SCAN	254,408	741	21,066	0	10,279	57.00
58.00	05800	MRI	415,459	2,640	75,023	1,290	36,608	58.00
59.00	05900	CARDIAC CATHETERIZATION	597,971	7,841	222,827	27,003	108,730	59.00
60.00	06000	LABORATORY	5,521,087	12,445	353,633	0	172,559	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,413,729	1,135	32,245	0	15,734	63.00
65.00	06500	RESPIRATORY THERAPY	2,586,960	22,774	647,148	0	315,782	65.00
66.00	06600	PHYSICAL THERAPY	2,444,847	26,570	755,024	6,930	368,422	66.00
67.00	06700	OCCUPATIONAL THERAPY	758,649	8,169	232,143	0	113,276	67.00
68.00	06800	SPEECH PATHOLOGY	1,432,989	9,564	271,765	3,034	132,610	68.00
69.00	06900	ELECTROCARDIOLOGY	1,084,854	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	464,833	4,203	119,437	5,948	58,280	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,924,910	9,597	272,715	0	133,074	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,555,355	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,100,631	15,290	434,474	0	212,006	73.00
74.00	07400	RENAL DIALYSIS	439,223	4,179	118,752	8,705	57,946	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,938,853	37,477	1,064,966	19,976	519,661	90.00
91.00	09100	EMERGENCY	4,066,037	25,786	732,742	110,167	357,549	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	123,914	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,879,259	2,251	63,958	0	31,209	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	109,311	127	3,612	0	1,763	105.00
106.00	10600	HEART ACQUISITION	480,310	1,054	29,964	0	14,621	106.00
107.00	10700	LIVER ACQUISITION	395,058	575	16,351	0	7,979	107.00
108.00	10800	LUNG ACQUISITION	424,056	1,310	37,226	0	18,165	108.00
112.00	08600	BONE MARROW ACQUISITION	542,101	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	156,907,424	955,458	19,498,957	615,220	9,378,442	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	677	0	0	55,715	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	6,146,881	196,564	5,585,642	0	2,725,572	194.00
194.01	07951	RETAIL PHARMACY	1,367,831	842	23,918	0	11,671	194.01
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)	164,422,813	1,152,864	25,108,517	670,935	12,115,685	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,876,226					10.00
11.00	01100	CAFETERIA	1,664,366	6,664,167				11.00
13.00	01300	NURSING ADMINISTRATION	0	221,145	21,084,994			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	65,921	0	2,392,722		14.00
15.00	01500	PHARMACY	0	253,193	0	0	20,129,860	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	90,884	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	197,361	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	434,905	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	176,635	1,463,258	7,271,054	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	35,225	457,187	2,336,440	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,157,725	6,264,918	0	0	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	295,730	1,582,898	0	0	50.00
51.00	05100	RECOVERY ROOM	0	120,339	717,996	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	24,502	702	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	139,968	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19,394	42,925	0	0	55.00
57.00	05700	CT SCAN	0	15,077	0	0	0	57.00
58.00	05800	MRI	0	32,685	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,546	137,913	0	0	59.00
60.00	06000	LABORATORY	0	181,995	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,791	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	241,714	885	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	173,251	27	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	53,552	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	96,374	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	49,939	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,259,239	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,133,483	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	19,768,942	73.00
74.00	07400	RENAL DIALYSIS	0	23,356	125,946	0	360,918	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	194,974	649,796	0	0	90.00
91.00	09100	EMERGENCY	0	196,336	891,153	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	139,996	553,759	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	9,550	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	25,941	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	17,312	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	13,928	0	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,876,226	6,384,098	20,643,143	2,392,722	20,129,860	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0	257,645	441,851	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	22,424	0	0	0	194.01
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)	1,876,226	6,664,167	21,084,994	2,392,722	20,129,860	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,297,092					16.00
17.00	01700	SOCIAL SERVICE	0	8,797,588				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	120,469,393			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	538,154	3,622,412	18,929,764	124,368,531	-18,929,764	30.00
31.00	03100	INTENSIVE CARE UNIT	107,327	722,206	10,325,270	45,915,953	-10,325,270	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	491,569	3,309,161	19,299,250	109,259,952	-19,299,250	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	9,418,350	47,949,223	-9,418,350	50.00
51.00	05100	RECOVERY ROOM	0	0	0	14,370,724	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	6,536,420	9,710,242	-6,536,420	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	977,797	10,887,430	-977,797	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,343,879	4,454,766	-2,343,879	55.00
57.00	05700	CT SCAN	0	0	977,797	2,123,494	-977,797	57.00
58.00	05800	MRI	0	0	977,797	2,919,996	-977,797	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	312,784	3,424,685	-312,784	59.00
60.00	06000	LABORATORY	0	0	0	24,560,707	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	6,171,392	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,122,325	13,521,133	-1,122,325	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,887,084	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,682,989	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,487,497	8,188,498	-1,487,497	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,684,404	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	793,209	3,038,167	-793,209	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,622,404	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,485,520	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	72,681,287	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,596,368	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	954,066	0	29,404,804	49,853,704	-29,404,804	90.00
91.00	09100	EMERGENCY	205,976	1,143,809	17,562,450	38,783,133	-17,562,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	535,062	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	8,905,820	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	487,059	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	2,145,562	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	1,748,078	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	1,901,706	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0	0	2,340,793	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,297,092	8,797,588	120,469,393	668,205,866	-120,469,393	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	58,639	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0	0	35,749,532	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	5,965,155	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,297,092	8,797,588	120,469,393	709,979,192	-120,469,393	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

Period:
From 01/01/2020
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
95.00	09500	AMBULANCE SERVICES	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	98.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	105.00
106.00	10600	HEART ACQUISITION	106.00
107.00	10700	LIVER ACQUISITION	107.00
108.00	10800	LUNG ACQUISITION	108.00
112.00	08600	BONE MARROW ACQUISITION	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00
194.01	07951	RETAIL PHARMACY	194.01
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-3301

Period:
From 01/01/2020
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	29,027	34,043	63,070	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	672,259	6,191,133	7,260,993	14,124,385	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	72,604	85,150	157,754	6.00
7.00	00700	OPERATION OF PLANT	0	4,979,539	5,840,027	10,819,566	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	69,783	81,841	151,624	8.00
9.00	00900	HOUSEKEEPING	0	111,949	131,295	243,244	9.00
10.00	01000	DIETARY	0	4,034	4,731	8,765	10.00
11.00	01100	CAFETERIA	0	451,583	529,619	981,202	11.00
13.00	01300	NURSING ADMINISTRATION	0	372,422	436,778	809,200	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	147,014	172,418	319,432	16.00
17.00	01700	SOCIAL SERVICE	0	74,608	87,501	162,109	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	27,294	32,011	59,305	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,367,732	3,949,692	7,317,424	30.00
31.00	03100	INTENSIVE CARE UNIT	0	829,201	972,491	1,801,692	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,796,904	2,107,418	3,904,322	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	918,533	1,077,260	1,995,793	50.00
51.00	05100	RECOVERY ROOM	0	408,055	478,569	886,624	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	478,952	561,717	1,040,669	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	48,774	57,202	105,976	55.00
57.00	05700	CT SCAN	0	13,709	16,078	29,787	57.00
58.00	05800	MRI	0	48,823	57,260	106,083	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	145,009	170,068	315,077	59.00
60.00	06000	LABORATORY	0	230,134	269,903	500,037	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	20,984	24,610	45,594	63.00
65.00	06500	RESPIRATORY THERAPY	0	421,146	493,922	915,068	65.00
66.00	06600	PHYSICAL THERAPY	0	491,349	576,257	1,067,606	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	151,072	177,178	328,250	67.00
68.00	06800	SPEECH PATHOLOGY	0	176,857	207,419	384,276	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	77,726	91,157	168,883	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	177,476	208,144	385,620	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	282,744	331,603	614,347	73.00
74.00	07400	RENAL DIALYSIS	0	77,281	90,635	167,916	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	693,051	812,813	1,505,864	90.00
91.00	09100	EMERGENCY	0	476,848	559,250	1,036,098	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	41,622	48,815	90,437	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	2,351	2,757	5,108	105.00
106.00	10600	HEART ACQUISITION	0	19,500	22,869	42,369	106.00
107.00	10700	LIVER ACQUISITION	0	10,641	12,479	23,120	107.00
108.00	10800	LUNG ACQUISITION	0	24,226	28,412	52,638	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	672,259	23,961,690	28,102,385	52,736,334	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0	3,634,985	4,263,128	7,898,113	194.00
194.01	07951	RETAIL PHARMACY	0	15,565	18,255	33,820	194.01
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	672,259	27,612,240	32,383,768	60,668,267	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-3301

Period:
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To 12/31/2020Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,137,941					5.00
6.00	00600	MAINTENANCE & REPAIRS	22,957	180,785				6.00
7.00	00700	OPERATION OF PLANT	494,633	42,227	11,356,960			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,150	592	48,502	211,868		8.00
9.00	00900	HOUSEKEEPING	237,718	949	77,810	0	560,788	9.00
10.00	01000	DIETARY	37,174	34	2,803	0	140	10.00
11.00	01100	CAFETERIA	78,516	3,829	313,870	0	15,673	11.00
13.00	01300	NURSING ADMINISTRATION	398,112	3,158	258,849	0	12,925	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	46,334	0	0	0	0	14.00
15.00	01500	PHARMACY	395,812	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37,081	1,247	102,181	0	5,102	16.00
17.00	01700	SOCIAL SERVICE	167,782	633	51,856	0	2,589	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,388,872	231	18,971	0	947	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,678,096	28,558	2,340,719	67,975	116,881	30.00
31.00	03100	INTENSIVE CARE UNIT	595,820	7,031	576,331	22,406	28,778	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,483,062	15,237	1,248,926	17,681	62,364	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	686,320	7,789	638,420	11,727	31,879	50.00
51.00	05100	RECOVERY ROOM	249,455	3,460	283,616	15,896	14,162	51.00
53.00	05300	ANESTHESIOLOGY	62,700	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	172,179	4,061	332,892	720	16,623	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	38,517	414	33,900	66	1,693	55.00
57.00	05700	CT SCAN	21,876	116	9,528	0	476	57.00
58.00	05800	MRI	35,724	414	33,934	407	1,694	58.00
59.00	05900	CARDIAC CATHETERIZATION	51,417	1,230	100,788	8,527	5,033	59.00
60.00	06000	LABORATORY	474,737	1,951	159,953	0	7,987	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	121,561	178	14,585	0	728	63.00
65.00	06500	RESPIRATORY THERAPY	222,443	3,571	292,715	0	14,616	65.00
66.00	06600	PHYSICAL THERAPY	210,223	4,167	341,509	2,188	17,053	66.00
67.00	06700	OCCUPATIONAL THERAPY	65,233	1,281	105,002	0	5,243	67.00
68.00	06800	SPEECH PATHOLOGY	123,217	1,500	122,923	958	6,138	68.00
69.00	06900	ELECTROCARDIOLOGY	93,282	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	39,969	659	54,023	1,878	2,698	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	337,488	1,505	123,353	0	6,159	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	305,711	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,040,486	2,398	196,519	0	9,813	73.00
74.00	07400	RENAL DIALYSIS	37,767	655	53,713	2,749	2,682	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	338,687	5,877	481,700	6,308	24,053	90.00
91.00	09100	EMERGENCY	349,623	4,044	331,430	34,788	16,550	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	10,655	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	161,590	353	28,929	0	1,445	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,399	20	1,634	0	82	105.00
106.00	10600	HEART ACQUISITION	41,300	165	13,553	0	677	106.00
107.00	10700	LIVER ACQUISITION	33,969	90	7,396	0	369	107.00
108.00	10800	LUNG ACQUISITION	36,463	205	16,838	0	841	108.00
112.00	08600	BONE MARROW ACQUISITION	46,613	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,491,723	149,829	8,819,671	194,274	434,093	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	58	0	0	17,594	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	528,546	30,824	2,526,471	0	126,155	194.00
194.01	07951	RETAIL PHARMACY	117,614	132	10,818	0	540	194.01
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)	14,137,941	180,785	11,356,960	211,868	560,788	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	49,123					10.00
11.00	01100	CAFETERIA	43,576	1,437,192				11.00
13.00	01300	NURSING ADMINISTRATION	0	47,692	1,531,931			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,216	0	60,787		14.00
15.00	01500	PHARMACY	0	54,604	0	0	452,723	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19,600	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	42,563	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	93,791	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,625	315,567	528,278	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	922	98,597	169,754	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	249,674	455,178	0	0	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	63,777	115,005	0	0	50.00
51.00	05100	RECOVERY ROOM	0	25,952	52,166	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	5,284	51	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,185	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,182	3,119	0	0	55.00
57.00	05700	CT SCAN	0	3,252	0	0	0	57.00
58.00	05800	MRI	0	7,049	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,509	10,020	0	0	59.00
60.00	06000	LABORATORY	0	39,249	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,837	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	52,128	64	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	37,363	2	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,549	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	20,784	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,770	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	31,996	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,791	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	444,606	73.00
74.00	07400	RENAL DIALYSIS	0	5,037	9,151	0	8,117	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	42,048	47,211	0	0	90.00
91.00	09100	EMERGENCY	0	42,342	64,747	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	30,191	40,233	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	694	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	1,885	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	1,258	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	1,012	0	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,123	1,376,792	1,499,828	60,787	452,723	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0	55,564	32,103	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	4,836	0	0	0	194.01
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)	49,123	1,437,192	1,531,931	60,787	452,723	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	485,106					16.00
17.00	01700	SOCIAL SERVICE	0	428,577				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	2,564,608			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	113,649	176,467		12,697,454	0	30.00
31.00	03100	INTENSIVE CARE UNIT	22,666	35,182		3,362,720	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	103,811	161,207		7,710,256	0	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0		3,553,531	0	50.00
51.00	05100	RECOVERY ROOM	0	0		1,532,324	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0		68,140	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		1,598,225	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		188,007	0	55.00
57.00	05700	CT SCAN	0	0		65,149	0	57.00
58.00	05800	MRI	0	0		185,529	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		497,801	0	59.00
60.00	06000	LABORATORY	0	0		1,184,967	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		186,750	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0		1,502,024	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0		1,681,338	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		516,967	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0		660,542	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		93,282	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		279,100	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		886,121	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		334,502	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		2,308,169	0	73.00
74.00	07400	RENAL DIALYSIS	0	0		287,854	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	201,481	0		2,654,709	0	90.00
91.00	09100	EMERGENCY	43,499	55,721		1,980,278	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0		10,655	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0		354,348	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0		0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0		16,957	0	105.00
106.00	10600	HEART ACQUISITION	0	0		100,013	0	106.00
107.00	10700	LIVER ACQUISITION	0	0		66,235	0	107.00
108.00	10800	LUNG ACQUISITION	0	0		108,036	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0		46,613	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	485,106	428,577	0	46,718,596	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		17,652	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0		11,199,487	0	194.00
194.01	07951	RETAIL PHARMACY	0	0		167,924	0	194.01
200.00		Cross Foot Adjustments			2,564,608	2,564,608	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	485,106	428,577	2,564,608	60,668,267	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
95.00	09500	AMBULANCE SERVICES	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	98.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	105.00
106.00	10600	HEART ACQUISITION	106.00
107.00	10700	LIVER ACQUISITION	107.00
108.00	10800	LUNG ACQUISITION	108.00
112.00	08600	BONE MARROW ACQUISITION	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00
194.01	07951	RETAIL PHARMACY	194.01
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

Worksheet B-1

Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,115,843				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,115,843			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,173	1,173	250,137,458		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	250,191	250,191	53,656,245	-164,422,813	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,934	2,934	294,266	0	6.00
7.00	00700	OPERATION OF PLANT	201,229	201,229	2,117,959	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,820	2,820	0	0	8.00
9.00	00900	HOUSEKEEPING	4,524	4,524	4,234,591	0	9.00
10.00	01000	DIETARY	163	163	821,713	0	10.00
11.00	01100	CAFETERIA	18,249	18,249	2,086,043	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,050	15,050	7,915,516	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	940,914	0	14.00
15.00	01500	PHARMACY	0	0	9,154,568	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,941	5,941	1,838,236	0	16.00
17.00	01700	SOCIAL SERVICE	3,015	3,015	4,145,897	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,103	1,103	9,884,262	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	136,094	136,094	36,567,145	0	30.00
31.00	03100	INTENSIVE CARE UNIT	33,509	33,509	14,052,882	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	72,615	72,615	34,895,959	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,119	37,119	11,193,088	0	50.00
51.00	05100	RECOVERY ROOM	16,490	16,490	3,940,047	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	415,668	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,355	19,355	3,556,665	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,971	1,971	555,796	0	55.00
57.00	05700	CT SCAN	554	554	452,547	0	57.00
58.00	05800	MRI	1,973	1,973	889,667	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,860	5,860	792,675	0	59.00
60.00	06000	LABORATORY	9,300	9,300	4,178,110	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	848	848	1,060,836	0	63.00
65.00	06500	RESPIRATORY THERAPY	17,019	17,019	5,629,669	0	65.00
66.00	06600	PHYSICAL THERAPY	19,856	19,856	4,868,644	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,105	6,105	1,623,518	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,147	7,147	2,961,933	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,141	3,141	873,513	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,172	7,172	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,426	11,426	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,123	3,123	264,886	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	28,007	28,007	5,872,980	0	90.00
91.00	09100	EMERGENCY	19,270	19,270	5,696,551	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,682	1,682	4,643,149	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	95	95	79,992	0	105.00
106.00	10600	HEART ACQUISITION	788	788	255,429	0	106.00
107.00	10700	LIVER ACQUISITION	430	430	131,751	0	107.00
108.00	10800	LUNG ACQUISITION	979	979	155,045	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	968,320	968,320	242,698,355	-164,422,813	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	146,894	146,894	6,787,991	0	194.00
194.01	07951	RETAIL PHARMACY	629	629	651,112	0	194.01
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)	27,612,240	32,383,768	14,631,697	164,422,813	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.745632	29.021796	0.058495	0.301386	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			63,070	14,137,941	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

Worksheet B-1

Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000252		0.025915	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: 26-3301

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

Worksheet B-1

Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	861,545					6.00
7.00	00700	OPERATION OF PLANT	201,229	660,316				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,820	2,820	839,110			8.00
9.00	00900	HOUSEKEEPING	4,524	4,524	0	652,972		9.00
10.00	01000	DIETARY	163	163	0	163	1,067,249	10.00
11.00	01100	CAFETERIA	18,249	18,249	0	18,249	946,737	11.00
13.00	01300	NURSING ADMINISTRATION	15,050	15,050	0	15,050	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,941	5,941	0	5,941	0	16.00
17.00	01700	SOCIAL SERVICE	3,015	3,015	0	3,015	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,103	1,103	0	1,103	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	136,094	136,094	269,207	136,094	100,475	30.00
31.00	03100	INTENSIVE CARE UNIT	33,509	33,509	88,741	33,509	20,037	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	72,615	72,615	70,028	72,615	0	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,119	37,119	46,446	37,119	0	50.00
51.00	05100	RECOVERY ROOM	16,490	16,490	62,958	16,490	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,355	19,355	2,852	19,355	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,971	1,971	261	1,971	0	55.00
57.00	05700	CT SCAN	554	554	0	554	0	57.00
58.00	05800	MRI	1,973	1,973	1,613	1,973	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,860	5,860	33,771	5,860	0	59.00
60.00	06000	LABORATORY	9,300	9,300	0	9,300	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	848	848	0	848	0	63.00
65.00	06500	RESPIRATORY THERAPY	17,019	17,019	0	17,019	0	65.00
66.00	06600	PHYSICAL THERAPY	19,856	19,856	8,667	19,856	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,105	6,105	0	6,105	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,147	7,147	3,795	7,147	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,141	3,141	7,439	3,141	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,172	7,172	0	7,172	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,426	11,426	0	11,426	0	73.00
74.00	07400	RENAL DIALYSIS	3,123	3,123	10,887	3,123	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	28,007	28,007	24,983	28,007	0	90.00
91.00	09100	EMERGENCY	19,270	19,270	137,781	19,270	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,682	1,682	0	1,682	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	95	95	0	95	0	105.00
106.00	10600	HEART ACQUISITION	788	788	0	788	0	106.00
107.00	10700	LIVER ACQUISITION	430	430	0	430	0	107.00
108.00	10800	LUNG ACQUISITION	979	979	0	979	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	714,022	512,793	769,429	505,449	1,067,249	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	69,681	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	146,894	146,894	0	146,894	0	194.00
194.01	07951	RETAIL PHARMACY	629	629	0	629	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,152,864	25,108,517	670,935	12,115,685	1,876,226	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.338136	38.025002	0.799579	18.554678	1.758002	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	180,785	11,356,960	211,868	560,788	49,123	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.209838	17.199280	0.252491	0.858824	0.046028	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

Worksheet B-1

Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
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: 26-3301

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

Worksheet B-1

Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description			CAFETERIA (ASSIGNED TIME)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	5,319,027					11.00
13.00	01300	NURSING ADMINISTRATION	176,508	2,311,639				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	52,615	0	24,252,112			14.00
15.00	01500	PHARMACY	202,087	0	0	27,124,634		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	72,539	0	0	0	72,534	16.00
17.00	01700	SOCIAL SERVICE	157,524	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	347,121	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,167,904	797,157	0	0	16,993	30.00
31.00	03100	INTENSIVE CARE UNIT	364,905	256,154	0	0	3,389	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	924,042	686,850	0	0	15,522	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	236,038	173,540	0	0	0	50.00
51.00	05100	RECOVERY ROOM	96,049	78,717	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	19,556	77	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,716	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,479	4,706	0	0	0	55.00
57.00	05700	CT SCAN	12,034	0	0	0	0	57.00
58.00	05800	MRI	26,088	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,390	15,120	0	0	0	59.00
60.00	06000	LABORATORY	145,260	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,200	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	192,925	97	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	138,281	3	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	42,743	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	76,921	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	39,859	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	12,763,337	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	11,488,775	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,638,304	0	73.00
74.00	07400	RENAL DIALYSIS	18,642	13,808	0	486,330	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	155,619	71,240	0	0	30,126	90.00
91.00	09100	EMERGENCY	156,706	97,701	0	0	6,504	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	111,738	60,711	0	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,047	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	2,844	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,898	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	1,527	0	0	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,095,489	2,263,197	24,252,112	27,124,634	72,534	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	205,640	48,442	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	17,898	0	0	0	0	194.01
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)	6,664,167	21,084,994	2,392,722	20,129,860	2,297,092	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.252892	9.121231	0.098660	0.742125	31.669176	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,437,192	1,531,931	60,787	452,723	485,106	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.270198	0.662703	0.002506	0.016690	6.687981	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

Worksheet B-1

Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description		CAFETERIA (ASSIGNED TIME)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
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: 26-3301

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

Worksheet B-1

Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)	
		17.00	22.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE	20,867	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0 390,929	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	8,592 61,428	30.00
31.00	03100	INTENSIVE CARE UNIT	1,713 33,506	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,849 62,627	35.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 30,563	50.00
51.00	05100	RECOVERY ROOM	0 0	51.00
53.00	05300	ANESTHESIOLOGY	0 21,211	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 3,173	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0 7,606	55.00
57.00	05700	CT SCAN	0 3,173	57.00
58.00	05800	MRI	0 3,173	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 1,015	59.00
60.00	06000	LABORATORY	0 0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0 0	63.00
65.00	06500	RESPIRATORY THERAPY	0 3,642	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 4,827	68.00
69.00	06900	ELECTROCARDIOLOGY	0 0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 2,574	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 0	73.00
74.00	07400	RENAL DIALYSIS	0 0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0 95,420	90.00
91.00	09100	EMERGENCY	2,713 56,991	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0 0	94.00
95.00	09500	AMBULANCE SERVICES	0 0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0 0	98.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0 0	105.00
106.00	10600	HEART ACQUISITION	0 0	106.00
107.00	10700	LIVER ACQUISITION	0 0	107.00
108.00	10800	LUNG ACQUISITION	0 0	108.00
112.00	08600	BONE MARROW ACQUISITION	0 0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,867 390,929	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0 0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0 0	194.00
194.01	07951	RETAIL PHARMACY	0 0	194.01
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)	8,797,588 120,469,393	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	421.602914 308.161822	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	428,577 2,564,608	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

Worksheet B-1

 Date/Time Prepared:
 5/26/2021 5:46 pm

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)		
			17.00	22.00		
205.00		Unit cost multiplier (Wkst. B, Part II)	20.538506	6.560291		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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
5/26/2021 5:46 pm

			Title XVIII		Hospital		TEFRA	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	105,438,767		105,438,767	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	35,590,683		35,590,683	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	89,960,702		89,960,702	0	0	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,530,873		38,530,873	0	0	50.00
51.00	05100	RECOVERY ROOM	14,370,724		14,370,724	0	0	51.00
53.00	05300	ANESTHESIOLOGY	3,173,822		3,173,822	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,909,633		9,909,633	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,110,887		2,110,887	0	0	55.00
57.00	05700	CT SCAN	1,145,697		1,145,697	0	0	57.00
58.00	05800	MRI	1,942,199		1,942,199	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,111,901		3,111,901	0	0	59.00
60.00	06000	LABORATORY	24,560,707		24,560,707	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,171,392		6,171,392	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	12,398,808	0	12,398,808	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,887,084	0	11,887,084	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,682,989	0	3,682,989	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,701,001	0	6,701,001	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,684,404		4,684,404	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,244,958		2,244,958	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,622,404		18,622,404	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,485,520		16,485,520	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,681,287		72,681,287	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,596,368		2,596,368	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	20,448,900		20,448,900	0	0	90.00
91.00	09100	EMERGENCY	21,220,683		21,220,683	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,512,300		9,512,300		0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	535,062		535,062	0	0	94.00
95.00	09500	AMBULANCE SERVICES	8,905,820		8,905,820	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0		0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	487,059		487,059		0	105.00
106.00	10600	HEART ACQUISITION	2,145,562		2,145,562		0	106.00
107.00	10700	LIVER ACQUISITION	1,748,078		1,748,078		0	107.00
108.00	10800	LUNG ACQUISITION	1,901,706		1,901,706		0	108.00
112.00	08600	BONE MARROW ACQUISITION	2,340,793		2,340,793		0	112.00
200.00		Subtotal (see instructions)	557,248,773	0	557,248,773	0	0	200.00
201.00		Less Observation Beds	9,512,300		9,512,300		0	201.00
202.00		Total (see instructions)	547,736,473	0	547,736,473	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
5/26/2021 5:46 pm

			Title XVIII		Hospital		TEFRA		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				9.00
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	174,753,052		174,753,052			30.00	
31.00	03100	INTENSIVE CARE UNIT	77,481,329		77,481,329			31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	179,327,972		179,327,972			35.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	73,093,884	62,427,808	135,521,692	0.284315	0.284315	50.00	
51.00	05100	RECOVERY ROOM	3,580,925	21,162,207	24,743,132	0.580796	0.580796	51.00	
53.00	05300	ANESTHESIOLOGY	15,697,786	24,138,564	39,836,350	0.079672	0.079672	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,650,325	31,031,687	44,682,012	0.221781	0.221781	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	3,199,273	3,662,625	6,861,898	0.307624	0.307624	55.00	
57.00	05700	CT SCAN	5,057,281	7,546,073	12,603,354	0.090904	0.090904	57.00	
58.00	05800	MRI	13,226,662	41,111,625	54,338,287	0.035743	0.035743	58.00	
59.00	05900	CARDIAC CATHETERIZATION	6,364,871	22,515,835	28,880,706	0.107750	0.107750	59.00	
60.00	06000	LABORATORY	49,500,765	61,433,614	110,934,379	0.221399	0.221399	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,910,124	7,363,000	23,273,124	0.265172	0.265172	63.00	
65.00	06500	RESPIRATORY THERAPY	55,941,447	1,323,300	57,264,747	0.216517	0.216517	65.00	
66.00	06600	PHYSICAL THERAPY	6,636,287	11,497,447	18,133,734	0.655523	0.655523	66.00	
67.00	06700	OCCUPATIONAL THERAPY	4,840,323	3,207,583	8,047,906	0.457633	0.457633	67.00	
68.00	06800	SPEECH PATHOLOGY	2,469,060	10,734,113	13,203,173	0.507530	0.507530	68.00	
69.00	06900	ELECTROCARDIOLOGY	8,286,295	1,300,404	9,586,699	0.488636	0.488636	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	10,208,353	6,682,505	16,890,858	0.132910	0.132910	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,530,947	11,799,995	41,330,942	0.450568	0.450568	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,953,187	17,982,128	40,935,315	0.402721	0.402721	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	62,908,631	131,777,342	194,685,973	0.373326	0.373326	73.00	
74.00	07400	RENAL DIALYSIS	962,294	1,240,692	2,202,986	1.178568	1.178568	74.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,533,538	31,411,765	33,945,303	0.602407	0.602407	90.00	
91.00	09100	EMERGENCY	9,339,836	60,534,312	69,874,148	0.303699	0.303699	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,069,492	11,758,462	13,827,954	0.687904	0.687904	92.00	
	OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	2,786,877	2,786,877	0.191993	0.191993	94.00	
95.00	09500	AMBULANCE SERVICES	0	13,460,288	13,460,288	0.661637	0.661637	95.00	
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0.000000	0.000000	98.00	
	SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	459,230	0	459,230			105.00	
106.00	10600	HEART ACQUISITION	2,120,112	0	2,120,112			106.00	
107.00	10700	LIVER ACQUISITION	2,070,915	0	2,070,915			107.00	
108.00	10800	LUNG ACQUISITION	1,974,240	0	1,974,240			108.00	
112.00	08600	BONE MARROW ACQUISITION	3,138,641	1,662,500	4,801,141			112.00	
200.00		Subtotal (see instructions)	859,287,077	601,552,751	1,460,839,828			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	859,287,077	601,552,751	1,460,839,828			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 5/26/2021 5:46 pm
			Title XVIII	Hospital	TEFRA
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
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 PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000		98.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
112.00	08600	BONE MARROW ACQUISITION			112.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
5/26/2021 5:46 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	174,753,052		174,753,052		30.00
31.00	03100	INTENSIVE CARE UNIT	77,481,329		77,481,329		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	179,327,972		179,327,972		35.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	73,093,884	62,427,808	135,521,692	0.284315	0.000000
51.00	05100	RECOVERY ROOM	3,580,925	21,162,207	24,743,132	0.580796	0.000000
53.00	05300	ANESTHESIOLOGY	15,697,786	24,138,564	39,836,350	0.079672	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,650,325	31,031,687	44,682,012	0.221781	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	3,199,273	3,662,625	6,861,898	0.307624	0.000000
57.00	05700	CT SCAN	5,057,281	7,546,073	12,603,354	0.090904	0.000000
58.00	05800	MRI	13,226,662	41,111,625	54,338,287	0.035743	0.000000
59.00	05900	CARDIAC CATHETERIZATION	6,364,871	22,515,835	28,880,706	0.107750	0.000000
60.00	06000	LABORATORY	49,500,765	61,433,614	110,934,379	0.221399	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,910,124	7,363,000	23,273,124	0.265172	0.000000
65.00	06500	RESPIRATORY THERAPY	55,941,447	1,323,300	57,264,747	0.216517	0.000000
66.00	06600	PHYSICAL THERAPY	6,636,287	11,497,447	18,133,734	0.655523	0.000000
67.00	06700	OCCUPATIONAL THERAPY	4,840,323	3,207,583	8,047,906	0.457633	0.000000
68.00	06800	SPEECH PATHOLOGY	2,469,060	10,734,113	13,203,173	0.507530	0.000000
69.00	06900	ELECTROCARDIOLOGY	8,286,295	1,300,404	9,586,699	0.488636	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	10,208,353	6,682,505	16,890,858	0.132910	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,530,947	11,799,995	41,330,942	0.450568	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,953,187	17,982,128	40,935,315	0.402721	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	62,908,631	131,777,342	194,685,973	0.373326	0.000000
74.00	07400	RENAL DIALYSIS	962,294	1,240,692	2,202,986	1.178568	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,533,538	31,411,765	33,945,303	0.602407	0.000000
91.00	09100	EMERGENCY	9,339,836	60,534,312	69,874,148	0.303699	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,069,492	11,758,462	13,827,954	0.687904	0.000000
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	2,786,877	2,786,877	0.191993	0.000000
95.00	09500	AMBULANCE SERVICES	0	13,460,288	13,460,288	0.661637	0.000000
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0.000000	0.000000
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	459,230	0	459,230		105.00
106.00	10600	HEART ACQUISITION	2,120,112	0	2,120,112		106.00
107.00	10700	LIVER ACQUISITION	2,070,915	0	2,070,915		107.00
108.00	10800	LUNG ACQUISITION	1,974,240	0	1,974,240		108.00
112.00	08600	BONE MARROW ACQUISITION	3,138,641	1,662,500	4,801,141		112.00
200.00		Subtotal (see instructions)	859,287,077	601,552,751	1,460,839,828		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	859,287,077	601,552,751	1,460,839,828		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
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 PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000			98.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
112.00	08600	BONE MARROW ACQUISITION				112.00
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: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
5/26/2021 5:46 pm

			Title V		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	105,438,767		105,438,767	0	105,438,767	30.00
31.00	03100	INTENSIVE CARE UNIT	35,590,683		35,590,683	0	35,590,683	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	89,960,702		89,960,702	0	89,960,702	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,530,873		38,530,873	0	38,530,873	50.00
51.00	05100	RECOVERY ROOM	14,370,724		14,370,724	0	14,370,724	51.00
53.00	05300	ANESTHESIOLOGY	3,173,822		3,173,822	0	3,173,822	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,909,633		9,909,633	0	9,909,633	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,110,887		2,110,887	0	2,110,887	55.00
57.00	05700	CT SCAN	1,145,697		1,145,697	0	1,145,697	57.00
58.00	05800	MRI	1,942,199		1,942,199	0	1,942,199	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,111,901		3,111,901	0	3,111,901	59.00
60.00	06000	LABORATORY	24,560,707		24,560,707	0	24,560,707	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,171,392		6,171,392	0	6,171,392	63.00
65.00	06500	RESPIRATORY THERAPY	12,398,808	0	12,398,808	0	12,398,808	65.00
66.00	06600	PHYSICAL THERAPY	11,887,084	0	11,887,084	0	11,887,084	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,682,989	0	3,682,989	0	3,682,989	67.00
68.00	06800	SPEECH PATHOLOGY	6,701,001	0	6,701,001	0	6,701,001	68.00
69.00	06900	ELECTROCARDIOLOGY	4,684,404		4,684,404	0	4,684,404	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,244,958		2,244,958	0	2,244,958	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,622,404		18,622,404	0	18,622,404	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,485,520		16,485,520	0	16,485,520	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,681,287		72,681,287	0	72,681,287	73.00
74.00	07400	RENAL DIALYSIS	2,596,368		2,596,368	0	2,596,368	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	20,448,900		20,448,900	0	20,448,900	90.00
91.00	09100	EMERGENCY	21,220,683		21,220,683	0	21,220,683	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,512,300		9,512,300		9,512,300	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	535,062		535,062	0	535,062	94.00
95.00	09500	AMBULANCE SERVICES	8,905,820		8,905,820	0	8,905,820	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0		0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	487,059		487,059		487,059	105.00
106.00	10600	HEART ACQUISITION	2,145,562		2,145,562		2,145,562	106.00
107.00	10700	LIVER ACQUISITION	1,748,078		1,748,078		1,748,078	107.00
108.00	10800	LUNG ACQUISITION	1,901,706		1,901,706		1,901,706	108.00
112.00	08600	BONE MARROW ACQUISITION	2,340,793		2,340,793		2,340,793	112.00
200.00		Subtotal (see instructions)	557,248,773	0	557,248,773	0	557,248,773	200.00
201.00		Less Observation Beds	9,512,300		9,512,300		9,512,300	201.00
202.00		Total (see instructions)	547,736,473	0	547,736,473	0	547,736,473	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
5/26/2021 5:46 pm

			Title V		Hospital	Cost		
Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient				Total (col. 6 + col. 7)
			6.00	7.00				8.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	174,753,052		174,753,052		30.00	
31.00	03100	INTENSIVE CARE UNIT	77,481,329		77,481,329		31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	179,327,972		179,327,972		35.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	73,093,884	62,427,808	135,521,692	0.284315	50.00	
51.00	05100	RECOVERY ROOM	3,580,925	21,162,207	24,743,132	0.580796	51.00	
53.00	05300	ANESTHESIOLOGY	15,697,786	24,138,564	39,836,350	0.079672	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,650,325	31,031,687	44,682,012	0.221781	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	3,199,273	3,662,625	6,861,898	0.307624	55.00	
57.00	05700	CT SCAN	5,057,281	7,546,073	12,603,354	0.090904	57.00	
58.00	05800	MRI	13,226,662	41,111,625	54,338,287	0.035743	58.00	
59.00	05900	CARDIAC CATHETERIZATION	6,364,871	22,515,835	28,880,706	0.107750	59.00	
60.00	06000	LABORATORY	49,500,765	61,433,614	110,934,379	0.221399	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,910,124	7,363,000	23,273,124	0.265172	63.00	
65.00	06500	RESPIRATORY THERAPY	55,941,447	1,323,300	57,264,747	0.216517	65.00	
66.00	06600	PHYSICAL THERAPY	6,636,287	11,497,447	18,133,734	0.655523	66.00	
67.00	06700	OCCUPATIONAL THERAPY	4,840,323	3,207,583	8,047,906	0.457633	67.00	
68.00	06800	SPEECH PATHOLOGY	2,469,060	10,734,113	13,203,173	0.507530	68.00	
69.00	06900	ELECTROCARDIOLOGY	8,286,295	1,300,404	9,586,699	0.488636	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	10,208,353	6,682,505	16,890,858	0.132910	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,530,947	11,799,995	41,330,942	0.450568	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,953,187	17,982,128	40,935,315	0.402721	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	62,908,631	131,777,342	194,685,973	0.373326	73.00	
74.00	07400	RENAL DIALYSIS	962,294	1,240,692	2,202,986	1.178568	74.00	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,533,538	31,411,765	33,945,303	0.602407	90.00	
91.00	09100	EMERGENCY	9,339,836	60,534,312	69,874,148	0.303699	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,069,492	11,758,462	13,827,954	0.687904	92.00	
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	2,786,877	2,786,877	0.191993	94.00	
95.00	09500	AMBULANCE SERVICES	0	13,460,288	13,460,288	0.661637	95.00	
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0.000000	98.00	
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	459,230	0	459,230		105.00	
106.00	10600	HEART ACQUISITION	2,120,112	0	2,120,112		106.00	
107.00	10700	LIVER ACQUISITION	2,070,915	0	2,070,915		107.00	
108.00	10800	LUNG ACQUISITION	1,974,240	0	1,974,240		108.00	
112.00	08600	BONE MARROW ACQUISITION	3,138,641	1,662,500	4,801,141		112.00	
200.00		Subtotal (see instructions)	859,287,077	601,552,751	1,460,839,828		200.00	
201.00		Less Observation Beds					201.00	
202.00		Total (see instructions)	859,287,077	601,552,751	1,460,839,828		202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description			PPS Inpatient Ratio	Title V	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
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 PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000			98.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
112.00	08600	BONE MARROW ACQUISITION				112.00
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: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part I Date/Time Prepared: 5/26/2021 5:46 pm		
				Title XVIII		Hospital	TEFRA	
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	12,697,454	0	12,697,454	49,215	258.00	30.00	
31.00	INTENSIVE CARE UNIT	3,362,720		3,362,720	8,929	376.61	31.00	
35.00	NEONATAL INTENSIVE CARE UNIT	7,710,256		7,710,256	40,900	188.51	35.00	
200.00	Total (lines 30 through 199)	23,770,430		23,770,430	99,044		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	239	61,662					30.00
31.00	INTENSIVE CARE UNIT	71	26,739					31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
200.00	Total (lines 30 through 199)	310	88,401					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description		Title XVIII		Hospital		TEFRA	
		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	3,553,531	135,521,692	0.026221	329,662	8,644 50.00
51.00	05100	RECOVERY ROOM	1,532,324	24,743,132	0.061929	45,477	2,816 51.00
53.00	05300	ANESTHESIOLOGY	68,140	39,836,350	0.001710	83,111	142 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,598,225	44,682,012	0.035769	60,255	2,155 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	188,007	6,861,898	0.027399	4,289	118 55.00
57.00	05700	CT SCAN	65,149	12,603,354	0.005169	11,596	60 57.00
58.00	05800	MRI	185,529	54,338,287	0.003414	23,210	79 58.00
59.00	05900	CARDIAC CATHETERIZATION	497,801	28,880,706	0.017236	0	0 59.00
60.00	06000	LABORATORY	1,184,967	110,934,379	0.010682	368,524	3,937 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	186,750	23,273,124	0.008024	26,545	213 63.00
65.00	06500	RESPIRATORY THERAPY	1,502,024	57,264,747	0.026229	166,370	4,364 65.00
66.00	06600	PHYSICAL THERAPY	1,681,338	18,133,734	0.092719	11,839	1,098 66.00
67.00	06700	OCCUPATIONAL THERAPY	516,967	8,047,906	0.064236	1,992	128 67.00
68.00	06800	SPEECH PATHOLOGY	660,542	13,203,173	0.050029	629	31 68.00
69.00	06900	ELECTROCARDIOLOGY	93,282	9,586,699	0.009730	40,324	392 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	279,100	16,890,858	0.016524	19,237	318 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	886,121	41,330,942	0.021440	58,558	1,255 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	334,502	40,935,315	0.008171	373,266	3,050 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,308,169	194,685,973	0.011856	560,167	6,641 73.00
74.00	07400	RENAL DIALYSIS	287,854	2,202,986	0.130665	142,929	18,676 74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,654,709	33,945,303	0.078205	17,508	1,369 90.00
91.00	09100	EMERGENCY	1,980,278	69,874,148	0.028341	66,014	1,871 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,145,519	13,827,954	0.082841	26,696	2,212 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	10,655	2,786,877	0.003823	0	0 94.00
95.00	09500	AMBULANCE SERVICES					
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0.000000	0	0 98.00
200.00		Total (lines 50 through 199)	23,401,483	1,004,391,549		2,438,198	59,569 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-3301		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 5/26/2021 5:46 pm		
					Title XVIII		Hospital		TEFRA		
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	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	0	0	0	0	0	35.00	
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	49,215	0.00		239	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	8,929	0.00		71	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT			0	40,900	0.00		0	35.00	
200.00		Total (lines 30 through 199)			0	99,044			310	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0						35.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-3301		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 5/26/2021 5:46 pm	
			Title XVIII		Hospital		TEFRA	
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-3301		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 5/26/2021 5:46 pm	
			Title XVIII		Hospital		TEFRA	
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	135,521,692	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	24,743,132	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	39,836,350	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	44,682,012	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	6,861,898	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	12,603,354	0.000000	57.00
58.00	05800	MRI	0	0	0	54,338,287	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	28,880,706	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	110,934,379	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	23,273,124	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	57,264,747	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,133,734	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,047,906	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	13,203,173	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,586,699	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	16,890,858	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	41,330,942	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	40,935,315	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	194,685,973	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,202,986	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	33,945,303	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	69,874,148	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,827,954	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	2,786,877	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	0	0	1,004,391,549		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-3301		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 5/26/2021 5:46 pm	
				Title XVIII		Hospital		TEFRA	
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		329,662	0	207,421	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		45,477	0	126,778	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000		83,111	0	69,997	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		60,255	0	81,230	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		4,289	0	28,409	0	55.00
57.00	05700	CT SCAN	0.000000		11,596	0	11,135	0	57.00
58.00	05800	MRI	0.000000		23,210	0	31,955	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0	0	49,806	0	59.00
60.00	06000	LABORATORY	0.000000		368,524	0	124,851	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		26,545	0	1,688	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		166,370	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		11,839	0	575	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		1,992	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		629	0	4,297	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		40,324	0	1,314	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		19,237	0	22,323	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		58,558	0	21,651	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		373,266	0	15,562	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		560,167	0	423,608	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		142,929	0	1,711	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		17,508	0	13,487	0	90.00
91.00	09100	EMERGENCY	0.000000		66,014	0	66,239	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		26,696	0	12,032	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0	0	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000		0	0	0	0	98.00
200.00		Total (lines 50 through 199)			2,438,198	0	1,316,069	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
5/26/2021 5:46 pm

			Title XVIII		Hospital		TEFRA	
	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	0.284315	207,421	0	0	58,973	50.00
51.00	05100	RECOVERY ROOM	0.580796	126,778	0	0	73,632	51.00
53.00	05300	ANESTHESIOLOGY	0.079672	69,997	0	0	5,577	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221781	81,230	0	0	18,015	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.307624	28,409	0	0	8,739	55.00
57.00	05700	CT SCAN	0.090904	11,135	0	0	1,012	57.00
58.00	05800	MRI	0.035743	31,955	0	0	1,142	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107750	49,806	0	0	5,367	59.00
60.00	06000	LABORATORY	0.221399	124,851	1,650	0	27,642	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.265172	1,688	0	0	448	63.00
65.00	06500	RESPIRATORY THERAPY	0.216517	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.655523	575	0	0	377	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.457633	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.507530	4,297	0	0	2,181	68.00
69.00	06900	ELECTROCARDIOLOGY	0.488636	1,314	0	0	642	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132910	22,323	0	0	2,967	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.450568	21,651	0	0	9,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402721	15,562	0	0	6,267	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.373326	423,608	701	4,125	158,144	73.00
74.00	07400	RENAL DIALYSIS	1.178568	1,711	0	0	2,017	74.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.602407	13,487	0	0	8,125	90.00
91.00	09100	EMERGENCY	0.303699	66,239	0	0	20,117	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.687904	12,032	0	0	8,277	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.191993		0	0		94.00
95.00	09500	AMBULANCE SERVICES	0.661637		0			95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		1,316,069	2,351	4,125	419,416	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		1,316,069	2,351	4,125	419,416	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
5/26/2021 5:46 pm

			Title XVIII		Hospital	TEFRA
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	365	0		60.00
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 PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	262	1,540		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0		98.00
200.00		Subtotal (see instructions)	627	1,540		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	627	1,540		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-3301		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 5/26/2021 5:46 pm	
			Title XIX		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.284315	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.580796	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.079672	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221781	0	661,188	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.307624	0	33,286	0	0	55.00
57.00	05700	CT SCAN	0.090904	0	180,496	0	0	57.00
58.00	05800	MRI	0.035743	0	1,181,084	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107750	0	0	0	0	59.00
60.00	06000	LABORATORY	0.221399	0	2,411,675	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.265172	0	171,088	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.216517	0	37,124	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.655523	0	222,677	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.457633	0	132,709	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.507530	0	259,350	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.488636	0	42,084	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132910	0	718,765	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.450568	0	1,487,960	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402721	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.373326	0	2,308,129	0	0	73.00
74.00	07400	RENAL DIALYSIS	1.178568	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.602407	0	3,714,352	0	0	90.00
91.00	09100	EMERGENCY	0.303699	0	1,650,025	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.687904	0	291,676	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.191993	0	103,189	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.661637	0	961,168	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		0	16,568,025	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	16,568,025	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-3301		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 5/26/2021 5:46 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	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	146,639	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,240	0					55.00
57.00	05700	CT SCAN	16,408	0					57.00
58.00	05800	MRI	42,215	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	533,942	0					60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	45,368	0					63.00
65.00	06500	RESPIRATORY THERAPY	8,038	0					65.00
66.00	06600	PHYSICAL THERAPY	145,970	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	60,732	0					67.00
68.00	06800	SPEECH PATHOLOGY	131,628	0					68.00
69.00	06900	ELECTROCARDIOLOGY	20,564	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,531	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	670,427	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	861,685	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,237,552	0					90.00
91.00	09100	EMERGENCY	501,111	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	200,645	0					92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	19,812	0					94.00
95.00	09500	AMBULANCE SERVICES	635,944						95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0					98.00
200.00		Subtotal (see instructions)	6,384,451	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	6,384,451	0					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 5/26/2021 5:46 pm
		Title XVIII	Hospital	TEFRA
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)		49,215	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		49,215	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)		44,775	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		239	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)		105,438,767	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)		105,438,767	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)		105,438,767	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)		2,142.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		512,036	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)		512,036	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-3301

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

Worksheet D-1

Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description		Title XVIII		Hospital		TEFRA	
		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	35,590,683	8,929	3,985.97	71	283,004	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	NEONATAL INTENSIVE CARE UNIT	89,960,702	40,900	2,199.53	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					902,476	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,697,516	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)					88,401	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					59,569	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					147,970	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,549,546	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					49	54.00
55.00	Target amount per discharge					30,601.00	55.00
56.00	Target amount (line 54 x line 55)					1,499,449	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-50,097	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					16,363.21	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					24,455.53	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)					1,647,419	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,440	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,142.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,512,300	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-3301

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

Worksheet D-1

Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description		Title XVIII		Hospital		TEFRA	
		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	12,697,454	105,438,767	0.120425	9,512,300	1,145,519	90.00
91.00	Nursing School cost	0	105,438,767	0.000000	9,512,300	0	91.00
92.00	Allied health cost	0	105,438,767	0.000000	9,512,300	0	92.00
93.00	All other Medical Education	0	105,438,767	0.000000	9,512,300	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 5/26/2021 5:46 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)		49,215	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		49,215	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)		44,775	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,070	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)		105,438,767	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)		105,438,767	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)		105,438,767	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)		2,142.41	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,577,199	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)		6,577,199	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-3301

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

Worksheet D-1

Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	35,590,683	8,929	3,985.97	895	3,567,443	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	NEONATAL INTENSIVE CARE UNIT	89,960,702	40,900	2,199.53	4,175	9,183,038	47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,653,816	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,981,496	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,440	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,142.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,512,300	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-3301

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

Worksheet D-1

Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,697,454	105,438,767	0.120425	9,512,300	1,145,519	90.00
91.00	Nursing School cost	0	105,438,767	0.000000	9,512,300	0	91.00
92.00	Allied health cost	0	105,438,767	0.000000	9,512,300	0	92.00
93.00	All other Medical Education	0	105,438,767	0.000000	9,512,300	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 5/26/2021 5:46 pm
			Title XVIII	Hospital	TEFRA
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		733,335	30.00
31.00	03100	INTENSIVE CARE UNIT		612,020	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.284315	329,662	50.00
51.00	05100	RECOVERY ROOM	0.580796	45,477	51.00
53.00	05300	ANESTHESIOLOGY	0.079672	83,111	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221781	60,255	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.307624	4,289	55.00
57.00	05700	CT SCAN	0.090904	11,596	57.00
58.00	05800	MRI	0.035743	23,210	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107750	0	59.00
60.00	06000	LABORATORY	0.221399	368,524	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.265172	26,545	63.00
65.00	06500	RESPIRATORY THERAPY	0.216517	166,370	65.00
66.00	06600	PHYSICAL THERAPY	0.655523	11,839	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.457633	1,992	67.00
68.00	06800	SPEECH PATHOLOGY	0.507530	629	68.00
69.00	06900	ELECTROCARDIOLOGY	0.488636	40,324	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132910	19,237	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.450568	58,558	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402721	373,266	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.373326	560,167	73.00
74.00	07400	RENAL DIALYSIS	1.178568	142,929	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.602407	17,508	90.00
91.00	09100	EMERGENCY	0.303699	66,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.687904	26,696	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.191993	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,438,198	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)		2,438,198	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 5/26/2021 5:46 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		9,619,045		30.00
31.00	03100	INTENSIVE CARE UNIT		7,681,724		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		17,266,011		35.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.284315	2,891,400	822,068	50.00
51.00	05100	RECOVERY ROOM	0.580796	186,639	108,399	51.00
53.00	05300	ANESTHESIOLOGY	0.079672	651,815	51,931	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221781	1,003,746	222,612	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.307624	14,356	4,416	55.00
57.00	05700	CT SCAN	0.090904	453,941	41,265	57.00
58.00	05800	MRI	0.035743	723,909	25,875	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107750	31,003	3,341	59.00
60.00	06000	LABORATORY	0.221399	3,568,903	790,152	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.265172	348,575	92,432	63.00
65.00	06500	RESPIRATORY THERAPY	0.216517	6,159,582	1,333,654	65.00
66.00	06600	PHYSICAL THERAPY	0.655523	509,523	334,004	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.457633	448,646	205,315	67.00
68.00	06800	SPEECH PATHOLOGY	0.507530	189,748	96,303	68.00
69.00	06900	ELECTROCARDIOLOGY	0.488636	532,608	260,251	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132910	853,037	113,377	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.450568	2,530,213	1,140,033	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402721	10,150	4,088	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.373326	2,969,646	1,108,646	73.00
74.00	07400	RENAL DIALYSIS	1.178568	27,134	31,979	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.602407	585,048	352,437	90.00
91.00	09100	EMERGENCY	0.303699	1,323,913	402,071	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.687904	158,695	109,167	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.191993	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		26,172,230	7,653,816	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)		26,172,230		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 5/26/2021 5:46 pm	
				Kidney	Hospital	TEFRA	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	2,142.41	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	20,114	3,985.97	2	7,972	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	2,199.53	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		20,114		2	7,972	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.284315	136,924	38,930	8.00
9.00	RECOVERY ROOM		51.00	0.580796	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.079672	3,500	279	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.221781	6,641	1,473	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.307624	35	11	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.090904	721	66	15.00
16.00	MRI		58.00	0.035743	384	14	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.107750	3,847	415	17.00
18.00	LABORATORY		60.00	0.221399	109,562	24,257	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.265172	4,389	1,164	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.216517	9,880	2,139	23.00
24.00	PHYSICAL THERAPY		66.00	0.655523	93	61	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.457633	32	15	25.00
26.00	SPEECH PATHOLOGY		68.00	0.507530	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.488636	4,890	2,389	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.132910	123	16	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.450568	1,455	656	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.402721	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.373326	9,891	3,693	31.00
32.00	RENAL DIALYSIS		74.00	1.178568	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.602407	0	0	37.00
38.00	EMERGENCY		91.00	0.303699	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.687904	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				292,367	75,578	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	2	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				2	0	48.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
Provider CCN: 26-3301
Period: From 01/01/2020 To 12/31/2020
Worksheet D-4
Date/Time Prepared: 5/26/2021 5:46 pm

		Component CCN:	To	12/31/2020	Date/Time Prepared: 5/26/2021 5:46 pm			
		Kidney		Hospital		TEFRA		
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)			
		0	1.00	2.00	3.00			
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program								
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00		
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00		
51.00	CLINIC	23.00	0	0.000000	0	51.00		
52.00	EMERGENCY	24.00	0	0.000000	0	52.00		
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00		
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00		
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00		
Cost Center Description		Cost		Charges				
		Part A	Part B	Part A	Part B			
		1.00	2.00	3.00	4.00			
PART III - SUMMARY OF COSTS AND CHARGES								
56.00	Routine and Ancillary from Part I	83,550		312,481		56.00		
57.00	Interns and Residents (inpatient)	0		0		57.00		
58.00	Interns and Residents (outpatient)	0		0		58.00		
59.00	Direct Organ Acquisition (see instructions)	487,059		335,950		59.00		
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00		
61.00	Total (sum of lines 56 thru 60)	570,609		648,431		61.00		
62.00	Total Usable Organs (see instructions)		26			62.00		
63.00	Medicare Usable Organs (see instructions)		25			63.00		
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.961538			64.00		
65.00	Medicare Cost/Charges (see instructions)	548,662		623,491		65.00		
66.00	Revenue for Organs Sold	123,280		0		66.00		
67.00	Subtotal (line 65 minus line 66)	425,382		623,491		67.00		
68.00	Organs Furnished Part B	0	0	0	0	68.00		
69.00	Net Organ Acquisition Cost and Charges (see instructions)	425,382	0	623,491	0	69.00		
Cost Center Description		Living Related		Cadaveric	Revenue			
		1.00	2.00	3.00	4.00			
PART IV - STATISTICS								
70.00	Organs Excised in Provider (1)		0	19		70.00		
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00		
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00		
73.00	Organs Purchased from OPOs		0	7		73.00		
74.00	Total (sum of lines 70 through 73)		0	26		74.00		
75.00	Organs Transplanted		0	7	335,950	75.00		
76.00	Organs Sold to Other Hospitals		0	0	0	76.00		
77.00	Organs Sold to OPOs		0	19	123,280	77.00		
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00		
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00		
80.00	Organs Sold Outside the U.S.		0	0	0	80.00		
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00		
82.00	Organs Used for Research		0	0	0	82.00		
83.00	Unusable/Discarded Organs		0	0	0	83.00		
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	26		84.00		

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-3301 Component CCN:		Period: From 01/01/2020 To 12/31/2020		Worksheet D-4 Date/Time Prepared: 5/26/2021 5:46 pm	
				Liver		Hospital		TEFRA	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)			
		0	1.00	2.00	3.00	4.00			
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)									
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition									
1.00	ADULTS & PEDIATRICS	38.00	0	2,142.41	0	0	1.00		
2.00	INTENSIVE CARE UNIT	43.00	10,056	3,985.97	1	3,986	2.00		
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00		
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00		
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00		
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	2,199.53	0	0	6.00		
7.00	TOTAL (sum of lines 1 through 6)		10,056		1	3,986	7.00		
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs			
			0	1.00	2.00	3.00			
Computation of Ancillary Service Cost Applicable to Organ Acquisition									
8.00	OPERATING ROOM		50.00	0.284315	41,423	11,777	8.00		
9.00	RECOVERY ROOM		51.00	0.580796	0	0	9.00		
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00		
11.00	ANESTHESIOLOGY		53.00	0.079672	1,751	140	11.00		
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.221781	14,051	3,116	12.00		
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.307624	4,250	1,307	13.00		
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00		
15.00	CT SCAN		57.00	0.090904	38,026	3,457	15.00		
16.00	MRI		58.00	0.035743	35,948	1,285	16.00		
17.00	CARDIAC CATHETERIZATION		59.00	0.107750	15,924	1,716	17.00		
18.00	LABORATORY		60.00	0.221399	121,240	26,842	18.00		
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00		
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00		
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.265172	7,651	2,029	21.00		
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00		
23.00	RESPIRATORY THERAPY		65.00	0.216517	3,477	753	23.00		
24.00	PHYSICAL THERAPY		66.00	0.655523	552	362	24.00		
25.00	OCCUPATIONAL THERAPY		67.00	0.457633	268	123	25.00		
26.00	SPEECH PATHOLOGY		68.00	0.507530	0	0	26.00		
27.00	ELECTROCARDIOLOGY		69.00	0.488636	10,838	5,296	27.00		
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.132910	277	37	28.00		
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.450568	687	310	29.00		
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.402721	0	0	30.00		
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.373326	3,978	1,485	31.00		
32.00	RENAL DIALYSIS		74.00	1.178568	0	0	32.00		
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00		
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00		
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00		
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00		
37.00	CLINIC		90.00	0.602407	0	0	37.00		
38.00	EMERGENCY		91.00	0.303699	0	0	38.00		
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.687904	0	0	39.00		
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00		
41.00	TOTAL (sum of lines 8 through 40)				300,341	60,035	41.00		
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)			
			0	1.00	2.00	3.00			
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS		2.00	0.00	0	0	42.00		
43.00	INTENSIVE CARE UNIT		3.00	0.00	1	0	43.00		
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00		
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00		
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00		
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	0	47.00		
48.00	TOTAL (sum of lines 42 through 47)				1	0	48.00		

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
Provider CCN: 26-3301
Period: From 01/01/2020 To 12/31/2020
Worksheet D-4
Date/Time Prepared: 5/26/2021 5:46 pm

		Component CCN:	To	12/31/2020	Date/Time Prepared: 5/26/2021 5:46 pm		
		Liver		Hospital		TEFRA	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	64,021		310,397		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,748,078		2,033,427		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	1,812,099		2,343,824		61.00	
62.00	Total Usable Organs (see instructions)		22			62.00	
63.00	Medicare Usable Organs (see instructions)		6			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.272727			64.00	
65.00	Medicare Cost/Charges (see instructions)	494,208		639,224		65.00	
66.00	Revenue for Organs Sold	37,488		0		66.00	
67.00	Subtotal (line 65 minus line 66)	456,720		639,224		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	456,720	0	639,224	0	69.00	
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	6		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	16		73.00	
74.00	Total (sum of lines 70 through 73)		0	22		74.00	
75.00	Organs Transplanted		0	16	2,033,427	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	6	37,488	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	22		84.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 5/26/2021 5:46 pm	
				Heart	Hospital	TEFRA	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	2,142.41	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	4,310	3,985.97	1	3,986	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	2,199.53	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		4,310		1	3,986	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.284315	38,612	10,978	8.00
9.00	RECOVERY ROOM		51.00	0.580796	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.079672	4,227	337	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.221781	145,274	32,219	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.307624	41,256	12,691	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.090904	89,224	8,111	15.00
16.00	MRI		58.00	0.035743	25,285	904	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.107750	646,624	69,674	17.00
18.00	LABORATORY		60.00	0.221399	429,806	95,159	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.265172	25,858	6,857	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.216517	14,016	3,035	23.00
24.00	PHYSICAL THERAPY		66.00	0.655523	3,607	2,364	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.457633	876	401	25.00
26.00	SPEECH PATHOLOGY		68.00	0.507530	270	137	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.488636	73,795	36,059	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.132910	1,851	246	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.450568	63	28	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.402721	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.373326	1,769	660	31.00
32.00	RENAL DIALYSIS		74.00	1.178568	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.602407	0	0	37.00
38.00	EMERGENCY		91.00	0.303699	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.687904	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				1,542,413	279,860	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				1	0	48.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
Provider CCN: 26-3301
Period: From 01/01/2020 To 12/31/2020
Worksheet D-4
Date/Time Prepared: 5/26/2021 5:46 pm

		Component CCN:	To	12/31/2020	Date/Time Prepared: 5/26/2021 5:46 pm			
		Heart		Hospital		TEFRA		
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)			
		0	1.00	2.00	3.00			
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program								
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00		
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00		
51.00	CLINIC	23.00	0	0.000000	0	51.00		
52.00	EMERGENCY	24.00	0	0.000000	0	52.00		
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00		
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00		
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00		
Cost Center Description		Cost		Charges				
		Part A	Part B	Part A	Part B			
		1.00	2.00	3.00	4.00			
PART III - SUMMARY OF COSTS AND CHARGES								
56.00	Routine and Ancillary from Part I	283,846		1,546,723		56.00		
57.00	Interns and Residents (inpatient)	0		0		57.00		
58.00	Interns and Residents (outpatient)	0		0		58.00		
59.00	Direct Organ Acquisition (see instructions)	2,145,562		2,107,616		59.00		
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00		
61.00	Total (sum of lines 56 thru 60)	2,429,408		3,654,339		61.00		
62.00	Total Usable Organs (see instructions)		18			62.00		
63.00	Medicare Usable Organs (see instructions)		2			63.00		
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.111111			64.00		
65.00	Medicare Cost/Charges (see instructions)	269,934		406,037		65.00		
66.00	Revenue for Organs Sold	12,496		0		66.00		
67.00	Subtotal (line 65 minus line 66)	257,438		406,037		67.00		
68.00	Organs Furnished Part B	0	0	0	0	68.00		
69.00	Net Organ Acquisition Cost and Charges (see instructions)	257,438	0	406,037	0	69.00		
Cost Center Description		Living Related		Cadaveric		Revenue		
		1.00	2.00	3.00				
PART IV - STATISTICS								
70.00	Organs Excised in Provider (1)		0	2		70.00		
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00		
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00		
73.00	Organs Purchased from OPOs		0	16		73.00		
74.00	Total (sum of lines 70 through 73)		0	18		74.00		
75.00	Organs Transplanted		0	16	2,107,616	75.00		
76.00	Organs Sold to Other Hospitals		0	0	0	76.00		
77.00	Organs Sold to OPOs		0	2	12,496	77.00		
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00		
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00		
80.00	Organs Sold Outside the U.S.		0	0	0	80.00		
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00		
82.00	Organs Used for Research		0	0		82.00		
83.00	Unusable/Discarded Organs		0	0		83.00		
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	18		84.00		

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-3301		Period: From 01/01/2020 To 12/31/2020		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 5/26/2021 5:46 pm	
				Lung		Hospital		TEFRA	
Cost Center Description		Worksheet D-1	Inpatient	Per Diem Costs	Organ	Cost (col. 2 x col. 3)			
		Line Numbers	Routine Organ Charges	(from Wkst. D-1, Part II)	Acquisition				
		0	1.00	2.00	3.00	4.00			
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)									
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition									
1.00	ADULTS & PEDIATRICS	38.00	0	2,142.41	0	0	0	1.00	
2.00	INTENSIVE CARE UNIT	43.00	0	3,985.97	0	0	0	2.00	
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	0	3.00	
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	0	4.00	
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	0	5.00	
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	2,199.53	0	0	0	6.00	
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	0	7.00	
Cost Center Description			Worksheet C	Ratio of	Organ	Organ			
			Line Numbers	Cost/Charges (from Wkst. C)	Acquisition Ancillary Charges	Acquisition Ancillary Costs			
			0	1.00	2.00	3.00			
Computation of Ancillary Service Cost Applicable to Organ Acquisition									
8.00	OPERATING ROOM		50.00	0.284315	7,030	1,999	8.00		
9.00	RECOVERY ROOM		51.00	0.580796	0	0	9.00		
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00		
11.00	ANESTHESIOLOGY		53.00	0.079672	1,195	95	11.00		
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.221781	55,277	12,259	12.00		
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.307624	31,094	9,565	13.00		
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00		
15.00	CT SCAN		57.00	0.090904	47,939	4,358	15.00		
16.00	MRI		58.00	0.035743	12,440	445	16.00		
17.00	CARDIAC CATHETERIZATION		59.00	0.107750	198,236	21,360	17.00		
18.00	LABORATORY		60.00	0.221399	214,864	47,571	18.00		
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00		
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00		
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.265172	10,752	2,851	21.00		
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00		
23.00	RESPIRATORY THERAPY		65.00	0.216517	5,564	1,205	23.00		
24.00	PHYSICAL THERAPY		66.00	0.655523	4,168	2,732	24.00		
25.00	OCCUPATIONAL THERAPY		67.00	0.457633	1,176	538	25.00		
26.00	SPEECH PATHOLOGY		68.00	0.507530	0	0	26.00		
27.00	ELECTROCARDIOLOGY		69.00	0.488636	29,948	14,634	27.00		
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.132910	749	100	28.00		
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.450568	18	8	29.00		
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.402721	0	0	30.00		
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.373326	217	81	31.00		
32.00	RENAL DIALYSIS		74.00	1.178568	0	0	32.00		
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00		
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00		
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00		
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00		
37.00	CLINIC		90.00	0.602407	0	0	37.00		
38.00	EMERGENCY		91.00	0.303699	0	0	38.00		
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.687904	0	0	39.00		
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00		
41.00	TOTAL (sum of lines 8 through 40)				620,667	119,801	41.00		
Cost Center Description			Worksheet D-2,	Average Cost	Organ	Organ			
			Part I Line Numbers	Per Day (from Wkst. D-2, Part I, col. 4)	Acquisition	Acquisition Costs (col. 1 x col. 2)			
			0	1.00	2.00	3.00			
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS		2.00	0.00	0	0	42.00		
43.00	INTENSIVE CARE UNIT		3.00	0.00	0	0	43.00		
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00		
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00		
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00		
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	0	47.00		
48.00	TOTAL (sum of lines 42 through 47)				0	0	48.00		

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
Provider CCN: 26-3301
Period: From 01/01/2020 To 12/31/2020
Worksheet D-4
Date/Time Prepared: 5/26/2021 5:46 pm

Cost Center Description		Worksheet D-2, Part I Line Numbers	Lung Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	TEFRA Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00
Cost Center Description		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	119,801		620,667		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	1,901,706		1,974,240		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,021,507		2,594,907		61.00
62.00	Total Usable Organs (see instructions)		24			62.00
63.00	Medicare Usable Organs (see instructions)		0			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000			64.00
65.00	Medicare Cost/Charges (see instructions)	0		0		65.00
66.00	Revenue for Organs Sold	0		0		66.00
67.00	Subtotal (line 65 minus line 66)	0		0		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	69.00
Cost Center Description			Living Related	Cadaveric	Revenue	
			1.00	2.00	3.00	
	PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)		0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	24		73.00
74.00	Total (sum of lines 70 through 73)		0	24		74.00
75.00	Organs Transplanted		0	24	1,974,240	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00
82.00	Organs Used for Research		0	0		82.00
83.00	Unusable/Discarded Organs		0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	24		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 5/26/2021 5:46 pm
		Title XVIII	Hospital	TEFRA
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,167	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		419,416	2.00
3.00	OPPS payments		284,927	3.00
4.00	Outlier payment (see instructions)		6,940	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.890	5.00
6.00	Line 2 times line 5		373,280	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		78.19	7.00
8.00	Transitional corridor payment (see instructions)		81,413	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,167	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		6,476	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)		6,476	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)		6,476	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,309	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)		2,167	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)		373,280	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)		32,819	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)		342,628	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		4,001	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)		346,629	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		346,629	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)		12,101	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		7,866	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		11,455	36.00
37.00	Subtotal (see instructions)		354,495	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		354,495	40.00
40.01	Sequestration adjustment (see instructions)		2,340	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		342,587	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)		9,568	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
5/26/2021 5:46 pm

		Title XVIII		Hospital		TEFRA
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,372,609		342,587	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	09/21/2020	153,600		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)		153,600		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,526,209		342,587	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		1,246,779		9,568	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,772,988		352,155	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		Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part I Date/Time Prepared: 5/26/2021 5:46 pm
		Title XVIII	Hospital	TEFRA
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)		1,647,419	1.00
1.01	Nursing and allied health managed care payment (see instructions)		0	1.01
2.00	Organ acquisition		1,139,540	2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,786,959	4.00
5.00	Primary payer payments		0	5.00
6.00	Subtotal (line 4 less line 5).		2,786,959	6.00
7.00	Deductibles		39,424	7.00
8.00	Subtotal (line 6 minus line 7)		2,747,535	8.00
9.00	Coinsurance		3,872	9.00
10.00	Subtotal (line 8 minus line 9)		2,743,663	10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		32,036	11.00
12.00	Adjusted reimbursable bad debts (see instructions)		20,823	12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		30,720	13.00
14.00	Subtotal (sum of lines 10 and 12)		2,764,486	14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		26,925	15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	17.50
17.99	Demonstration payment adjustment amount before sequestration		0	17.99
18.00	Total amount payable to the provider (see instructions)		2,791,411	18.00
18.01	Sequestration adjustment (see instructions)		18,423	18.01
18.02	Demonstration payment adjustment amount after sequestration		0	18.02
19.00	Interim payments		1,526,209	19.00
20.00	Tentative settlement (for contractor use only)		0	20.00
21.00	Balance due provider/program (line 18 minus lines 18.01, 18.02, 19, and 20)		1,246,779	21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2021 5:46 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	26,981,496		1.00
2.00	Medical and other services		6,384,451	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	26,981,496	6,384,451	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)	26,981,496	6,384,451	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	34,566,780		8.00
9.00	Ancillary service charges	26,172,230	16,568,025	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)	60,739,010	16,568,025	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)	60,739,010	16,568,025	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	33,757,514	10,183,574	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)	26,981,496	6,384,451	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)	26,981,496	6,384,451	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)	26,981,496	6,384,451	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)	26,981,496	6,384,451	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	26,981,496	6,384,451	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	5,428,358		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	32,409,854	6,384,451	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	32,409,854	6,384,451	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 5/26/2021 5:46 pm	
		Title XVIII	Hospital	TEFRA	
				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.			113.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			116.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			194.38	6.00
7.00	Enter the lesser of line 5 or line 6			116.79	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.	85.85	82.00	167.85	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.	51.58	49.27	100.85	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	51.58	49.27		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	51.60	49.81		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	50.81	48.64		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	51.33	49.24		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	51.33	49.24		17.00
18.00	Per resident amount	92,994.58	92,994.58		18.00
19.00	Approved amount for resident costs	4,773,412	4,579,053	9,352,465	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)			77.59	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)			9,352,465	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)	310	3		26.00
27.00	Total Inpatient Days (see instructions)	94,604	94,604		27.00
28.00	Ratio of inpatient days to total inpatient days	0.003277	0.000032		28.00
29.00	Program direct GME amount	30,648	299	30,947	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		21	21	30.00
31.00	Net Program direct GME amount			30,926	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 5/26/2021 5:46 pm
		Title XVIII	Hospital	TEFRA
			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)		4,989,863	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)		1,697,516	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		1,139,540	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		2,837,056	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		421,583	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		421,583	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		3,258,639	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.870626	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.129374	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		30,926	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		26,925	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		4,001	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 5/26/2021 5:46 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.			113.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			116.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			194.38	6.00
7.00	Enter the lesser of line 5 or line 6			116.79	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.	85.85	82.00	167.85	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.	51.58	49.27	100.85	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	51.58	49.27		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	51.60	49.81		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	50.81	48.64		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	51.33	49.24		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	51.33	49.24		17.00
18.00	Per resident amount	92,994.58	92,994.58		18.00
19.00	Approved amount for resident costs	4,773,412	4,579,053	9,352,465	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)			77.59	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)			9,352,465	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)	8,140	46,770		26.00
27.00	Total Inpatient Days (see instructions)	94,604	94,604		27.00
28.00	Ratio of inpatient days to total inpatient days	0.086043	0.494377		28.00
29.00	Program direct GME amount	804,714	4,623,644	5,428,358	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			5,428,358	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 5/26/2021 5:46 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)			5,428,358 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: 26-3301

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

Worksheet G

Date/Time Prepared:
5/26/2021 5:46 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	26,829	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	230,155,095	0	0	0	4.00
5.00 Other receivable	13,358,066	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-93,233,439	0	0	0	6.00
7.00 Inventory	13,802,444	0	0	0	7.00
8.00 Prepaid expenses	1,122,902	0	0	0	8.00
9.00 Other current assets	14,818,498	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)	180,050,395	0	0	0	11.00
FIXED ASSETS					
12.00 Land	7,990,326	0	0	0	12.00
13.00 Land improvements	9,553,886	0	0	0	13.00
14.00 Accumulated depreciation	-2,004,266	0	0	0	14.00
15.00 Buildings	673,969,766	0	0	0	15.00
16.00 Accumulated depreciation	-335,428,621	0	0	0	16.00
17.00 Leasehold improvements	6,830,948	0	0	0	17.00
18.00 Accumulated depreciation	-1,301,608	0	0	0	18.00
19.00 Fixed equipment	2,713,957	0	0	0	19.00
20.00 Accumulated depreciation	-1,933,288	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	268,738,011	0	0	0	23.00
24.00 Accumulated depreciation	-222,603,171	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	14,473,182	0	0	0	27.00
28.00 Accumulated depreciation	-8,814,997	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)	412,184,125	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	0	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	592,234,520	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	5,181,915	0	0	0	37.00
38.00 Salaries, wages, and fees payable	20,647,762	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	83,089,816	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	108,919,493	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	4,369,110	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	4,369,110	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	113,288,603	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	478,945,917	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)	478,945,917	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	592,234,520	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-3301

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

Worksheet G-1

Date/Time Prepared:
5/26/2021 5:46 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		509,501,347		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		120,981,911				2.00
3.00	Total (sum of line 1 and line 2)		630,483,258		0		3.00
4.00	TRANSFER TO GENERAL FUND *	0		0		0	4.00
5.00	ASSETS RELEASED FROM RESTRICTION	111,899		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)		111,899		0		10.00
11.00	Subtotal (line 3 plus line 10)		630,595,157		0		11.00
12.00	TRANSFER TO/FROM BJC	151,516,528		0		0	12.00
13.00	TRANSFER FROM GENERAL FUND *	132,712		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)		151,649,240		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		478,945,917		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	TRANSFER TO GENERAL FUND *		0				4.00
5.00	ASSETS RELEASED FROM RESTRICTION		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/FROM BJC		0				12.00
13.00	TRANSFER FROM GENERAL FUND *		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: 26-3301

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2021 5:46 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	174,753,052		174,753,052	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	174,753,052		174,753,052	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	77,481,329		77,481,329	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	NEONATAL INTENSIVE CARE UNIT	179,327,972		179,327,972	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	256,809,301		256,809,301	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	431,562,353		431,562,353	17.00
18.00	Ancillary services	404,018,722	479,938,547	883,957,269	18.00
19.00	Outpatient services	13,942,866	103,704,539	117,647,405	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	13,460,288	13,460,288	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL SERVICE	0	3,821,861	3,821,861	27.00
27.01	OTHER REVENUE	0	479,724	479,724	27.01
27.02	OFFICE VISIT REVENUE	0	1,198,612	1,198,612	27.02
27.03	NON ALLOWED	0	0	0	27.03
27.04	HOME PROGRAM DIALYSIS	0	2,786,877	2,786,877	27.04
27.05	DIETARY	1,905	88,739	90,644	27.05
27.06	ORGAN ACQUISITION	9,763,138	1,662,500	11,425,638	27.06
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	859,288,984	607,141,687	1,466,430,671	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		716,468,822		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 DEPARTMENT	1,803,668			37.00
38.00	GIFT SHOP	351,509			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)		2,155,177		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		714,313,645		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-3301

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

Worksheet G-3

Date/Time Prepared:
5/26/2021 5:46 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,466,430,671	1.00
2.00	Less contractual allowances and discounts on patients' accounts	686,551,098	2.00
3.00	Net patient revenues (line 1 minus line 2)	779,879,573	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	714,313,645	4.00
5.00	Net income from service to patients (line 3 minus line 4)	65,565,928	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	4,714,684	6.00
7.00	Income from investments	1,566,780	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	4,453,130	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	3,928,785	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	25,600	21.00
22.00	Rental of hospital space	3,686,647	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	6,939,844	24.00
24.50	COVID-19 PHE Funding	30,100,513	24.50
25.00	Total other income (sum of lines 6-24)	55,415,983	25.00
26.00	Total (line 5 plus line 25)	120,981,911	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	120,981,911	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 26-3301

Period:

Worksheet I-1

Component CCN: 26-2309

From 01/01/2020
To 12/31/2020Date/Time Prepared:
5/26/2021 5:46 pm

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	220,706	HOURS OF SERVICE	4,900.00	2.36
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00
4.00	TECHNICIANS	0	HOURS OF SERVICE	0.00	0.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00
7.00	PHYSICIANS	122,823	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	44,180	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	387,709			9.00
10.00	EMPLOYEE BENEFITS	68,887	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	210,509	REQUISITIONS		14.00
15.00	DRUGS	556,671	REQUISITIONS		15.00
16.00	OTHER	50,156	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,273,932			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	77,281	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	90,635	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	15,495	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	439,223	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	180,877	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS		24.00
25.00	PHARMACY	360,918	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	158,007	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,596,368			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0	30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,596,368			31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 26-3301

Period:

Worksheet I-2

Component CCN: 26-2309

From 01/01/2020
To 12/31/2020Date/Time Prepared:
5/26/2021 5:46 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	258,158	90,635	220,706	0	84,382	917,589	1.00
MAINTENANCE								
2.00	Hemodialysis	172,601	60,725	147,573	0	56,423	613,552	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	85,557	29,910	73,133	0	27,959	304,037	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	258,158	90,635	220,706	0	84,382	917,589	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	210,509	0	1,781,979	814,389	2,596,368		1.00
MAINTENANCE								
2.00	Hemodialysis	140,759	0	1,191,633	544,593	1,736,226		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	69,750	0	590,346	269,796	860,142		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	210,509	0	1,781,979	814,389	2,596,368		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,596,368		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

Period:

Worksheet I-3

Component CCN: 26-2309

From 01/01/2020
To 12/31/2020Date/Time Prepared:
5/26/2021 5:46 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building (Square Feet)	Equipment (%) of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)		
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs	258,158	90,635	220,706	0	84,382		1.00
MAINTENANCE								
2.00	Hemodialysis	2,088	0.67	3,277.00	881.00	177,119		2.00
2.01	AKI-Hemodialysis	0	0.00	0.00	0.00	0		2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0.00	0.00	0.00	0		3.01
TRAINING								
4.00	Hemodialysis	0	0.00	0.00	0.00	0		4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0		5.00
6.00	CAPD	0	0.00	0.00	0.00	0		6.00
7.00	CCPD	0	0.00	0.00	0.00	0		7.00
HOME								
8.00	Hemodialysis	0	0.00	0.00	0.00	0		8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0		9.00
10.00	CAPD	0	0.00	0.00	0.00	0		10.00
11.00	CCPD	0	0.00	0.00	0.00	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	388	1,035	0.33	1,624.00	437.00	87,768	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0		13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0.00	0.00	0.00	0		16.00
17.00	Total Statistical Basis	3,123	1.00	4,901.00	1,318.00	264,887		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	82.663465	90,635.000000	45.032850	0.000000	0.318558		18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	917,589	210,509	0	1,781,979	814,389		1.00
MAINTENANCE								
2.00	Hemodialysis	47,034	135,535	0				2.00
2.01	AKI-Hemodialysis	0	0	0				2.01
3.00	Intermittent Peritoneal	0	0	0				3.00
3.01	AKI-Intermittent Peritoneal	0	0	0				3.01
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
HOME								
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	0	0	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	23,307	67,162	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	70,341	202,697	0		1,781,979		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	13.044867	1.038540	0.000000		0.457014		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 26-3301
Component CCN: 26-2309Period:
From 01/01/2020
To 12/31/2020Worksheet I-4
Date/Time Prepared:
5/26/2021 5:46 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	1,149	1,736,226	1,511.08	584	882,471
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	50	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	0	0	0.00	0	0
10.00	Home Program - CCPD	0	0	0.00	0	0
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,199	1,736,226		584	882,471
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	1,199				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	184,506	315.93			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			
10.00	Home Program - CCPD	0	0.00			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	184,506				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 26-3301

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

Worksheet I-1

Date/Time Prepared:
5/26/2021 5:46 pmHome Program
Dialysis

TEFRA

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES		0 HOURS OF SERVICE	0.00	0.00	1.00
2.00	LICENSED PRACTICAL NURSES		0 HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		0 HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		0 HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		0 HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		0 HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS		0 ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY		0 ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)		0			9.00
10.00	EMPLOYEE BENEFITS		0 SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		0 SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		0 PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		0 PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	411,147	REQUISITIONS			14.00
15.00	DRUGS		0 REQUISITIONS			15.00
16.00	OTHER		0 ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	411,147				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		0 SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.		0 PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT		0 SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	123,914	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING		0 SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS		0			23.00
24.00	CENTRAL SERVICE & SUPPLIES		0 REQUISITIONS			24.00
25.00	PHARMACY		0 REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS		0 ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	535,061				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		0 CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		0 CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		0 CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	535,061				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES				Provider CCN: 26-3301		Period: From 01/01/2020 To 12/31/2020	Worksheet I-2 Date/Time Prepared: 5/26/2021 5:46 pm	
						Home Program Dialysis	TEFRA	
		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	0	0	0	0	0	0	1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0	0	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	0	0	0	0	0	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	411,147	0	411,147	123,914	535,061		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	411,147	0	411,147	123,914	535,061		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	411,147	0	411,147	123,914	535,061		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					535,061		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

Worksheet I-3

Date/Time Prepared:
5/26/2021 5:46 pmHome Program
Dialysis

TEFRA

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)	
		Building (Square Feet)	Equipment (%) of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs		0	0	0	0	1.00
	MAINTENANCE						
2.00	Hemodialysis		0	0.00	5.00	0.00	2.00
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	2.01
3.00	Intermittent Peritoneal		0	0.00	1.50	0.00	3.00
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	3.01
	TRAINING						
4.00	Hemodialysis		0	0.00	4.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCPD		0	0.00	16.00	0.00	7.00
	HOME						
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCPD		0	0.00	4.75	0.00	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis	0	0.00	31.25	0.00	0.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	0.000000	0.000000	0.000000	0.000000	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	0	411,147	0	411,147	123,914	1.00
	MAINTENANCE						
2.00	Hemodialysis	0	0	0			2.00
2.01	AKI-Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI-Intermittent Peritoneal	0	0	0			3.01
	TRAINING						
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
	HOME						
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	411,147	0			11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis		411,147	0		411,147	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	1.000000	0.000000		0.301386	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 26-3301

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

Worksheet I-4

Date/Time Prepared:
5/26/2021 5:46 pm

		Rate 0		Home Program Dialysis		TEFRA	
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	978	0	0.00	368	0	9.00
10.00	Home Program - CCPD	0	535,061	0.00	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	0	535,061		0	0	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	2,934					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	0	0.00				
2.00	Maintenance - Peritoneal Dialysis	0	0.00				
3.00	Training - Hemodialysis	0	0.00				
4.00	Training - Peritoneal Dialysis	0	0.00				
5.00	Training - CAPD	0	0.00				
6.00	Training - CCPD	0	0.00				
7.00	Home Program - Hemodialysis	0	0.00				
8.00	Home Program - Peritoneal Dialysis	0	0.00				
		6.00	7.00				
9.00	Home Program - CAPD	275,860	749.62				
10.00	Home Program - CCPD	0	0.00				
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	275,860					
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 26-3301	Period: From 01/01/2020 To 12/31/2020	Worksheet I-5 Date/Time Prepared: 5/26/2021 5:46 pm
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	882,471		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	460,366	460,366	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	460,366	460,366	2.03
2.04	Outlier payments	7,081		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	869	869	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	869	869	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	91,896	91,896	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	91,896	91,896	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	92,765	8.00
9.00	Program payment (see instructions)	0	367,598	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	2,271,287		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	2,271,287		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00