

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/24/2022 1:30 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/24/2022	Time: 1:30 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 BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

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 submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BARNES-JEWISH HOSPITAL (26-0032) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 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.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

Encryption Information

ECR: Date: 5/24/2022 Time: 1:30 pm
f4VB8iJPMH.1XrJqB:fWxzDZgWofT0
96un40LDrlsH4uhZeOBekzNElQdab8
BoaL24yRR20E61Ya

	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	15,347,381	215,630	0	95,936,119 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	0	0	6.00
200.00	Total	0	15,347,381	215,630	0	95,936,119 200.00

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.

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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date:	Time:
	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 BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

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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 submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BARNES-JEWISH HOSPITAL (26-0032) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 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.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1		2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title	VP, FINANCE		3
4	Date			4

Cost Center Description		Title XVIII		HIT	Title XIX	
		Title V	Part A	Part B		
		1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	15,347,381	215,630	0	95,936,119
2.00	Subprovider - IPF	0	0	0		0
3.00	Subprovider - IRF	0	0	0		0
5.00	Swing Bed - SNF	0	0	0		0
6.00	Swing Bed - NF	0				0
200.00	Total	0	15,347,381	215,630	0	95,936,119

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0032		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 1:19 pm	
1.00		2.00		3.00		4.00	
Hospital and Hospital Health Care Complex Address:							
1.00	Street: ONE BARNES-JEWISH HOSPITAL PLAZA	PO Box:					1.00
2.00	City: ST. LOUIS	State: MO		Zip Code: 63110-		County: ST. LOUIS CITY	2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)
							V XVIII XIX
		1.00	2.00	3.00	4.00	5.00	6.00 7.00 8.00
Hospital and Hospital-Based Component Identification:							
3.00	Hospital	BARNES-JEWISH HOSPITAL	260032	41180	1	07/01/1966	N P O 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						18.00
19.00	Other						19.00
						From:	To:
						1.00	2.00
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2021	12/31/2021 20.00
21.00	Type of Control (see instructions)					2	21.00
						1.00	2.00 3.00
Inpatient PPS Information							
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? 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	22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N	23.00

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2022 1:19 pm

MCRIF32 - 17.4.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 26-0032		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 1:19 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
			1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		Y	Y		60.00		
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			20.00	1	60.01		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01	1	60.02		
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.02	1	60.03		
			Y/N	IME	Direct GME	IME	Direct GME	
			1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)							61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)							61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)							61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).							61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)							61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
			1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20	
							1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y		63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/24/2022 1:19 pm

			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)					64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	GERIATRICS	1408	0.18	0.02	0.900000	65.00
65.01		INTERNAL MEDICINE	1400	0.00	129.79	0.000000	65.01
65.02		PEDIATRICS	2000	0.00	2.32	0.000000	65.02
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 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)					66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	32.37	101.03	0.242654	67.00
67.01		PEDIATRICS	2000	0.00	3.37	0.000000	67.01
67.02		GERIATRICS	1408	0.44	0.62	0.415094	67.02

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0032		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 1:19 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	1		2,815,710		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.	08/26/1980				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	09/16/1987				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	03/08/1990				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/02/1995				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	08/26/1980				130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0032		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 1:19 pm	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB1804		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BJC HEALTHCARE	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 4901 FOREST PARK AVENUE	PO Box: STE 1200				142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108		143.00	
		1.00		2.00			
144.00	Are provider based physicians' costs included in worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
		1.00		2.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
		Title XIX		4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
		1.00		2.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
		Zip Code		CBSA		FTE/Campus	
		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		2.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99				169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 1:19 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 1:19 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/01/2022
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2022	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/24/2022 1:19 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRENDA	LUCAS		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.	314-808-4567	BRENDA.LUCAS@BJC.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/24/2022 1:19 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

Health Financial Systems		BARNES-JEWISH HOSPITAL		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part IX Date/Time Prepared: 5/24/2022 1:19 pm	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)		N	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)		N	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)		N	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?		N	N	3.01
3.02	Does Title XIX transfer managed care (HMO) days from Worksheet S-3, Part I, column 7, sum of lines 2, 3, and 4 to Worksheet E-4, column 2, line 26?			Y	3.02
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)		N	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)		N	Y	7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	8.00
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	9.00
			State		
			1.00		
STATE MEDICAID FORMS					
10.00	Select the state when using state Medicaid forms.				10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 1:19 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	1,065	400,536	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		1,065	400,536	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	59	20,496	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	39	5,490	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	36	13,176	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
12.01 NEURO ICU	35.01	44	13,908	0.00	0	12.01
12.02 CARDIO-THORACIC ICU	35.02	30	10,980	0.00	0	12.02
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		1,273	464,586	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		1,273			0	27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		18	6,570			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 1:19 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)	83,618	34,579	307,374			1.00
2.00	HMO and other (see instructions)	73,760	46,442				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)	83,618	34,579	307,374			7.00
8.00	INTENSIVE CARE UNIT	6,215	1,989	17,971			8.00
9.00	CORONARY CARE UNIT	551	369	5,423			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	2,796	1,413	11,410			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO ICU	4,025	1,320	13,687			12.01
12.02	CARDIO-THORACIC ICU	2,669	978	9,248			12.02
13.00	NURSERY		396	5,532			13.00
14.00	Total (see instructions)	99,874	41,044	370,645	790.86	8,874.90	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				790.86	8,874.90	27.00
28.00	Observation Bed Days		178	4,232			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)	22	62	2,707			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 1:19 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00	14.00	15.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	13,032	5,871	51,503
2.00 HMO and other (see instructions)				9,303	7,789	
3.00 HMO IPF Subprovider					0	
4.00 HMO IRF Subprovider					0	
5.00 Hospital Adults & Peds. Swing Bed SNF						
6.00 Hospital Adults & Peds. Swing Bed NF						
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						
8.00 INTENSIVE CARE UNIT						
9.00 CORONARY CARE UNIT						
10.00 BURN INTENSIVE CARE UNIT						
11.00 SURGICAL INTENSIVE CARE UNIT						
12.00 OTHER SPECIAL CARE (SPECIFY)						
12.01 NEURO ICU						
12.02 CARDIO-THORACIC ICU						
13.00 NURSERY						
14.00 Total (see instructions)	0.00	0	13,032	5,871	51,503	
15.00 CAH visits						
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	
17.00 SUBPROVIDER - IRF						
18.00 SUBPROVIDER						
19.00 SKILLED NURSING FACILITY						
20.00 NURSING FACILITY						
21.00 OTHER LONG TERM CARE						
22.00 HOME HEALTH AGENCY						
23.00 AMBULATORY SURGICAL CENTER (D.P.)						
24.00 HOSPICE						
24.10 HOSPICE (non-distinct part)						
25.00 CMHC - CMHC						
26.00 RURAL HEALTH CLINIC						
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					
27.00 Total (sum of lines 14-26)	0.00					
28.00 Observation Bed Days						
29.00 Ambulance Trips						
30.00 Employee discount days (see instruction)						
31.00 Employee discount days - IRF						
32.00 Labor & delivery days (see instructions)						
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						
33.00 LTCH non-covered days				0		
33.01 LTCH site neutral days and discharges				0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/24/2022 1:19 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	634,825,548	650,446	635,475,994	18,253,056.25	34.81 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		21,018	0	21,018	166.40	126.31 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		1,476,471	0	1,476,471	11,347.00	130.12 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	55,324,248	4,454	55,328,702	1,658,158.00	33.37 7.00
7.01	Contracted interns and residents (in an approved programs)		26,195	0	26,195	109.97	238.20 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		24,517,022	1,055,629	25,572,651	741,369.36	34.49 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		132,804,022	0	132,804,022	1,453,897.37	91.34 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		10,707,084	0	10,707,084	56,703.07	188.83 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		147,622,590	0	147,622,590	3,592,285.00	41.09 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		71,553,467	0	71,553,467	601,944.72	118.87 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		159,912,789	0	159,912,789		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		7,385,876	0	7,385,876		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		146	0	146		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		422,668	0	422,668		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		11,576,023	0	11,576,023		
25.50	Home office wage-related (core)		23,928,325	0	23,928,325		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/24/2022 1:19 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	3,263,759	-53,717	3,210,042	86,596.13	37.07	26.00
27.00	Administrative & General	5.00	45,008,949	-2,469,513	42,539,436	1,398,905.03	30.41	27.00
28.00	Administrative & General under contract (see inst.)		16,710,692	0	16,710,692	261,335.29	63.94	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	10,832,453	41,690	10,874,143	345,243.42	31.50	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	16,484,883	-43,752	16,441,131	919,867.75	17.87	32.00
33.00	Housekeeping under contract (see instructions)		721,822	0	721,822	40,792.69	17.69	33.00
34.00	Dietary	10.00	8,865,897	-1,305,502	7,560,395	366,378.87	20.64	34.00
35.00	Dietary under contract (see instructions)		2,359,926	0	2,359,926	54,601.05	43.22	35.00
36.00	Cafeteria	11.00	2,165,973	1,327,016	3,492,989	203,801.03	17.14	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	41,056,645	157,849	41,214,494	906,440.72	45.47	38.00
39.00	Central Services and Supply	14.00	6,585,319	40,407	6,625,726	277,501.66	23.88	39.00
40.00	Pharmacy	15.00	27,568,782	-160,543	27,408,239	628,372.43	43.62	40.00
41.00	Medical Records & Medical Records Library	16.00	520,306	1,000	521,306	23,394.42	22.28	41.00
42.00	Social Service	17.00	12,019,122	-171,786	11,847,336	328,551.22	36.06	42.00
43.00	Other General Service	18.00	5,381,606	120,245	5,501,851	128,663.61	42.76	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/24/2022 1:19 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	597,791,074	645,992	598,437,066	16,940,170.31	35.33	1.00
2.00	Excluded area salaries (see instructions)	24,517,022	1,055,629	25,572,651	741,369.36	34.49	2.00
3.00	Subtotal salaries (line 1 minus line 2)	573,274,052	-409,637	572,864,415	16,198,800.95	35.36	3.00
4.00	Subtotal other wages & related costs (see inst.)	291,133,696	0	291,133,696	5,102,885.44	57.05	4.00
5.00	Subtotal wage-related costs (see inst.)	183,841,260	0	183,841,260	0.00	32.09	5.00
6.00	Total (sum of lines 3 thru 5)	1,048,249,008	-409,637	1,047,839,371	21,301,686.39	49.19	6.00
7.00	Total overhead cost (see instructions)	199,546,134	-2,516,606	197,029,528	5,970,445.32	33.00	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2022 1:19 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		10,032,490	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		46,392,537	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		57,989,218	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		2,352,532	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		497,893	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		7,089,230	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		4,506,438	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		46,009,929	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		13,190	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		47	21.00
22.00	Day Care Cost and Allowances		1,494,118	22.00
23.00	Tuition Reimbursement		2,919,881	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		179,297,503	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	132,804,022	179,297,503	1.00
2.00	Hospital	132,804,022	179,297,503	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-10

Date/Time Prepared:
5/24/2022 1:19 pm

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.267615		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		182,373,201		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		101,827,696		5.00
6.00	Medicaid charges		1,075,707,554		6.00
7.00	Medicaid cost (line 1 times line 6)		287,875,477		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		3,674,580		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		192,620		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		11,173,954		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,674,580		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	251,025,165	9,460,509	260,485,674	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	67,178,100	9,460,509	76,638,609	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	67,178,100	9,460,509	76,638,609	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		84,400,245		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		3,624,877		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		5,576,734		27.01
28.00	Non-Medicare bad debt expense (see instructions)		78,823,511		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		23,046,211		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		99,684,820		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		103,359,400		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		42,358,088	42,358,088	-751,233	41,606,855	1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)		24,327,968	24,327,968	440,506	24,768,474	1.03
1.04	00104	NEW CRC-B&F(GSON)		1,148,204	1,148,204	21,087	1,169,291	1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)		1,240,444	1,240,444	0	1,240,444	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		-13,922,861	-13,922,861	93,375,890	79,453,029	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,263,759	10,130,295	13,394,054	-596,633	12,797,421	4.00
5.01	00540	NONPATIENT TELEPHONES	1,711,070	938,018	2,649,088	-210,510	2,438,578	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	1,549,129	5,698,022	7,247,151	-835,158	6,411,993	5.03
5.04	00570	ADMITTING	6,925,345	2,732,051	9,657,396	25,809	9,683,205	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	34,823,405	495,926,847	530,750,252	-112,881,832	417,868,420	5.06
7.00	00700	OPERATION OF PLANT	10,832,453	34,811,822	45,644,275	-347,047	45,297,228	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,977,873	1,977,873	-799	1,977,074	8.00
9.00	00900	HOUSEKEEPING	16,484,883	11,249,069	27,733,952	-331,655	27,402,297	9.00
10.00	01000	DIETARY	8,865,897	13,559,346	22,425,243	-5,815,819	16,609,424	10.00
11.00	01100	CAFETERIA	2,165,973	4,751,503	6,917,476	5,427,808	12,345,284	11.00
13.00	01300	NURSING ADMINISTRATION	41,056,645	55,833,832	96,890,477	-34,927,714	61,962,763	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,585,319	22,653,297	29,238,616	-1,196,737	28,041,879	14.00
15.00	01500	PHARMACY	27,568,782	163,486,357	191,055,139	12,439,654	203,494,793	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	520,306	422,615	942,921	-6,913	936,008	16.00
17.00	01700	SOCIAL SERVICE	12,019,122	6,226,455	18,245,577	-515,596	17,729,981	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	5,381,606	8,396,516	13,778,122	-5,671,690	8,106,432	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING PROGRAM	9,653,163	6,845,308	16,498,471	-125,004	16,373,467	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	55,324,248	20,230,232	75,554,480	58,497,154	134,051,634	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	311,483	311,483	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	232,125	88,165	320,290	118,061	438,351	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	128,310,115	144,310,375	272,620,490	3,238,968	275,859,458	30.00
31.00	03100	INTENSIVE CARE UNIT	14,499,540	18,019,887	32,519,427	7,827,728	40,347,155	31.00
32.00	03200	CORONARY CARE UNIT	4,079,758	6,222,644	10,302,402	56,077	10,358,479	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,522,531	6,994,011	17,516,542	1,432,264	18,948,806	34.00
35.01	02400	NEURO ICU	11,270,633	10,545,111	21,815,744	21,252	21,836,996	35.01
35.02	02401	CARDIO-THORACIC ICU	9,686,773	6,846,719	16,533,492	1,329,300	17,862,792	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	7,389	7,389	2,911,443	2,918,832	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	46,456,295	185,935,775	232,392,070	-126,335,946	106,056,124	50.00
51.00	05100	RECOVERY ROOM	13,705,410	9,563,849	23,269,259	-773,127	22,496,132	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,843,098	6,731,438	15,574,536	-2,061,418	13,513,118	52.00
53.00	05300	ANESTHESIOLOGY	2,856,937	26,253,492	29,110,429	-966,420	28,144,009	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,882,862	35,923,226	50,806,088	-19,459,303	31,346,785	54.00
54.01	03630	ULTRASOUND	1,526,748	3,341,608	4,868,356	-408,720	4,459,636	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,778,975	42,885,390	52,664,365	-12,903,490	39,760,875	55.00
56.00	05600	RADIOISOTOPE	912,042	1,866,251	2,778,293	-1,113,125	1,665,168	56.00
57.00	05700	CT SCAN	4,626,883	4,598,066	9,224,949	-2,256,618	6,968,331	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,312,351	7,334,968	11,647,319	-1,540,058	10,107,261	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,754,434	35,465,692	40,220,126	-31,212,244	9,007,882	59.00
60.00	06000	LABORATORY	22,120,390	58,593,583	80,713,973	5,215,825	85,929,798	60.00
60.01	06001	HLA LAB	1,211,134	3,505,290	4,716,424	-82,444	4,633,980	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,368,679	33,210,836	37,579,515	-296,847	37,282,668	63.00
65.00	06500	RESPIRATORY THERAPY	9,290,890	10,473,450	19,764,340	-539,432	19,224,908	65.00
66.00	06600	PHYSICAL THERAPY	4,937,646	1,819,842	6,757,488	13,849	6,771,337	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,783,339	893,529	3,676,868	-2,465	3,674,403	67.00
68.00	06800	SPEECH PATHOLOGY	926,458	517,164	1,443,622	-77,704	1,365,918	68.00
69.00	06900	ELECTROCARDIOLOGY	2,902,356	2,450,106	5,352,462	-442,567	4,909,895	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,300,916	681,255	1,982,171	-218,222	1,763,949	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	73,969,145	73,969,145	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	94,349,572	94,349,572	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,510,430	4,852,743	7,363,173	-937,218	6,425,955	74.00
76.00	03330	ENDOSCOPY	3,053,129	8,244,743	11,297,872	-5,054,124	6,243,748	76.00
76.01	03950	OB/GYN IN VITRO	1,001,040	2,448,187	3,449,227	-99,115	3,350,112	76.01
76.02	03320	ELECTROSHOCK THERAPY	310,275	213,506	523,781	-1,859	521,922	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	739,034	739,034	76.03
76.04	03952	CAR-T ACQUISITION	0	0	0	15,455,885	15,455,885	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	285,184	285,184	0	285,184	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	288,700	3,789,641	4,078,341	233,030	4,311,371	77.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/24/2022 1:19 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	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	12,994,950	10,593,088	23,588,038	273,529	23,861,567	90.00
90.01	04950 OUTPATIENT PSYCH	139,364	592,604	731,968	-976	730,992	90.01
91.00	09100 EMERGENCY	14,065,503	20,190,597	34,256,100	-120,365	34,135,735	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1,012,612	14,066,449	15,079,061	682,471	15,761,532	105.00
106.00	10600 HEART ACQUISITION	749,590	3,383,727	4,133,317	-151,252	3,982,065	106.00
107.00	10700 LIVER ACQUISITION	480,509	9,024,069	9,504,578	327,623	9,832,201	107.00
108.00	10800 LUNG ACQUISITION	552,434	5,457,363	6,009,797	231,050	6,240,847	108.00
109.00	10900 PANCREAS ACQUISITION	0	619,409	619,409	21,097	640,506	109.00
112.00	08600 OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE		30,285,049	30,285,049	0	30,285,049	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	622,988,959	1,700,146,771	2,323,135,730	7,717,195	2,330,852,925	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	93,738	93,738	191.00
191.01	19101 RESEARCH CTSA I/P	0	8,508	8,508	0	8,508	191.01
191.02	19102 RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	7,837,638	14,629,551	22,467,189	-32,799	22,434,390	194.00
194.01	07951 RETAIL PHARMACY	3,727,569	9,894,056	13,621,625	-7,779,958	5,841,667	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	271,382	168,062	439,444	1,824	441,268	194.02
194.03	07953 GUEST MEALS	0	0	0	0	0	194.03
200.00	TOTAL (SUM OF LINES 118 through 199)	634,825,548	1,724,846,948	2,359,672,496	0	2,359,672,496	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 26-0032		Period: From 01/01/2021 To 12/31/2021		Worksheet A Date/Time Prepared: 5/24/2022 1:19 pm	
Cost Center Description				Adjustments	Net Expenses				
				(See A-8)	For Allocation				
				6.00	7.00				
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-495,584	41,111,271	1.00				
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	-904,916	23,863,558	1.03				
1.04	00104	NEW CRC-B&F(GSON)	0	1,169,291	1.04				
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	-196,398	1,044,046	1.05				
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	182,255	79,635,284	2.00				
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00				
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	36,972,200	49,769,621	4.00				
5.01	00540	NONPATIENT TELEPHONES	-133,076	2,305,502	5.01				
5.03	00560	PURCHASING RECEIVING AND STORES	17,742,468	24,154,461	5.03				
5.04	00570	ADMITTING	-180	9,683,025	5.04				
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05				
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-16,004,123	401,864,297	5.06				
7.00	00700	OPERATION OF PLANT	27,397,597	72,694,825	7.00				
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,977,074	8.00				
9.00	00900	HOUSEKEEPING	-1,127,580	26,274,717	9.00				
10.00	01000	DIETARY	0	16,609,424	10.00				
11.00	01100	CAFETERIA	-8,062,234	4,283,050	11.00				
13.00	01300	NURSING ADMINISTRATION	-10,987,109	50,975,654	13.00				
14.00	01400	CENTRAL SERVICES & SUPPLY	-5,001	28,036,878	14.00				
15.00	01500	PHARMACY	-594,754	202,900,039	15.00				
16.00	01600	MEDICAL RECORDS & LIBRARY	-402	935,606	16.00				
17.00	01700	SOCIAL SERVICE	-572	17,729,409	17.00				
18.00	01852	EXTENDED CARE SERVICES	0	0	18.00				
18.01	01851	LAB ADMINISTRATION	-26,974	8,079,458	18.01				
18.02	01850	RESEARCH ADMINISTRATION	108,994	108,994	18.02				
20.00	02000	NURSING PROGRAM	-19,575,283	-3,201,816	20.00				
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-81,001	133,970,633	21.00				
23.01	02301	PARAMED ED PRGM-PHARMACY	0	311,483	23.01				
23.02	02302	PARAMED ED PRGM-PASTORAL ED	-1,714	436,637	23.02				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	-37,219,622	238,639,836	30.00				
31.00	03100	INTENSIVE CARE UNIT	-34	40,347,121	31.00				
32.00	03200	CORONARY CARE UNIT	0	10,358,479	32.00				
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-66	18,948,740	34.00				
35.01	02400	NEURO ICU	0	21,836,996	35.01				
35.02	02401	CARDIO-THORACIC ICU	32	17,862,824	35.02				
40.00	04000	SUBPROVIDER - IPF	0	0	40.00				
43.00	04300	NURSERY	0	2,918,832	43.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	-1,089,508	104,966,616	50.00				
51.00	05100	RECOVERY ROOM	-881	22,495,251	51.00				
52.00	05200	DELIVERY ROOM & LABOR ROOM	-21,550	13,491,568	52.00				
53.00	05300	ANESTHESIOLOGY	-16,627,047	11,516,962	53.00				
54.00	05400	RADIOLOGY-DIAGNOSTIC	-327,611	31,019,174	54.00				
54.01	03630	ULTRASOUND	0	4,459,636	54.01				
55.00	05500	RADIOLOGY-THERAPEUTIC	-7,160,224	32,600,651	55.00				
56.00	05600	RADIOISOTOPE	-1,451	1,663,717	56.00				
57.00	05700	CT SCAN	-23	6,968,308	57.00				
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-151,895	9,955,366	58.00				
59.00	05900	CARDIAC CATHETERIZATION	-1,097,118	7,910,764	59.00				
60.00	06000	LABORATORY	-3,082,311	82,847,487	60.00				
60.01	06001	HLA LAB	574,965	5,208,945	60.01				
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-39,675	37,242,993	63.00				
65.00	06500	RESPIRATORY THERAPY	0	19,224,908	65.00				
66.00	06600	PHYSICAL THERAPY	-3,279	6,768,058	66.00				
67.00	06700	OCCUPATIONAL THERAPY	0	3,674,403	67.00				
68.00	06800	SPEECH PATHOLOGY	0	1,365,918	68.00				
69.00	06900	ELECTROCARDIOLOGY	-2,821	4,907,074	69.00				
70.00	07000	ELECTROENCEPHALOGRAPHY	-53,085	1,710,864	70.00				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	73,969,145	71.00				
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	94,349,572	72.00				
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00				
74.00	07400	RENAL DIALYSIS	0	6,425,955	74.00				
76.00	03330	ENDOSCOPY	-16,175	6,227,573	76.00				
76.01	03950	OB/GYN IN VITRO	-293	3,349,819	76.01				
76.02	03320	ELECTROSHOCK THERAPY	0	521,922	76.02				
76.03	03951	CORNEAL TISSUE ACQUISITION	0	739,034	76.03				
76.04	03952	CAR-T ACQUISITION	0	15,455,885	76.04				
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	285,184	76.98				
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	4,311,371	77.00				
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	-1,546,001	22,315,566	90.00				
90.01	04950	OUTPATIENT PSYCH	-363,426	367,566	90.01				

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
91.00	09100	EMERGENCY	-6,841,687	27,294,048	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-1,012	15,760,520	105.00
106.00	10600	HEART ACQUISITION	-259	3,981,806	106.00
107.00	10700	LIVER ACQUISITION	0	9,832,201	107.00
108.00	10800	LUNG ACQUISITION	0	6,240,847	108.00
109.00	10900	PANCREAS ACQUISITION	0	640,506	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	112.00
113.00	11300	INTEREST EXPENSE	-30,285,049	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-81,150,493	2,249,702,432	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	0	93,738	191.00
191.01	19101	RESEARCH CTSA I/P	0	8,508	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	22,434,390	194.00
194.01	07951	RETAIL PHARMACY	0	5,841,667	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	441,268	194.02
194.03	07953	GUEST MEALS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-81,150,493	2,278,522,003	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet Non-CMS W

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	00103		1.03
1.04	NEW CRC-B&F(GSON)	00104		1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	00105		1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.03	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	ADMITTING	00570	ADMITTING	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	00590		5.06
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
18.00	EXTENDED CARE SERVICES	01852		18.00
18.01	LAB ADMINISTRATION	01851		18.01
18.02	RESEARCH ADMINISTRATION	01850		18.02
20.00	NURSING PROGRAM	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.01	PARAMED ED PRGM-PHARMACY	02301		23.01
23.02	PARAMED ED PRGM-PASTORAL ED	02302		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
35.01	NEURO ICU	02400		35.01
35.02	CARDIO-THORACIC ICU	02401		35.02
40.00	SUBPROVIDER - IPF	04000		40.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ULTRASOUND	03630	ULTRA SOUND	54.01
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	HLA LAB	06001		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ENDOSCOPY	03330	ENDOSCOPY	76.00
76.01	OB/GYN IN VITRO	03950		76.01
76.02	ELECTROSHOCK THERAPY	03320	ELECTROSHOCK THERAPY	76.02
76.03	CORNEAL TISSUE ACQUISITION	03951		76.03
76.04	CAR-T ACQUISITION	03952		76.04
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet Non-CMS W
Date/Time Prepared:
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Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
77.00	ALLOGENEIC STEM CELL ACQUISITION	07700		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
90.01	OUTPATIENT PSYCH	04950		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
112.00	OTHER ORGAN ACQUISITION-BONE MARROW	08600		112.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
191.00	RESEARCH	19100		191.00
191.01	RESEARCH CTSA I/P	19101		191.01
191.02	RESEARCH CTSA O/P	19102		191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01	RETAIL PHARMACY	07951		194.01
194.02	MARKETING/COMMUNITY RELATIONS	07952		194.02
194.03	GUEST MEALS	07953		194.03
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS COST OF DRUGS SOLD					
1.00	PHARMACY	15.00	0	15,715,722		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
			0	15,715,722		
	B - RECLASS COST OF MEDICAL SUPPLIES CHA					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	73,969,145		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
			0	73,969,145		
	C - RECLASS COST OF IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	94,349,572		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
			0	94,349,572		
	D - RECLASS EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	92,752,849		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
			0	92,752,849		
E - RECLASS FINANCE ACCRUALS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,979,541		1.00
			0	1,979,541		
F - RECLASS WASH U AFFILIATION AGREEMENT						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	58,497,762		1.00
			0	58,497,762		
G - RECLASS COST OF INTERPRETERS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	501,435	944,852		1.00
			501,435	944,852		
H - RECLASS WU MATRIX EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	0	6,785,906		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	7,761,290		2.00
3.00	CORONARY CARE UNIT	32.00	0	63,685		3.00
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,418,562		4.00
5.00	CARDIO-THORACIC ICU	35.02	0	1,233,224		5.00
6.00	OPERATING ROOM	50.00	0	6,712,953		6.00
7.00	RECOVERY ROOM	51.00	0	16,198		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	188,959		8.00
9.00	ANESTHESIOLOGY	53.00	0	158,351		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	668,756		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	128,410		11.00
12.00	LABORATORY	60.00	0	5,792,149		12.00
13.00	CLINIC	90.00	0	819,399		13.00
14.00	EMERGENCY	91.00	0	68,834		14.00

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
15.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	55,017	15.00
			0	31,871,693	
I - RECLASS PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM-PHARMACY	23.01	244,630	66,853	1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	90,472	27,036	2.00
			335,102	93,889	
J - RECLASS FINANCE ACCRUALS					
1.00	NONPATIENT TELEPHONES	5.01	482	0	1.00
2.00	HOUSEKEEPING	9.00	9,515	0	2.00
3.00	DIETARY	10.00	9,849	0	3.00
4.00	CAFETERIA	11.00	1,485	0	4.00
5.00	NURSING ADMINISTRATION	13.00	87,180	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	91	0	6.00
7.00	PHARMACY	15.00	22,434	0	7.00
8.00	NURSING PROGRAM	20.00	1,517	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	663,603	757,244	9.00
10.00	INTENSIVE CARE UNIT	31.00	87,291	0	10.00
11.00	CORONARY CARE UNIT	32.00	11,129	0	11.00
12.00	SURGICAL INTENSIVE CARE UNIT	34.00	23,643	0	12.00
13.00	NEURO ICU	35.01	20,581	0	13.00
14.00	CARDIO-THORACIC ICU	35.02	111,662	0	14.00
15.00	OPERATING ROOM	50.00	74,505	0	15.00
16.00	RECOVERY ROOM	51.00	12,520	0	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	63,851	0	17.00
18.00	LABORATORY	60.00	27,506	0	18.00
19.00	RESPIRATORY THERAPY	65.00	31,940	0	19.00
20.00	PHYSICAL THERAPY	66.00	1,517	0	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	16	0	21.00
22.00	RENAL DIALYSIS	74.00	10,358	0	22.00
23.00	ENDOSCOPY	76.00	14,150	0	23.00
24.00	ELECTROSHOCK THERAPY	76.02	98	0	24.00
25.00	CLINIC	90.00	21,045	0	25.00
26.00	EMERGENCY	91.00	34,412	0	26.00
			1,342,380	757,244	
K - RECLASS NURSERY COSTS					
1.00	NURSERY	43.00	1,852,915	1,058,528	1.00
			1,852,915	1,058,528	
L - RECLASS DIETARY COSTS TO CAFETERIA					
1.00	CAFETERIA	11.00	1,317,588	4,370,659	1.00
			1,317,588	4,370,659	
M - RECLASS PRETRANSPLANT RELATED DIETIC					
1.00	KIDNEY ACQUISITION	105.00	74	20	1.00
2.00	HEART ACQUISITION	106.00	4,808	1,326	2.00
3.00	LIVER ACQUISITION	107.00	9,860	2,718	3.00
4.00	LUNG ACQUISITION	108.00	10,537	2,905	4.00
			25,279	6,969	
N - RECLASS TRANSPLANT SALARIES AND BENE					
1.00	KIDNEY ACQUISITION	105.00	413,633	108,440	1.00
2.00	LIVER ACQUISITION	107.00	208,223	55,199	2.00
3.00	LUNG ACQUISITION	108.00	118,734	32,033	3.00
4.00	PANCREAS ACQUISITION	109.00	16,709	4,388	4.00
			757,299	200,060	
O - RECLASS PRETRANSPLANT RELATED SOCIAL					
1.00	KIDNEY ACQUISITION	105.00	116,721	34,433	1.00
2.00	HEART ACQUISITION	106.00	6,256	1,846	2.00
3.00	LIVER ACQUISITION	107.00	34,075	10,052	3.00
4.00	LUNG ACQUISITION	108.00	32,115	9,474	4.00
			189,167	55,805	
P - RECLASS SALARIES PORTION OF RESEARCH					
1.00	RESEARCH ADMINISTRATION	18.02	82,987	0	1.00
			82,987	0	
Q - RECLASS BARNARD BUILDING RENTAL					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,448	1.00
2.00	HOUSEKEEPING	9.00	0	2,630	2.00
3.00	LABORATORY	60.00	0	4,027	3.00
4.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	2,920	4.00
			0	13,025	
R - RECLASS NONREIMBURSABLE PARKING					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	65,483	1,779,431	1.00
2.00		0.00	0	0	2.00

RECLASSIFICATIONS

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Period:
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To 12/31/2021

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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
0		65,483	1,779,431		
S - RECLASS CORNEAL TISSUE ACQUISITION C					
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	739,034	1.00
0			0	739,034	
T - RECLASS EXTENDED RECOVERY NURSING SE					
1.00	RECOVERY ROOM	51.00	0	145,190	1.00
0			0	145,190	
U - RECLASS PHYSICIAN SUITE CLEANING COS					
1.00	OTHER NONREIMBURSABLE COST	194.00	121,416	35,589	1.00
0	CENTERS				
0			121,416	35,589	
V - RECLASS PROPERTY INSURANCE					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,905,591	1.00
0			0	1,905,591	
W - RECLASS RECRUITING BONUSSES AND RELOC					
1.00	NONPATIENT TELEPHONES	5.01	500	0	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	500	0	2.00
3.00	ADMITTING	5.04	3,500	0	3.00
4.00	OPERATION OF PLANT	7.00	5,000	0	4.00
5.00	HOUSEKEEPING	9.00	18,000	0	5.00
6.00	DIETARY	10.00	2,000	0	6.00
7.00	CAFETERIA	11.00	2,500	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	13,500	0	8.00
9.00	PHARMACY	15.00	9,500	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	1,000	0	10.00
11.00	SOCIAL SERVICE	17.00	7,500	0	11.00
12.00	LAB ADMINISTRATION	18.01	8,250	0	12.00
13.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,500	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	79,750	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	4,750	0	15.00
16.00	CORONARY CARE UNIT	32.00	2,500	0	16.00
17.00	SURGICAL INTENSIVE CARE UNIT	34.00	5,750	0	17.00
18.00	NEURO ICU	35.01	6,750	0	18.00
19.00	RECOVERY ROOM	51.00	13,750	0	19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	15,500	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	6,750	0	21.00
22.00	ULTRASOUND	54.01	2,000	0	22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	4,000	0	23.00
24.00	RADIOISOTOPE	56.00	1,000	0	24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	4,500	0	25.00
26.00	CARDIAC CATHETERIZATION	59.00	3,000	0	26.00
27.00	LABORATORY	60.00	16,500	0	27.00
28.00	RESPIRATORY THERAPY	65.00	5,750	0	28.00
29.00	PHYSICAL THERAPY	66.00	6,000	0	29.00
30.00	OCCUPATIONAL THERAPY	67.00	6,250	0	30.00
31.00	RENAL DIALYSIS	74.00	2,500	0	31.00
32.00	ENDOSCOPY	76.00	500	0	32.00
33.00	CLINIC	90.00	10,250	0	33.00
34.00	EMERGENCY	91.00	6,000	0	34.00
35.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	6,000	0	35.00
36.00	RETAIL PHARMACY	194.01	5,500	0	36.00
37.00	MARKETING/COMMUNITY RELATIONS	194.02	500	0	37.00
38.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	56,250	0	38.00
39.00	NURSING PROGRAM	20.00	3,000	0	39.00
40.00	OPERATING ROOM	50.00	19,500	0	40.00
41.00	NURSING ADMINISTRATION	13.00	6,000	0	41.00
42.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	13,182	0	42.00
43.00	DIETARY	10.00	0	3,000	43.00
44.00	NURSING ADMINISTRATION	13.00	66,527	0	44.00
45.00	CENTRAL SERVICES & SUPPLY	14.00	4,000	0	45.00
46.00	SOCIAL SERVICE	17.00	16,500	0	46.00
47.00	LAB ADMINISTRATION	18.01	5,000	0	47.00
48.00	ADULTS & PEDIATRICS	30.00	17,000	0	48.00
49.00	INTENSIVE CARE UNIT	31.00	4,000	0	49.00
50.00	CORONARY CARE UNIT	32.00	3,000	0	50.00

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

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Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
51.00	SURGICAL INTENSIVE CARE UNIT	34.00	2,000	0	51.00
52.00	NEURO ICU	35.01	14,000	0	52.00
53.00	OPERATING ROOM	50.00	30,000	0	53.00
54.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,500	54.00
55.00	LABORATORY	60.00	5,000	0	55.00
56.00	BLOOD STORING, PROCESSING & TRANS.	63.00	3,000	0	56.00
57.00	RESPIRATORY THERAPY	65.00	6,500	0	57.00
58.00	ELECTROCARDIOLOGY	69.00	2,500	0	58.00
59.00	EMERGENCY	91.00	5,000	0	59.00
0			572,959	5,500	
X - RECLASS FEDERAL AND FOUNDATION RESEA					
1.00	RESEARCH	191.00	64,927	28,811	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0			64,927	28,811	
Y - RECLASS ASBESTOS ABATEMENT PAYMENTS					
1.00	OPERATION OF PLANT	7.00	0	563,132	1.00
0			0	563,132	
Z - RECLASS PRE-TRANSPLANT RELATED PHARM					
1.00	KIDNEY ACQUISITION	105.00	8,998	2,365	1.00
2.00	HEART ACQUISITION	106.00	7,891	2,074	2.00
3.00	LIVER ACQUISITION	107.00	4,709	1,238	3.00
4.00	LUNG ACQUISITION	108.00	18,932	4,975	4.00
0			40,530	10,652	
AA - RECLASS PRE-TRANSPLANT VAD CONTRACT					
1.00	HEART ACQUISITION	106.00	0	5,412	1.00
0			0	5,412	
AB - RECLASS EMPLOYEE VACCINE BONUSES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	11,766	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	4,840	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	5,889	0	3.00
4.00	ADMITTING	5.04	34,253	0	4.00
5.00	OPERATION OF PLANT	7.00	37,762	0	5.00
6.00	HOUSEKEEPING	9.00	50,149	0	6.00
7.00	DIETARY	10.00	28,516	0	7.00
8.00	CAFETERIA	11.00	5,443	0	8.00
9.00	NURSING ADMINISTRATION	13.00	145,454	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	22,816	0	10.00
11.00	PHARMACY	15.00	92,683	0	11.00
12.00	SOCIAL SERVICE	17.00	40,701	0	12.00
13.00	LAB ADMINISTRATION	18.01	24,236	0	13.00
14.00	NURSING PROGRAM	20.00	12,929	0	14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	954	0	15.00
16.00	PARAMED ED PRGM-PASTORAL ED	23.02	553	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	318,341	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	43,411	0	18.00
19.00	CORONARY CARE UNIT	32.00	14,749	0	19.00
20.00	SURGICAL INTENSIVE CARE UNIT	34.00	29,842	0	20.00
21.00	NEURO ICU	35.01	23,340	0	21.00
22.00	CARDIO-THORACIC ICU	35.02	34,258	0	22.00
23.00	OPERATING ROOM	50.00	148,352	0	23.00
24.00	RECOVERY ROOM	51.00	46,180	0	24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	26,893	0	25.00
26.00	ANESTHESIOLOGY	53.00	6,439	0	26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	46,854	0	27.00
28.00	ULTRASOUND	54.01	4,487	0	28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	42,035	0	29.00
30.00	RADIOISOTOPE	56.00	4,419	0	30.00
31.00	CT SCAN	57.00	12,396	0	31.00
32.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	12,684	0	32.00
33.00	CARDIAC CATHETERIZATION	59.00	15,495	0	33.00
34.00	LABORATORY	60.00	74,228	0	34.00
35.00	HLA LAB	60.01	4,216	0	35.00
36.00	BLOOD STORING, PROCESSING & TRANS.	63.00	14,513	0	36.00
37.00	RESPIRATORY THERAPY	65.00	25,804	0	37.00
38.00	PHYSICAL THERAPY	66.00	17,111	0	38.00
39.00	OCCUPATIONAL THERAPY	67.00	9,545	0	39.00
40.00	SPEECH PATHOLOGY	68.00	2,896	0	40.00
41.00	ELECTROCARDIOLOGY	69.00	15,463	0	41.00

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
42.00	ELECTROENCEPHALOGRAPHY	70.00	4,159	0	42.00
43.00	RENAL DIALYSIS	74.00	6,571	0	43.00
44.00	ENDOSCOPY	76.00	10,884	0	44.00
45.00	OB/GYN IN VITRO	76.01	4,262	0	45.00
46.00	ELECTROSHOCK THERAPY	76.02	1,393	0	46.00
47.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	1,106	0	47.00
48.00	CLINIC	90.00	46,714	0	48.00
49.00	OUTPATIENT PSYCH	90.01	480	0	49.00
50.00	EMERGENCY	91.00	35,893	0	50.00
51.00	KIDNEY ACQUISITION	105.00	3,468	0	51.00
52.00	HEART ACQUISITION	106.00	2,427	0	52.00
53.00	LIVER ACQUISITION	107.00	1,680	0	53.00
54.00	LUNG ACQUISITION	108.00	1,743	0	54.00
55.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	39,995	0	55.00
56.00	RETAIL PHARMACY	194.01	12,119	0	56.00
57.00	MARKETING/COMMUNITY RELATIONS	194.02	1,324	0	57.00
			1,687,113	0	
AC - RECLASS BMT & CAR-T SALARIES & BENEF					
1.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	136,263	40,644	1.00
2.00	CAR-T ACQUISITION	76.04	65,393	19,492	2.00
	TOTALS		201,656	60,136	
AD - CAR-T ACQUISITION EXPENSES					
1.00	CAR-T ACQUISITION	76.04	0	15,371,000	1.00
	TOTALS		0	15,371,000	
500.00	Grand Total: Increases		9,158,236	397,286,793	500.00

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

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	Decreases						5/24/2022 1:19 PM
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS COST OF DRUGS SOLD						
1.00	SOCIAL SERVICE	17.00	0	103,346	0		1.00
2.00	NURSING PROGRAM	20.00	0	207	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	122,708	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	4,924	0		4.00
5.00	CORONARY CARE UNIT	32.00	0	657	0		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,357	0		6.00
7.00	NEURO ICU	35.01	0	2,863	0		7.00
8.00	CARDIO-THORACIC ICU	35.02	0	2,557	0		8.00
9.00	OPERATING ROOM	50.00	0	516,784	0		9.00
10.00	RECOVERY ROOM	51.00	0	1,380	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	314	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	457,672	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,518,309	0		13.00
14.00	ULTRASOUND	54.01	0	3	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,960,574	0		15.00
16.00	RADIOISOTOPE	56.00	0	1,000,176	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	193	0		17.00
18.00	LABORATORY	60.00	0	2,665	0		18.00
19.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	13,220	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	39,120	0		20.00
21.00	RENAL DIALYSIS	74.00	0	40,025	0		21.00
22.00	ENDOSCOPY	76.00	0	5,903	0		22.00
23.00	OB/GYN IN VITRO	76.01	0	2,007	0		23.00
24.00	CLINIC	90.00	0	17,822	0		24.00
25.00	EMERGENCY	91.00	0	6,499	0		25.00
26.00	KIDNEY ACQUISITION	105.00	0	5,201	0		26.00
27.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	131,065	0		27.00
28.00	RETAIL PHARMACY	194.01	0	7,758,171	0		28.00
	0		0	15,715,722			
	B - RECLASS COST OF MEDICAL SUPPLIES CHA						
1.00	OPERATING ROOM	50.00	0	48,942,885	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	386,002	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,027,807	0		3.00
4.00	ULTRASOUND	54.01	0	109,281	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,784	0		5.00
6.00	CT SCAN	57.00	0	701,748	0		6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,812	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	10,809,837	0		8.00
9.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	53	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	173,688	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	8,409	0		11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	17,682	0		12.00
13.00	SPEECH PATHOLOGY	68.00	0	36,090	0		13.00
14.00	RENAL DIALYSIS	74.00	0	421,512	0		14.00
15.00	ENDOSCOPY	76.00	0	2,941,671	0		15.00
16.00	CLINIC	90.00	0	364,927	0		16.00
17.00	EMERGENCY	91.00	0	10,957	0		17.00
	0		0	73,969,145			
	C - RECLASS COST OF IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	67,073,018	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19,330	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,691,069	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,915,438	0		4.00
5.00	CT SCAN	57.00	0	13,490	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	19,091,802	0		6.00
7.00	RENAL DIALYSIS	74.00	0	150	0		7.00
8.00	ENDOSCOPY	76.00	0	1,404,116	0		8.00
9.00	CLINIC	90.00	0	141,159	0		9.00
	0		0	94,349,572			
	D - RECLASS EQUIPMENT DEPRECIATION						
1.00	OPERATION OF PLANT	7.00	0	849,727	9		1.00
2.00	ENDOSCOPY	76.00	0	727,968	0		2.00
3.00	OB/GYN IN VITRO	76.01	0	101,339	0		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,976	0		4.00
5.00	NONPATIENT TELEPHONES	5.01	0	216,332	0		5.00
6.00	PURCHASING RECEIVING AND STORES	5.03	0	486,398	0		6.00
7.00	ADMITTING	5.04	0	11,737	0		7.00

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
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To 12/31/2021

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	Decreases						5/24/2022 1:19 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
8.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43,537,457	0		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	799	0		9.00
10.00	HOUSEKEEPING	9.00	0	254,944	0		10.00
11.00	DIETARY	10.00	0	135,689	0		11.00
12.00	CAFETERIA	11.00	0	269,867	0		12.00
13.00	NURSING ADMINISTRATION	13.00	0	1,967,620	0		13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,233,144	0		14.00
15.00	PHARMACY	15.00	0	3,038,020	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,913	0		16.00
17.00	SOCIAL SERVICE	17.00	0	1,169	0		17.00
18.00	LAB ADMINISTRATION	18.01	0	1,228	0		18.00
19.00	NURSING PROGRAM	20.00	0	142,243	0		19.00
20.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	5,062	0		20.00
21.00	ADULTS & PEDIATRICS	30.00	0	2,186,535	0		21.00
22.00	INTENSIVE CARE UNIT	31.00	0	64,090	0		22.00
23.00	CORONARY CARE UNIT	32.00	0	35,329	0		23.00
24.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	44,176	0		24.00
25.00	NEURO ICU	35.01	0	26,556	0		25.00
26.00	CARDIO-THORACIC ICU	35.02	0	47,287	0		26.00
27.00	OPERATING ROOM	50.00	0	15,239,826	0		27.00
28.00	RECOVERY ROOM	51.00	0	1,005,585	0		28.00
29.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,950,975	0		29.00
30.00	ANESTHESIOLOGY	53.00	0	671,387	0		30.00
31.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,941,053	0		31.00
32.00	ULTRASOUND	54.01	0	305,051	0		32.00
33.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,088,617	0		33.00
34.00	RADIOISOTOPE	56.00	0	117,037	0		34.00
35.00	CT SCAN	57.00	0	1,552,479	0		35.00
36.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,542,012	0		36.00
37.00	CARDIAC CATHETERIZATION	59.00	0	1,451,577	0		37.00
38.00	LABORATORY	60.00	0	695,920	0		38.00
39.00	HLA LAB	60.01	0	86,660	0		39.00
40.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	204,716	0		40.00
41.00	RESPIRATORY THERAPY	65.00	0	429,238	0		41.00
42.00	PHYSICAL THERAPY	66.00	0	2,370	0		42.00
43.00	OCCUPATIONAL THERAPY	67.00	0	34	0		43.00
44.00	SPEECH PATHOLOGY	68.00	0	44,197	0		44.00
45.00	ELECTROCARDIOLOGY	69.00	0	418,511	0		45.00
46.00	ELECTROENCEPHALOGRAPHY	70.00	0	222,397	0		46.00
47.00	RENAL DIALYSIS	74.00	0	494,960	0		47.00
48.00	ELECTROSHOCK THERAPY	76.02	0	3,350	0		48.00
49.00	CLINIC	90.00	0	99,971	0		49.00
50.00	OUTPATIENT PSYCH	90.01	0	1,456	0		50.00
51.00	EMERGENCY	91.00	0	248,048	0		51.00
52.00	KIDNEY ACQUISITION	105.00	0	135	0		52.00
53.00	LUNG ACQUISITION	108.00	0	135	0		53.00
54.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	490,911	0		54.00
55.00	RETAIL PHARMACY	194.01	0	37,636	0		55.00
	0		0	92,752,849			
E - RECLASS FINANCE ACCRUALS							
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,979,541	0		1.00
	0		0	1,979,541			
F - RECLASS WASH U AFFILIATION AGREEMENT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	58,497,762	0		1.00
	0		0	58,497,762			
G - RECLASS COST OF INTERPRETERS							
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	501,435	944,852	0		1.00
	0		501,435	944,852			
H - RECLASS WU MATRIX EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	48,091	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,331,123	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	17,636,796	0		3.00
4.00	SOCIAL SERVICE	17.00	0	152,963	0		4.00
5.00	LAB ADMINISTRATION	18.01	0	5,702,720	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00

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		
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
0			0	31,871,693			
I - RECLASS PARAMEDICAL EDUCATION							
1.00	PHARMACY	15.00	244,630	66,853	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.00	90,472	27,036	0		2.00
0			335,102	93,889			
J - RECLASS FINANCE ACCRUALS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.00	1,312,552	402,095	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	355,149	0		2.00
3.00	ADMITTING	5.04	207	0	0		3.00
4.00	OPERATION OF PLANT	7.00	1,072	0	0		4.00
5.00	SOCIAL SERVICE	17.00	2,869	0	0		5.00
6.00	LAB ADMINISTRATION	18.01	228	0	0		6.00
7.00	ANESTHESIOLOGY	53.00	2,151	0	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	3,425	0	0		8.00
9.00	ULTRASOUND	54.01	872	0	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	1,571	0	0		10.00
11.00	RADIOISOTOPE	56.00	1,331	0	0		11.00
12.00	CT SCAN	57.00	1,297	0	0		12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,418	0	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	5,740	0	0		14.00
15.00	BLOOD STORING, PROCESSING & TRANS.	63.00	1,172	0	0		15.00
16.00	OCCUPATIONAL THERAPY	67.00	544	0	0		16.00
17.00	SPEECH PATHOLOGY	68.00	313	0	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	399	0	0		18.00
19.00	OB/GYN IN VITRO	76.01	31	0	0		19.00
20.00	KIDNEY ACQUISITION	105.00	345	0	0		20.00
21.00	HEART ACQUISITION	106.00	230	0	0		21.00
22.00	LIVER ACQUISITION	107.00	131	0	0		22.00
23.00	LUNG ACQUISITION	108.00	263	0	0		23.00
24.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	1,449	0	0		24.00
25.00	RETAIL PHARMACY	194.01	1,770	0	0		25.00
26.00		0.00	0	0	0		26.00
0			1,342,380	757,244			
K - RECLASS NURSERY COSTS							
1.00	ADULTS & PEDIATRICS	30.00	1,852,915	1,058,528	0		1.00
0			1,852,915	1,058,528			
L - RECLASS DIETARY COSTS TO CAFETERIA							
1.00	DIETARY	10.00	1,317,588	4,370,659	0		1.00
0			1,317,588	4,370,659			
M - RECLASS PRETRANSPLANT RELATED DIETIC							
1.00	DIETARY	10.00	25,279	6,969	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			25,279	6,969			
N - RECLASS TRANSPLANT SALARIES AND BENE							
1.00	OPERATING ROOM	50.00	630,554	143,743	0		1.00
2.00	HEART ACQUISITION	106.00	126,745	56,317	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
0			757,299	200,060			
O - RECLASS PRETRANSPLANT RELATED SOCIAL							
1.00	SOCIAL SERVICE	17.00	189,167	55,805	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			189,167	55,805			

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	Decreases				Wkst. A-7 Ref.			
	Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00				10.00
	P - RECLASS SALARIES PORTION OF RESEARCH							
1.00	RESEARCH ADMINISTRATION	18.02	0	82,987	0	1.00		
	0		0	82,987				
	Q - RECLASS BARNARD BUILDING RENTAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	13,025	0	1.00		
2.00		0.00	0	0	0	2.00		
3.00		0.00	0	0	0	3.00		
4.00		0.00	0	0	0	4.00		
	0		0	13,025				
	R - RECLASS NONREIMBURSABLE PARKING							
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	13,853	9	1.00		
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,558,337	9	2.00		
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	65,483	105,099	0	3.00		
4.00	OPERATION OF PLANT	7.00	0	102,142	0	4.00		
	0		65,483	1,779,431				
	S - RECLASS CORNEAL TISSUE ACQUISITION C							
1.00	OPERATING ROOM	50.00	0	739,034	0	1.00		
	0		0	739,034				
	T - RECLASS EXTENDED RECOVERY NURSING SE							
1.00	ADULTS & PEDIATRICS	30.00	0	145,190	0	1.00		
	0		0	145,190				
	U - RECLASS PHYSICIAN SUITE CLEANING COS							
1.00	HOUSEKEEPING	9.00	121,416	35,589	0	1.00		
	0		121,416	35,589				
	V - RECLASS PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,905,591	0	1.00		
	0		0	1,905,591				
	W - RECLASS RECRUITING BONUSES AND RELOC							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	375,750	0	1.00		
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	13,182	0	2.00		
3.00	DIETARY	10.00	3,000	0	0	3.00		
4.00	NURSING ADMINISTRATION	13.00	0	66,527	0	4.00		
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,000	0	5.00		
6.00	SOCIAL SERVICE	17.00	0	16,500	0	6.00		
7.00	LAB ADMINISTRATION	18.01	0	5,000	0	7.00		
8.00	ADULTS & PEDIATRICS	30.00	0	17,000	0	8.00		
9.00	INTENSIVE CARE UNIT	31.00	0	4,000	0	9.00		
10.00	CORONARY CARE UNIT	32.00	0	3,000	0	10.00		
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,000	0	11.00		
12.00	NEURO ICU	35.01	0	14,000	0	12.00		
13.00	OPERATING ROOM	50.00	0	30,000	0	13.00		
14.00	RADIOLOGY-THERAPEUTIC	55.00	2,500	0	0	14.00		
15.00	LABORATORY	60.00	0	5,000	0	15.00		
16.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,000	0	16.00		
17.00	RESPIRATORY THERAPY	65.00	0	6,500	0	17.00		
18.00	ELECTROCARDIOLOGY	69.00	0	2,500	0	18.00		
19.00	EMERGENCY	91.00	0	5,000	0	19.00		
20.00		0.00	0	0	0	20.00		
21.00		0.00	0	0	0	21.00		
22.00		0.00	0	0	0	22.00		
23.00		0.00	0	0	0	23.00		
24.00		0.00	0	0	0	24.00		
25.00		0.00	0	0	0	25.00		
26.00		0.00	0	0	0	26.00		
27.00		0.00	0	0	0	27.00		
28.00		0.00	0	0	0	28.00		
29.00		0.00	0	0	0	29.00		
30.00		0.00	0	0	0	30.00		
31.00		0.00	0	0	0	31.00		
32.00		0.00	0	0	0	32.00		
33.00		0.00	0	0	0	33.00		
34.00		0.00	0	0	0	34.00		
35.00		0.00	0	0	0	35.00		
36.00		0.00	0	0	0	36.00		
37.00		0.00	0	0	0	37.00		
38.00		0.00	0	0	0	38.00		
39.00		0.00	0	0	0	39.00		
40.00		0.00	0	0	0	40.00		

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/24/2022 1:19 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
41.00		0.00	0	0	0		41.00	
42.00		0.00	0	0	0		42.00	
43.00		0.00	0	0	0		43.00	
44.00		0.00	0	0	0		44.00	
45.00		0.00	0	0	0		45.00	
46.00		0.00	0	0	0		46.00	
47.00		0.00	0	0	0		47.00	
48.00		0.00	0	0	0		48.00	
49.00		0.00	0	0	0		49.00	
50.00		0.00	0	0	0		50.00	
51.00		0.00	0	0	0		51.00	
52.00		0.00	0	0	0		52.00	
53.00		0.00	0	0	0		53.00	
54.00		0.00	0	0	0		54.00	
55.00		0.00	0	0	0		55.00	
56.00		0.00	0	0	0		56.00	
57.00		0.00	0	0	0		57.00	
58.00		0.00	0	0	0		58.00	
59.00		0.00	0	0	0		59.00	
	0		5,500	572,959				
X - RECLASS FEDERAL AND FOUNDATION RESEA								
1.00	NURSING ADMINISTRATION	13.00	16,515	4,824	0		1.00	
2.00	SOCIAL SERVICE	17.00	44,451	14,027	0		2.00	
3.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	3,961	9,960	0		3.00	
	0		64,927	28,811				
Y - RECLASS ASBESTOS ABATEMENT PAYMENTS								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	563,132	0		1.00	
	0		0	563,132				
Z - RECLASS PRE-TRANSPLANT RELATED PHARM								
1.00	PHARMACY	15.00	40,530	10,652	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		40,530	10,652				
AA - RECLASS PRE-TRANSPLANT VAD CONTRACT								
1.00	OPERATING ROOM	50.00	0	5,412	0		1.00	
	0		0	5,412				
AB - RECLASS EMPLOYEE VACCINE BONUSES								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,687,113	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	

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/24/2022 1:19 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
			1,687,113	0			
AC - RECLASS BMT & CAR-T SALARIES & BENEF							
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	70,859	21,340	0		1.00
2.00	NURSING ADMINISTRATION	13.00	130,797	38,796	0		2.00
	TOTALS		201,656	60,136			
AD - CAR-T ACQUISITION EXPENSES							
1.00	NURSING ADMINISTRATION	13.00	0	15,371,000	0		1.00
	TOTALS		0	15,371,000			
500.00	Grand Total: Decreases		8,507,790	397,937,239			500.00

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/24/2022 1:19 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
A - RECLASS COST OF DRUGS SOLD									
1.00	PHARMACY	15.00	0	15,715,722	SOCIAL SERVICE	17.00	0	103,346	1.00
2.00		0.00	0		0 NURSING PROGRAM	20.00	0	207	2.00
3.00		0.00	0		0 ADULTS & PEDIATRICS	30.00	0	122,708	3.00
4.00		0.00	0		0 INTENSIVE CARE UNIT	31.00	0	4,924	4.00
5.00		0.00	0		0 CORONARY CARE UNIT	32.00	0	657	5.00
6.00		0.00	0		0 SURGICAL INTENSIVE CARE UNIT	34.00	0	1,357	6.00
7.00		0.00	0		0 NEURO ICU	35.01	0	2,863	7.00
8.00		0.00	0		0 CARDIO-THORACIC ICU	35.02	0	2,557	8.00
9.00		0.00	0		0 OPERATING ROOM	50.00	0	516,784	9.00
10.00		0.00	0		0 RECOVERY ROOM	51.00	0	1,380	10.00
11.00		0.00	0		0 DELIVERY ROOM & LABOR ROOM	52.00	0	314	11.00
12.00		0.00	0		0 ANESTHESIOLOGY	53.00	0	457,672	12.00
13.00		0.00	0		0 RADIOLOGY-DIAGNOSTIC	54.00	0	2,518,309	13.00
14.00		0.00	0		0 ULTRASOUND	54.01	0	3	14.00
15.00		0.00	0		0 RADIOLOGY-THERAPEUTIC	55.00	0	2,960,574	15.00
16.00		0.00	0		0 RADIOISOTOPE	56.00	0	1,000,176	16.00
17.00		0.00	0		0 CARDIAC CATHETERIZATION	59.00	0	193	17.00
18.00		0.00	0		0 LABORATORY	60.00	0	2,665	18.00
19.00		0.00	0		0 BLOOD STORING, PROCESSING & TRANS.	63.00	0	13,220	19.00
20.00		0.00	0		0 ELECTROCARDIOLOGY	69.00	0	39,120	20.00
21.00		0.00	0		0 RENAL DIALYSIS	74.00	0	40,025	21.00
22.00		0.00	0		0 ENDOSCOPY	76.00	0	5,903	22.00
23.00		0.00	0		0 OB/GYN IN VITRO	76.01	0	2,007	23.00
24.00		0.00	0		0 CLINIC	90.00	0	17,822	24.00
25.00		0.00	0		0 EMERGENCY	91.00	0	6,499	25.00
26.00		0.00	0		0 KIDNEY ACQUISITION	105.00	0	5,201	26.00
27.00		0.00	0		0 OTHER NONREIMBURSABLE COST CENTERS	194.00	0	131,065	27.00
28.00		0.00	0		0 RETAIL PHARMACY	194.01	0	7,758,171	28.00
0			0	15,715,722	0		0	15,715,722	
B - RECLASS COST OF MEDICAL SUPPLIES CHARGED TO PATIENTS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	73,969,145	OPERATING ROOM	50.00	0	48,942,885	1.00
2.00		0.00	0		0 DELIVERY ROOM & LABOR ROOM	52.00	0	386,002	2.00
3.00		0.00	0		0 RADIOLOGY-DIAGNOSTIC	54.00	0	9,027,807	3.00
4.00		0.00	0		0 ULTRASOUND	54.01	0	109,281	4.00
5.00		0.00	0		0 RADIOLOGY-THERAPEUTIC	55.00	0	3,784	5.00
6.00		0.00	0		0 CT SCAN	57.00	0	701,748	6.00
7.00		0.00	0		0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,812	7.00
8.00		0.00	0		0 CARDIAC CATHETERIZATION	59.00	0	10,809,837	8.00
9.00		0.00	0		0 BLOOD STORING, PROCESSING & TRANS.	63.00	0	53	9.00
10.00		0.00	0		0 RESPIRATORY THERAPY	65.00	0	173,688	10.00
11.00		0.00	0		0 PHYSICAL THERAPY	66.00	0	8,409	11.00
12.00		0.00	0		0 OCCUPATIONAL THERAPY	67.00	0	17,682	12.00
13.00		0.00	0		0 SPEECH PATHOLOGY	68.00	0	36,090	13.00
14.00		0.00	0		0 RENAL DIALYSIS	74.00	0	421,512	14.00
15.00		0.00	0		0 ENDOSCOPY	76.00	0	2,941,671	15.00
16.00		0.00	0		0 CLINIC	90.00	0	364,927	16.00
17.00		0.00	0		0 EMERGENCY	91.00	0	10,957	17.00
0			0	73,969,145	0		0	73,969,145	
C - RECLASS COST OF IMPLANTABLE DEVICES									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	94,349,572	OPERATING ROOM	50.00	0	67,073,018	1.00
2.00		0.00	0		0 DELIVERY ROOM & LABOR ROOM	52.00	0	19,330	2.00
3.00		0.00	0		0 RADIOLOGY-DIAGNOSTIC	54.00	0	4,691,069	3.00
4.00		0.00	0		0 RADIOLOGY-THERAPEUTIC	55.00	0	1,915,438	4.00
5.00		0.00	0		0 CT SCAN	57.00	0	13,490	5.00
6.00		0.00	0		0 CARDIAC CATHETERIZATION	59.00	0	19,091,802	6.00
7.00		0.00	0		0 RENAL DIALYSIS	74.00	0	150	7.00
8.00		0.00	0		0 ENDOSCOPY	76.00	0	1,404,116	8.00
9.00		0.00	0		0 CLINIC	90.00	0	141,159	9.00
0			0	94,349,572	0		0	94,349,572	

RECLASSIFICATIONS

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From 01/01/2021
To 12/31/2021Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/24/2022 1:19 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
D - RECLASS EQUIPMENT DEPRECIATION									
1.00	NEW CAP REL	2.00	0	92,752,849	OPERATION OF PLANT	7.00	0	849,727	1.00
2.00	COSTS-MVBLE EQUIP	0.00	0		0	ENDOSCOPY	76.00	0	727,968
3.00		0.00	0		0	OB/GYN IN VITRO	76.01	0	101,339
4.00		0.00	0		0	EMPLOYEE BENEFITS	4.00	0	13,976
						DEPARTMENT			
5.00		0.00	0		0	NONPATIENT TELEPHONES	5.01	0	216,332
6.00		0.00	0		0	PURCHASING RECEIVING	5.03	0	486,398
						AND STORES			
7.00		0.00	0		0	ADMITTING	5.04	0	11,737
8.00		0.00	0		0	OTHER ADMINISTRATIVE	5.06	0	43,537,457
						AND GENERAL			
9.00		0.00	0		0	LAUNDRY & LINEN	8.00	0	799
						SERVICE			
10.00		0.00	0		0	HOUSEKEEPING	9.00	0	254,944
11.00		0.00	0		0	DIETARY	10.00	0	135,689
12.00		0.00	0		0	CAFETERIA	11.00	0	269,867
13.00		0.00	0		0	NURSING	13.00	0	1,967,620
						ADMINISTRATION			
14.00		0.00	0		0	CENTRAL SERVICES &	14.00	0	1,233,144
						SUPPLY			
15.00		0.00	0		0	PHARMACY	15.00	0	3,038,020
16.00		0.00	0		0	MEDICAL RECORDS &	16.00	0	7,913
						LIBRARY			
17.00		0.00	0		0	SOCIAL SERVICE	17.00	0	1,169
18.00		0.00	0		0	LAB ADMINISTRATION	18.01	0	1,228
19.00		0.00	0		0	NURSING PROGRAM	20.00	0	142,243
20.00		0.00	0		0	I&R SERVICES-SALARY &	21.00	0	5,062
						FRINGES APPRVD			
21.00		0.00	0		0	ADULTS & PEDIATRICS	30.00	0	2,186,535
22.00		0.00	0		0	INTENSIVE CARE UNIT	31.00	0	64,090
23.00		0.00	0		0	CORONARY CARE UNIT	32.00	0	35,329
24.00		0.00	0		0	SURGICAL INTENSIVE	34.00	0	44,176
						CARE UNIT			
25.00		0.00	0		0	NEURO ICU	35.01	0	26,556
26.00		0.00	0		0	CARDIO-THORACIC ICU	35.02	0	47,287
27.00		0.00	0		0	OPERATING ROOM	50.00	0	15,239,826
28.00		0.00	0		0	RECOVERY ROOM	51.00	0	1,005,585
29.00		0.00	0		0	DELIVERY ROOM & LABOR	52.00	0	1,950,975
						ROOM			
30.00		0.00	0		0	ANESTHESIOLOGY	53.00	0	671,387
31.00		0.00	0		0	RADIOLOGY-DIAGNOSTIC	54.00	0	3,941,053
32.00		0.00	0		0	ULTRASOUND	54.01	0	305,051
33.00		0.00	0		0	RADIOLOGY-THERAPEUTIC	55.00	0	6,088,617
34.00		0.00	0		0	RADIOISOTOPE	56.00	0	117,037
35.00		0.00	0		0	CT SCAN	57.00	0	1,552,479
36.00		0.00	0		0	MAGNETIC RESONANCE	58.00	0	1,542,012
						IMAGING (MRI)			
37.00		0.00	0		0	CARDIAC	59.00	0	1,451,577
						CATHETERIZATION			
38.00		0.00	0		0	LABORATORY	60.00	0	695,920
39.00		0.00	0		0	HLA LAB	60.01	0	86,660
40.00		0.00	0		0	BLOOD STORING,	63.00	0	204,716
						PROCESSING & TRANS.			
41.00		0.00	0		0	RESPIRATORY THERAPY	65.00	0	429,238
42.00		0.00	0		0	PHYSICAL THERAPY	66.00	0	2,370
43.00		0.00	0		0	OCCUPATIONAL THERAPY	67.00	0	34
44.00		0.00	0		0	SPEECH PATHOLOGY	68.00	0	44,197
45.00		0.00	0		0	ELECTROCARDIOLOGY	69.00	0	418,511
46.00		0.00	0		0	ELECTROENCEPHALOGRAPH	70.00	0	222,397
						Y			
47.00		0.00	0		0	RENAL DIALYSIS	74.00	0	494,960
48.00		0.00	0		0	ELECTROSHOCK THERAPY	76.02	0	3,350
49.00		0.00	0		0	CLINIC	90.00	0	99,971
50.00		0.00	0		0	OUTPATIENT PSYCH	90.01	0	1,456
51.00		0.00	0		0	EMERGENCY	91.00	0	248,048
52.00		0.00	0		0	KIDNEY ACQUISITION	105.00	0	135
53.00		0.00	0		0	LUNG ACQUISITION	108.00	0	135
54.00		0.00	0		0	OTHER NONREIMBURSABLE	194.00	0	490,911
						COST CENTERS			
55.00		0.00	0		0	RETAIL PHARMACY	194.01	0	37,636
0			0	92,752,849	0			0	92,752,849

RECLASSIFICATIONS

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Period:
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Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
E - RECLASS FINANCE ACCRUALS									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,979,541	RADIOLOGY-THERAPEUTIC	55.00	0	1,979,541	1.00
			0	1,979,541			0	1,979,541	
F - RECLASS WASH U AFFILIATION AGREEMENT									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	58,497,762	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	58,497,762	1.00
			0	58,497,762			0	58,497,762	
G - RECLASS COST OF INTERPRETERS									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	501,435	944,852	OTHER NONREIMBURSABLE COST CENTERS	194.00	501,435	944,852	1.00
			501,435	944,852			501,435	944,852	
H - RECLASS WU MATRIX EXPENSE									
1.00	ADULTS & PEDIATRICS	30.00	0	6,785,906	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	48,091	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	7,761,290	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,331,123	2.00
3.00	CORONARY CARE UNIT	32.00	0	63,685	NURSING ADMINISTRATION	13.00	0	17,636,796	3.00
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,418,562	SOCIAL SERVICE	17.00	0	152,963	4.00
5.00	CARDIO-THORACIC ICU	35.02	0	1,233,224	LAB ADMINISTRATION	18.01	0	5,702,720	5.00
6.00	OPERATING ROOM	50.00	0	6,712,953		0.00	0	0	6.00
7.00	RECOVERY ROOM	51.00	0	16,198		0.00	0	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	188,959		0.00	0	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	158,351		0.00	0	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	668,756		0.00	0	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	128,410		0.00	0	0	11.00
12.00	LABORATORY	60.00	0	5,792,149		0.00	0	0	12.00
13.00	CLINIC	90.00	0	819,399		0.00	0	0	13.00
14.00	EMERGENCY	91.00	0	68,834		0.00	0	0	14.00
15.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	55,017		0.00	0	0	15.00
			0	31,871,693			0	31,871,693	
I - RECLASS PARAMEDICAL EDUCATION									
1.00	PARAMED ED PRGM-PHARMACY	23.01	244,630	66,853	PHARMACY	15.00	244,630	66,853	1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	90,472	27,036	OTHER ADMINISTRATIVE AND GENERAL	5.06	90,472	27,036	2.00
			335,102	93,889			335,102	93,889	
J - RECLASS FINANCE ACCRUALS									
1.00	NONPATIENT TELEPHONES	5.01	482	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,312,552	402,095	1.00
2.00	HOUSEKEEPING	9.00	9,515	0	PURCHASING RECEIVING AND STORES	5.03	0	355,149	2.00
3.00	DIETARY	10.00	9,849	0	ADMITTING	5.04	207	0	3.00
4.00	CAFETERIA	11.00	1,485	0	OPERATION OF PLANT	7.00	1,072	0	4.00
5.00	NURSING ADMINISTRATION	13.00	87,180	0	SOCIAL SERVICE	17.00	2,869	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	91	0	LAB ADMINISTRATION	18.01	228	0	6.00
7.00	PHARMACY	15.00	22,434	0	ANESTHESIOLOGY	53.00	2,151	0	7.00
8.00	NURSING PROGRAM	20.00	1,517	0	RADIOLOGY-DIAGNOSTIC	54.00	3,425	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	663,603	757,244	ULTRASOUND	54.01	872	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	87,291	0	RADIOLOGY-THERAPEUTIC	55.00	1,571	0	10.00
11.00	CORONARY CARE UNIT	32.00	11,129	0	RADIOISOTOPE	56.00	1,331	0	11.00
12.00	SURGICAL INTENSIVE CARE UNIT	34.00	23,643	0	CT SCAN	57.00	1,297	0	12.00
13.00	NEURO ICU	35.01	20,581	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,418	0	13.00
14.00	CARDIO-THORACIC ICU	35.02	111,662	0	CARDIAC CATHETERIZATION	59.00	5,740	0	14.00
15.00	OPERATING ROOM	50.00	74,505	0	BLOOD STORING, PROCESSING & TRANS.	63.00	1,172	0	15.00
16.00	RECOVERY ROOM	51.00	12,520	0	OCCUPATIONAL THERAPY	67.00	544	0	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	63,851	0	SPEECH PATHOLOGY	68.00	313	0	17.00
18.00	LABORATORY	60.00	27,506	0	ELECTROCARDIOLOGY	69.00	399	0	18.00
19.00	RESPIRATORY THERAPY	65.00	31,940	0	OB/GYN IN VITRO	76.01	31	0	19.00
20.00	PHYSICAL THERAPY	66.00	1,517	0	KIDNEY ACQUISITION	105.00	345	0	20.00
21.00	ELECTROENCEPHALOGRAPH Y	70.00	16	0	HEART ACQUISITION	106.00	230	0	21.00
22.00	RENAL DIALYSIS	74.00	10,358	0	LIVER ACQUISITION	107.00	131	0	22.00

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Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
23.00	ENDOSCOPY	76.00	14,150	0	LUNG ACQUISITION	108.00	263	0	23.00
24.00	ELECTROSHOCK THERAPY	76.02	98	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	1,449	0	24.00
25.00	CLINIC	90.00	21,045	0	RETAIL PHARMACY	194.01	1,770	0	25.00
26.00	EMERGENCY	91.00	34,412	0		0.00	0	0	26.00
0			1,342,380	757,244	0		1,342,380	757,244	
K - RECLASS NURSERY COSTS									
1.00	NURSERY	43.00	1,852,915	1,058,528	ADULTS & PEDIATRICS	30.00	1,852,915	1,058,528	1.00
0			1,852,915	1,058,528	0		1,852,915	1,058,528	
L - RECLASS DIETARY COSTS TO CAFETERIA									
1.00	CAFETERIA	11.00	1,317,588	4,370,659	DIETARY	10.00	1,317,588	4,370,659	1.00
0			1,317,588	4,370,659	0		1,317,588	4,370,659	
M - RECLASS PRETRANSPLANT RELATED DIETIC									
1.00	KIDNEY ACQUISITION	105.00	74	20	DIETARY	10.00	25,279	6,969	1.00
2.00	HEART ACQUISITION	106.00	4,808	1,326		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	9,860	2,718		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	10,537	2,905		0.00	0	0	4.00
0			25,279	6,969	0		25,279	6,969	
N - RECLASS TRANSPLANT SALARIES AND BENE									
1.00	KIDNEY ACQUISITION	105.00	413,633	108,440	OPERATING ROOM	50.00	630,554	143,743	1.00
2.00	LIVER ACQUISITION	107.00	208,223	55,199	HEART ACQUISITION	106.00	126,745	56,317	2.00
3.00	LUNG ACQUISITION	108.00	118,734	32,033		0.00	0	0	3.00
4.00	PANCREAS ACQUISITION	109.00	16,709	4,388		0.00	0	0	4.00
0			757,299	200,060	0		757,299	200,060	
O - RECLASS PRETRANSPLANT RELATED SOCIAL									
1.00	KIDNEY ACQUISITION	105.00	116,721	34,433	SOCIAL SERVICE	17.00	189,167	55,805	1.00
2.00	HEART ACQUISITION	106.00	6,256	1,846		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	34,075	10,052		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	32,115	9,474		0.00	0	0	4.00
0			189,167	55,805	0		189,167	55,805	
P - RECLASS SALARIES PORTION OF RESEARCH									
1.00	RESEARCH ADMINISTRATION	18.02	82,987	0	RESEARCH ADMINISTRATION	18.02	0	82,987	1.00
0			82,987	0	0		0	82,987	
Q - RECLASS BARNARD BUILDING RENTAL									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,448	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	13,025	1.00
2.00	HOUSEKEEPING	9.00	0	2,630		0.00	0	0	2.00
3.00	LABORATORY	60.00	0	4,027		0.00	0	0	3.00
4.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	2,920		0.00	0	0	4.00
0			0	13,025	0		0	13,025	
R - RECLASS NONREIMBURSABLE PARKING									
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	65,483	1,779,431	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	13,853	1.00
2.00		0.00	0	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,558,337	2.00
3.00		0.00	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	65,483	105,099	3.00
4.00		0.00	0	0	OPERATION OF PLANT	7.00	0	102,142	4.00
0			65,483	1,779,431	0		65,483	1,779,431	
S - RECLASS CORNEAL TISSUE ACQUISITION C									
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	739,034	OPERATING ROOM	50.00	0	739,034	1.00
0			0	739,034	0		0	739,034	
T - RECLASS EXTENDED RECOVERY NURSING SE									
1.00	RECOVERY ROOM	51.00	0	145,190	ADULTS & PEDIATRICS	30.00	0	145,190	1.00
0			0	145,190	0		0	145,190	
U - RECLASS PHYSICIAN SUITE CLEANING COS									
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	121,416	35,589	HOUSEKEEPING	9.00	121,416	35,589	1.00
0			121,416	35,589	0		121,416	35,589	
V - RECLASS PROPERTY INSURANCE									
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,905,591	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,905,591	1.00
0			0	1,905,591	0		0	1,905,591	
W - RECLASS RECRUITING BONUSES AND RELOC									
1.00	NONPATIENT TELEPHONES	5.01	500	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	375,750	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	500	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	13,182	2.00
3.00	ADMITTING	5.04	3,500	0	DIETARY	10.00	3,000	0	3.00
4.00	OPERATION OF PLANT	7.00	5,000	0	NURSING ADMINISTRATION	13.00	0	66,527	4.00

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Increases					Decreases				
	Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other
	2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00
5.00	HOUSEKEEPING	9.00	18,000		0	CENTRAL SERVICES & SUPPLY	14.00	0	4,000
6.00	DIETARY	10.00	2,000		0	SOCIAL SERVICE	17.00	0	16,500
7.00	CAFETERIA	11.00	2,500		0	LAB ADMINISTRATION	18.01	0	5,000
8.00	CENTRAL SERVICES & SUPPLY	14.00	13,500		0	ADULTS & PEDIATRICS	30.00	0	17,000
9.00	PHARMACY	15.00	9,500		0	INTENSIVE CARE UNIT	31.00	0	4,000
10.00	MEDICAL RECORDS & LIBRARY	16.00	1,000		0	CORONARY CARE UNIT	32.00	0	3,000
11.00	SOCIAL SERVICE	17.00	7,500		0	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,000
12.00	LAB ADMINISTRATION	18.01	8,250		0	NEURO ICU	35.01	0	14,000
13.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,500		0	OPERATING ROOM	50.00	0	30,000
14.00	ADULTS & PEDIATRICS	30.00	79,750		0	RADIOLOGY-THERAPEUTIC	55.00	2,500	0
15.00	INTENSIVE CARE UNIT	31.00	4,750		0	LABORATORY	60.00	0	5,000
16.00	CORONARY CARE UNIT	32.00	2,500		0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,000
17.00	SURGICAL INTENSIVE CARE UNIT	34.00	5,750		0	RESPIRATORY THERAPY	65.00	0	6,500
18.00	NEURO ICU	35.01	6,750		0	ELECTROCARDIOLOGY	69.00	0	2,500
19.00	RECOVERY ROOM	51.00	13,750		0	EMERGENCY	91.00	0	5,000
20.00	DELIVERY ROOM & LABOR ROOM	52.00	15,500		0		0.00	0	0
21.00	RADIOLOGY-DIAGNOSTIC	54.00	6,750	0			0.00	0	0
22.00	ULTRASOUND	54.01	2,000	0			0.00	0	0
23.00	RADIOLOGY-THERAPEUTIC	55.00	4,000	0			0.00	0	0
24.00	RADIOISOTOPE	56.00	1,000	0			0.00	0	0
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	4,500	0			0.00	0	0
26.00	CARDIAC CATHETERIZATION	59.00	3,000	0			0.00	0	0
27.00	LABORATORY	60.00	16,500	0			0.00	0	0
28.00	RESPIRATORY THERAPY	65.00	5,750	0			0.00	0	0
29.00	PHYSICAL THERAPY	66.00	6,000	0			0.00	0	0
30.00	OCCUPATIONAL THERAPY	67.00	6,250	0			0.00	0	0
31.00	RENAL DIALYSIS	74.00	2,500	0			0.00	0	0
32.00	ENDOSCOPY	76.00	500	0			0.00	0	0
33.00	CLINIC	90.00	10,250	0			0.00	0	0
34.00	EMERGENCY	91.00	6,000	0			0.00	0	0
35.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	6,000	0			0.00	0	0
36.00	RETAIL PHARMACY	194.01	5,500	0			0.00	0	0
37.00	MARKETING/COMMUNITY RELATIONS	194.02	500	0			0.00	0	0
38.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	56,250	0			0.00	0	0
39.00	NURSING PROGRAM	20.00	3,000	0			0.00	0	0
40.00	OPERATING ROOM	50.00	19,500	0			0.00	0	0
41.00	NURSING ADMINISTRATION	13.00	6,000	0			0.00	0	0
42.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	13,182	0			0.00	0	0
43.00	DIETARY	10.00	0	3,000			0.00	0	0
44.00	NURSING ADMINISTRATION	13.00	66,527	0			0.00	0	0
45.00	CENTRAL SERVICES & SUPPLY	14.00	4,000	0			0.00	0	0
46.00	SOCIAL SERVICE	17.00	16,500	0			0.00	0	0
47.00	LAB ADMINISTRATION	18.01	5,000	0			0.00	0	0
48.00	ADULTS & PEDIATRICS	30.00	17,000	0			0.00	0	0
49.00	INTENSIVE CARE UNIT	31.00	4,000	0			0.00	0	0
50.00	CORONARY CARE UNIT	32.00	3,000	0			0.00	0	0
51.00	SURGICAL INTENSIVE CARE UNIT	34.00	2,000	0			0.00	0	0
52.00	NEURO ICU	35.01	14,000	0			0.00	0	0
53.00	OPERATING ROOM	50.00	30,000	0			0.00	0	0
54.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,500			0.00	0	0
55.00	LABORATORY	60.00	5,000	0			0.00	0	0
56.00	BLOOD STORING, PROCESSING & TRANS.	63.00	3,000	0			0.00	0	0
57.00	RESPIRATORY THERAPY	65.00	6,500	0			0.00	0	0
58.00	ELECTROCARDIOLOGY	69.00	2,500	0			0.00	0	0
59.00	EMERGENCY	91.00	5,000	0			0.00	0	0
	0		572,959	5,500	0			5,500	572,959

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	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
X - RECLASS FEDERAL AND FOUNDATION RESEA									
1.00	RESEARCH	191.00	64,927	28,811	NURSING	13.00	16,515	4,824	1.00
2.00		0.00	0	0	ADMINISTRATION	17.00	44,451	14,027	2.00
3.00		0.00	0	0	SOCIAL SERVICE	194.00	3,961	9,960	3.00
					OTHER NONREIMBURSABLE				
					COST CENTERS				
0			64,927	28,811	0		64,927	28,811	
Y - RECLASS ASBESTOS ABATEMENT PAYMENTS									
1.00	OPERATION OF PLANT	7.00	0	563,132	OTHER ADMINISTRATIVE	5.00	0	563,132	1.00
					AND GENERAL				
0			0	563,132	0		0	563,132	
Z - RECLASS PRE-TRANSPLANT RELATED PHARM									
1.00	KIDNEY ACQUISITION	105.00	8,998	2,365	PHARMACY	15.00	40,530	10,652	1.00
2.00	HEART ACQUISITION	106.00	7,891	2,074		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	4,709	1,238		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	18,932	4,975		0.00	0	0	4.00
0			40,530	10,652	0		40,530	10,652	
AA - RECLASS PRE-TRANSPLANT VAD CONTRACT									
1.00	HEART ACQUISITION	106.00	0	5,412	OPERATING ROOM	50.00	0	5,412	1.00
0			0	5,412	0		0	5,412	
AB - RECLASS EMPLOYEE VACCINE BONUSES									
1.00	EMPLOYEE BENEFITS	4.00	11,766	0	OTHER ADMINISTRATIVE	5.00	1,687,113	0	1.00
	DEPARTMENT				AND GENERAL				
2.00	NONPATIENT TELEPHONES	5.01	4,840	0		0.00	0	0	2.00
3.00	PURCHASING RECEIVING	5.03	5,889	0		0.00	0	0	3.00
	AND STORES								
4.00	ADMITTING	5.04	34,253	0		0.00	0	0	4.00
5.00	OPERATION OF PLANT	7.00	37,762	0		0.00	0	0	5.00
6.00	HOUSEKEEPING	9.00	50,149	0		0.00	0	0	6.00
7.00	DIETARY	10.00	28,516	0		0.00	0	0	7.00
8.00	CAFETERIA	11.00	5,443	0		0.00	0	0	8.00
9.00	NURSING	13.00	145,454	0		0.00	0	0	9.00
	ADMINISTRATION								
10.00	CENTRAL SERVICES & SUPPLY	14.00	22,816	0		0.00	0	0	10.00
11.00	PHARMACY	15.00	92,683	0		0.00	0	0	11.00
12.00	SOCIAL SERVICE	17.00	40,701	0		0.00	0	0	12.00
13.00	LAB ADMINISTRATION	18.01	24,236	0		0.00	0	0	13.00
14.00	NURSING PROGRAM	20.00	12,929	0		0.00	0	0	14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	954	0		0.00	0	0	15.00
16.00	PARAMED ED	23.02	553	0		0.00	0	0	16.00
	PRGM-PASTORAL ED								
17.00	ADULTS & PEDIATRICS	30.00	318,341	0		0.00	0	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	43,411	0		0.00	0	0	18.00
19.00	CORONARY CARE UNIT	32.00	14,749	0		0.00	0	0	19.00
20.00	SURGICAL INTENSIVE CARE UNIT	34.00	29,842	0		0.00	0	0	20.00
21.00	NEURO ICU	35.01	23,340	0		0.00	0	0	21.00
22.00	CARDIO-THORACIC ICU	35.02	34,258	0		0.00	0	0	22.00
23.00	OPERATING ROOM	50.00	148,352	0		0.00	0	0	23.00
24.00	RECOVERY ROOM	51.00	46,180	0		0.00	0	0	24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	26,893	0		0.00	0	0	25.00
26.00	ANESTHESIOLOGY	53.00	6,439	0		0.00	0	0	26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	46,854	0		0.00	0	0	27.00
28.00	ULTRASOUND	54.01	4,487	0		0.00	0	0	28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	42,035	0		0.00	0	0	29.00
30.00	RADIOISOTOPE	56.00	4,419	0		0.00	0	0	30.00
31.00	CT SCAN	57.00	12,396	0		0.00	0	0	31.00
32.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	12,684	0		0.00	0	0	32.00
33.00	CARDIAC CATHETERIZATION	59.00	15,495	0		0.00	0	0	33.00
34.00	LABORATORY	60.00	74,228	0		0.00	0	0	34.00
35.00	HLA LAB	60.01	4,216	0		0.00	0	0	35.00
36.00	BLOOD STORING, PROCESSING & TRANS.	63.00	14,513	0		0.00	0	0	36.00
37.00	RESPIRATORY THERAPY	65.00	25,804	0		0.00	0	0	37.00
38.00	PHYSICAL THERAPY	66.00	17,111	0		0.00	0	0	38.00
39.00	OCCUPATIONAL THERAPY	67.00	9,545	0		0.00	0	0	39.00
40.00	SPEECH PATHOLOGY	68.00	2,896	0		0.00	0	0	40.00
41.00	ELECTROCARDIOLOGY	69.00	15,463	0		0.00	0	0	41.00
42.00	ELECTROENCEPHALOGRAPH Y	70.00	4,159	0		0.00	0	0	42.00

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/24/2022 1:19 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
43.00	RENAL DIALYSIS	74.00	6,571	0		0.00	0	0	43.00
44.00	ENDOSCOPY	76.00	10,884	0		0.00	0	0	44.00
45.00	OB/GYN IN VITRO	76.01	4,262	0		0.00	0	0	45.00
46.00	ELECTROSHOCK THERAPY	76.02	1,393	0		0.00	0	0	46.00
47.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	1,106	0		0.00	0	0	47.00
48.00	CLINIC	90.00	46,714	0		0.00	0	0	48.00
49.00	OUTPATIENT PSYCH	90.01	480	0		0.00	0	0	49.00
50.00	EMERGENCY	91.00	35,893	0		0.00	0	0	50.00
51.00	KIDNEY ACQUISITION	105.00	3,468	0		0.00	0	0	51.00
52.00	HEART ACQUISITION	106.00	2,427	0		0.00	0	0	52.00
53.00	LIVER ACQUISITION	107.00	1,680	0		0.00	0	0	53.00
54.00	LUNG ACQUISITION	108.00	1,743	0		0.00	0	0	54.00
55.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	39,995	0		0.00	0	0	55.00
56.00	RETAIL PHARMACY	194.01	12,119	0		0.00	0	0	56.00
57.00	MARKETING/COMMUNITY RELATIONS	194.02	1,324	0		0.00	0	0	57.00
			1,687,113	0			1,687,113	0	
AC - RECLASS BMT & CAR-T SALARIES & BENEF									
1.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	136,263	40,644	BLOOD STORING, PROCESSING & TRANS.	63.00	70,859	21,340	1.00
2.00	CAR-T ACQUISITION	76.04	65,393	19,492	NURSING ADMINISTRATION	13.00	130,797	38,796	2.00
	TOTALS		201,656	60,136	TOTALS		201,656	60,136	
AD - CAR-T ACQUISITION EXPENSES									
1.00	CAR-T ACQUISITION	76.04	0	15,371,000	NURSING ADMINISTRATION	13.00	0	15,371,000	1.00
	TOTALS		0	15,371,000	TOTALS		0	15,371,000	
500.00	Grand Total: Increases		9,158,236	397,286,793	Grand Total: Decreases		8,507,790	397,937,239	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/24/2022 1:19 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,045,795	785,711	0	785,711	0	1.00	
2.00	Land Improvements	50,548,436	724,056	0	724,056	145,844	2.00	
3.00	Buildings and Fixtures	1,347,979,990	49,877,680	0	49,877,680	17,899,512	3.00	
4.00	Building Improvements	15,609,028	0	0	0	0	4.00	
5.00	Fixed Equipment	466,496,665	921,618	0	921,618	22,864,247	5.00	
6.00	Movable Equipment	787,736,493	110,318,994	0	110,318,994	43,258,815	6.00	
7.00	HIT designated Assets	46,279,667	49,795,579	0	49,795,579	0	7.00	
8.00	Subtotal (sum of lines 1-7)	2,736,696,074	212,423,638	0	212,423,638	84,168,418	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	2,736,696,074	212,423,638	0	212,423,638	84,168,418	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,831,506	0					1.00
2.00	Land Improvements	51,126,648	5,888,623					2.00
3.00	Buildings and Fixtures	1,379,958,158	144,702,095					3.00
4.00	Building Improvements	15,609,028	7,501,119					4.00
5.00	Fixed Equipment	444,554,036	310,493,372					5.00
6.00	Movable Equipment	854,796,672	505,803,165					6.00
7.00	HIT designated Assets	96,075,246	22,346,018					7.00
8.00	Subtotal (sum of lines 1-7)	2,864,951,294	996,734,392					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	2,864,951,294	996,734,392					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	42,358,088	0	0	0	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	24,327,968	0	0	0	0	1.03
1.04	NEW CRC-B&F(GSON)	1,148,204	0	0	0	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	1,240,444	0	0	0	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-13,922,861	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	55,151,843	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	42,358,088				1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	24,327,968				1.03
1.04	NEW CRC-B&F(GSON)	0	1,148,204				1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	1,240,444				1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	-13,922,861				2.00
3.00	Total (sum of lines 1-2)	0	55,151,843				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,203,766,735	0	1,203,766,735	0.423545	807,104	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	656,999,558	0	656,999,558	0.231165	440,506	1.03
1.04	NEW CRC-B&F(GSON)	31,449,951	0	31,449,951	0.011066	21,087	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0.000000	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	949,903,544	0	949,903,544	0.334224	636,894	2.00
3.00	Total (sum of lines 1-2)	2,842,119,788	0	2,842,119,788	1.000000	1,905,591	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	807,104	40,304,167	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	0	440,506	23,423,052	0	1.03
1.04	NEW CRC-B&F(GSON)	0	0	21,087	1,148,204	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	1,044,046	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	636,894	78,998,390	0	2.00
3.00	Total (sum of lines 1-2)	0	0	1,905,591	144,917,859	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	807,104	0	0	41,111,271	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	440,506	0	0	23,863,558	1.03
1.04	NEW CRC-B&F(GSON)	0	21,087	0	0	1,169,291	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0	1,044,046	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	636,894	0	0	79,635,284	2.00
3.00	Total (sum of lines 1-2)	0	1,905,591	0	0	146,823,450	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.03	Investment income - NEW CRC-B&F(BJH CAMP EXP) (chapter 2)			0 NEW CRC-B&F(BJH CAMP EXP)	1.03	0	1.03
1.04	Investment income - NEW CRC-B&F(GSON) (chapter 2)			0 NEW CRC-B&F(GSON)	1.04	0	1.04
1.05	Investment income - NEW CRC-B&F(THE HIGHLANDS) (chapter 2)			0 NEW CRC-B&F(THE HIGHLANDS)	1.05	0	1.05
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-30,285,049	INTEREST EXPENSE	113.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-1,533,600	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-72,471,112			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	-37,893,208			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-7,376,525	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.03	Depreciation - NEW CRC-B&F(BJH CAMP EXP)			0 NEW CRC-B&F(BJH CAMP EXP)	1.03	0	26.03
26.04	Depreciation - NEW CRC-B&F(GSON)			0 NEW CRC-B&F(GSON)	1.04	0	26.04

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
26.05	Depreciation - NEW CRC-B&F(THE HIGHLANDS)			0NEW CRC-B&F(THE HIGHLANDS)	1.05	0	26.05
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0NEW 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		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	OTHER REVENUE	B	-60,895	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	OTHER REVENUE	B	-133,076	NONPATIENT TELEPHONES	5.01	0	33.01
33.02	OTHER REVENUE	B	-5,833,206	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.02
33.03	OTHER REVENUE	B	-1,114	OPERATION OF PLANT	7.00	0	33.03
33.04	OTHER REVENUE	B	-685,709	CAFETERIA	11.00	0	33.04
33.05	OTHER REVENUE	B	-361,240	NURSING ADMINISTRATION	13.00	0	33.05
33.06	OTHER REVENUE	B	-4,989	CENTRAL SERVICES & SUPPLY	14.00	0	33.06
33.07	OTHER REVENUE	B	-569,247	PHARMACY	15.00	0	33.07
33.08	OTHER REVENUE	B	-88	MEDICAL RECORDS & LIBRARY	16.00	0	33.08
33.09	OTHER REVENUE	B	-20,812,085	NURSING PROGRAM	20.00	0	33.09
33.10	OTHER REVENUE	B	-81,001	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.10
33.11	OTHER REVENUE	B	-1,050	PARAMED ED PRGM-PASTORAL ED	23.02	0	33.11
33.12	OTHER REVENUE	B	-2,296,122	ADULTS & PEDIATRICS	30.00	0	33.12
33.13	OTHER REVENUE	B	-133,518	OPERATING ROOM	50.00	0	33.13
33.14	OTHER REVENUE	B	-328	RECOVERY ROOM	51.00	0	33.14
33.15	OTHER REVENUE	B	-19,797	DELIVERY ROOM & LABOR ROOM	52.00	0	33.15
33.16	OTHER REVENUE	B	-69,144	RADIOLOGY-DIAGNOSTIC	54.00	0	33.16
33.17	OTHER REVENUE	B	-1,440	RADIOISOTOPE	56.00	0	33.17
33.18	OTHER REVENUE	B	-400	LABORATORY	60.00	0	33.18
33.19	OTHER REVENUE	B	-122,012	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33.19
33.20	OTHER REVENUE	B	-2,998	PHYSICAL THERAPY	66.00	0	33.20
33.21	OTHER REVENUE	B	-2,766	ELECTROCARDIOLOGY	69.00	0	33.21
33.22	OTHER REVENUE	B	-1,155	ELECTROENCEPHALOGRAPHY	70.00	0	33.22
33.23	OTHER REVENUE	B	14,600	ENDOSCOPY	76.00	0	33.23
33.24	OTHER REVENUE	B	-317,212	CLINIC	90.00	0	33.24
33.25	OTHER REVENUE	B	-186,158	EMERGENCY	91.00	0	33.25
35.00	RESEARCH ADMINISTRATIVE COST	A	108,994	RESEARCH ADMINISTRATION	18.02	0	35.00
36.00	ALLOWABLE FRA COSTS	A	120,812,885	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
38.00	CONTRIBUTIONS	A	-130,633	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
38.01	CONTRIBUTIONS	A	-2,778,036	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.01
38.02	CONTRIBUTIONS	A	-12	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	38.02
38.03	CONTRIBUTIONS	A	-2,376	LABORATORY	60.00	0	38.03
38.04	REMOVE ASBESTOS ACCRUAL	A	-405,624	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.04
39.00	BAD DEBTS	A	22,086	NURSING PROGRAM	20.00	0	39.00
39.01	BAD DEBTS	A	-11	LABORATORY	60.00	0	39.01
40.00	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-77	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.00
40.01	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-23,823	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	40.01
40.02	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-45,482	OPERATION OF PLANT	7.00	0	40.02
40.03	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-324	NURSING ADMINISTRATION	13.00	0	40.03
40.04	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-572	SOCIAL SERVICE	17.00	0	40.04
40.05	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-76	LAB ADMINISTRATION	18.01	0	40.05

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/24/2022 1:19 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	
40.06	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-427	ADULTS & PEDIATRICS	30.00	0	40.06
40.07	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-34	INTENSIVE CARE UNIT	31.00	0	40.07
40.08	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-1,776	OPERATING ROOM	50.00	0	40.08
40.09	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-573	RECOVERY ROOM	51.00	0	40.09
40.10	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-503	RADIOLOGY-DIAGNOSTIC	54.00	0	40.10
40.11	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-9,243	RADIOLOGY-THERAPEUTIC	55.00	0	40.11
40.12	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-11	RADIOISOTOPE	56.00	0	40.12
40.13	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-23	CT SCAN	57.00	0	40.13
40.14	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-37,730	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	40.14
40.15	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-131	CARDIAC CATHETERIZATION	59.00	0	40.15
40.16	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-328	LABORATORY	60.00	0	40.16
40.17	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-281	PHYSICAL THERAPY	66.00	0	40.17
40.18	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-55	ELECTROCARDIOLOGY	69.00	0	40.18
40.19	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-76	ELECTROENCEPHALOGRAPHY	70.00	0	40.19
40.20	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-30,775	ENDOSCOPY	76.00	0	40.20
40.21	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-382	CLINIC	90.00	0	40.21
40.22	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-317	EMERGENCY	91.00	0	40.22
40.23	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-1,012	KIDNEY ACQUISITION	105.00	0	40.23
40.24	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-259	HEART ACQUISITION	106.00	0	40.24
41.00	PATIENT PHONES	A	-183,481	ADULTS & PEDIATRICS	30.00	0	41.00
43.00	MALPRACTICE EXP	A	-6,630,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00	WASH UNIV ASSESSMENTS	A	-547,345	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
44.01	LOBBYING PORTION OF DUES	A	-103,897	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.01
44.02	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-54,728	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.02
44.03	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-1,707	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.03
44.04	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-100,666	NURSING ADMINISTRATION	13.00	0	44.04
44.05	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-12	CENTRAL SERVICES & SUPPLY	14.00	0	44.05
44.06	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-2,443,649	ADULTS & PEDIATRICS	30.00	0	44.06
44.07	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-13,429	CARDIAC CATHETERIZATION	59.00	0	44.07
44.08	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-350	EMERGENCY	91.00	0	44.08
44.11	ENTERTAINMENT/PROMOTION EXPENSE	A	-4,179	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.11
44.12	ENTERTAINMENT/PROMOTION EXPENSE	A	-180	ADMITTING	5.04	0	44.12
44.13	ENTERTAINMENT/PROMOTION EXPENSE	A	-14,449	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.13
44.14	ENTERTAINMENT/PROMOTION EXPENSE	A	-422	OPERATION OF PLANT	7.00	0	44.14
44.15	ENTERTAINMENT/PROMOTION EXPENSE	A	-71	NURSING ADMINISTRATION	13.00	0	44.15
44.16	ENTERTAINMENT/PROMOTION EXPENSE	A	-149	LAB ADMINISTRATION	18.01	0	44.16

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
44.17	ENTERTAINMENT/PROMOTION EXPENSE	A	-1,313	NURSING PROGRAM		20.00	0	44.17
44.18	ENTERTAINMENT/PROMOTION EXPENSE	A	-1,253	ADULTS & PEDIATRICS		30.00	0	44.18
44.19	ENTERTAINMENT/PROMOTION EXPENSE	A	-66	SURGICAL INTENSIVE CARE UNIT		34.00	0	44.19
44.20	ENTERTAINMENT/PROMOTION EXPENSE	A	-195	OPERATING ROOM		50.00	0	44.20
44.21	ENTERTAINMENT/PROMOTION EXPENSE	A	-1,753	DELIVERY ROOM & LABOR ROOM		52.00	0	44.21
44.22	ENTERTAINMENT/PROMOTION EXPENSE	A	-293	OB/GYN IN VITRO		76.01	0	44.22
44.23	ENTERTAINMENT/PROMOTION EXPENSE	A	-1,531	EMERGENCY		91.00	0	44.23
44.24	ALCOHOLIC BEVERAGES EXPENSE	A	-95	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	44.24
44.25	ALCOHOLIC BEVERAGES EXPENSE	A	-425	PURCHASING RECEIVING AND STORES		5.03	0	44.25
44.26	ALCOHOLIC BEVERAGES EXPENSE	A	-1,663	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	44.26
44.27	ALCOHOLIC BEVERAGES EXPENSE	A	-279	NURSING ADMINISTRATION		13.00	0	44.27
44.28	ALCOHOLIC BEVERAGES EXPENSE	A	-417	NURSING PROGRAM		20.00	0	44.28
44.29	ALCOHOLIC BEVERAGES EXPENSE	A	-112	ADULTS & PEDIATRICS		30.00	0	44.29
44.30	ALCOHOLIC BEVERAGES EXPENSE	A	-2,668	OPERATING ROOM		50.00	0	44.30
44.31	ALCOHOLIC BEVERAGES EXPENSE	A	-311	RADIOLOGY-DIAGNOSTIC		54.00	0	44.31
44.32	ALCOHOLIC BEVERAGES EXPENSE	A	-169	RADIOLOGY-THERAPEUTIC		55.00	0	44.32
44.33	ALCOHOLIC BEVERAGES EXPENSE	A	-154	LABORATORY		60.00	0	44.33
44.34	ALCOHOLIC BEVERAGES EXPENSE	A	-111	EMERGENCY		91.00	0	44.34
44.35	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-607,670	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	44.35
44.36	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-904,916	NEW CRC-B&F(BJH CAMP EXP)		1.03	9	44.36
44.37	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-196,398	NEW CRC-B&F(THE HIGHLANDS)		1.05	9	44.37
44.38	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-1,819,703	OPERATION OF PLANT		7.00	0	44.38
44.39	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-1,127,580	HOUSEKEEPING		9.00	0	44.39
44.40	ADVERTISING EXPENSE	A	-63,249	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	44.40
44.41	ADVERTISING EXPENSE	A	-689,102	NURSING ADMINISTRATION		13.00	0	44.41
44.42	ADVERTISING EXPENSE	A	-314	MEDICAL RECORDS & LIBRARY		16.00	0	44.42
44.43	ADVERTISING EXPENSE	A	-499	LAB ADMINISTRATION		18.01	0	44.43
44.44	ADVERTISING EXPENSE	A	-491,885	NURSING PROGRAM		20.00	0	44.44
44.45	ADVERTISING EXPENSE	A	-664	PARAMED ED PRGM-PASTORAL ED		23.02	0	44.45
44.46	ADVERTISING EXPENSE	A	-272	OPERATING ROOM		50.00	0	44.46
44.47	ADVERTISING EXPENSE	A	-247,964	RADIOLOGY-DIAGNOSTIC		54.00	0	44.47
44.48	ADVERTISING EXPENSE	A	-404,933	RADIOLOGY-THERAPEUTIC		55.00	0	44.48
44.49	PHYSICIAN RECRUITMENT	A	-191,291	NURSING ADMINISTRATION		13.00	0	44.49
44.50	SPECIAL EVENTS-NONALLOWABLE	A	-238,962	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	44.50
44.51	SPECIAL EVENTS-NONALLOWABLE	A	-14,257	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	44.51
44.52	SPECIAL EVENTS-NONALLOWABLE	A	-8,993	NURSING ADMINISTRATION		13.00	0	44.52
44.53	SPECIAL EVENTS-NONALLOWABLE	A	-25,507	PHARMACY		15.00	0	44.53
44.54	SPECIAL EVENTS-NONALLOWABLE	A	-47,637	NURSING PROGRAM		20.00	0	44.54
44.55	SPECIAL EVENTS-NONALLOWABLE	A	-261	RADIOLOGY-THERAPEUTIC		55.00	0	44.55
44.56	STL CARDS/BLUES	A	-2,117	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	44.56
44.57	STL CARDS/BLUES	A	-4,890	NURSING ADMINISTRATION		13.00	0	44.57
44.58	STL CARDS/BLUES	A	-141	RADIOLOGY-THERAPEUTIC		55.00	0	44.58
44.59	ALLOWABLE PENSION EXP/FUNDING	A	107,293	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	44.59
44.60	REMOVE ACCELERATED DEPRECIATION	A	-131,880	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9	44.60
44.61	FRADULENT CHARGES EXPENSE	A	-127	ADULTS & PEDIATRICS		30.00	0	44.61
44.62	FRADULENT CHARGES EXPENSE	A	32	CARDIO-THORACIC ICU		35.02	0	44.62
44.63	FRADULENT CHARGES EXPENSE	A	20	RECOVERY ROOM		51.00	0	44.63
44.64	FRADULENT CHARGES EXPENSE	A	102	EMERGENCY		91.00	0	44.64
44.65	RESEARCH IN WU CONTRACT MATRIX	A	-197,369	NURSING ADMINISTRATION		13.00	0	44.65
44.66	RESEARCH IN WU CONTRACT MATRIX	A	-9,689	RADIOLOGY-DIAGNOSTIC		54.00	0	44.66
44.67	RESEARCH IN WU CONTRACT MATRIX	A	-114,153	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0	44.67

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
44.68	RESEARCH IN WU CONTRACT MATRIX	A	164,666	BLOOD STORING, PROCESSING & TRANS.	63.00	0	44.68
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-81,150,493				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/24/2022 1:19 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	60.00	LABORATORY	AFFILIATE BILLING TO BJC FAC	-16,632,540	-15,276,112	1.00
2.00	60.01	HLA LAB	AFFILIATE BILLING TO BJC FAC	-617,281	-1,192,246	2.00
3.00	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO BJC FAC	-648,981	-578,313	3.00
4.00	60.00	LABORATORY	AFFILIATE BILLING TO REHAB I	-607,764	-263,020	4.00
4.01	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO REHAB I	-32,277	-20,616	4.01
4.02	50.00	OPERATING ROOM	MIDWEST STONE	377,984	351,063	4.02
4.03	5.06	OTHER ADMINISTRATIVE AND GEN	TFC	3,716,741	4,482,322	4.03
4.04	1.00	NEW CAP REL COSTS-BLDG & FIX	GAMMA KNIFE DEPR - B&F	112,086	0	4.04
4.05	2.00	NEW CAP REL COSTS-MVBLE EQUI	GAMMA KNIFE DEPR - MME	314,135	0	4.05
4.06	55.00	RADIOLOGY-THERAPEUTIC	GAMMA KNIFE EXPENSES	2,345,182	8,890,651	4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	BJC EMPLOYEE BENEFITS	38,888,076	0	4.07
4.08	5.03	PURCHASING RECEIVING AND STO	BJC PURCHASING	17,742,893	0	4.08
4.09	5.06	OTHER ADMINISTRATIVE AND GEN	BJC OTHER A & G	205,345,659	320,722,500	4.09
4.10	7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	29,264,318	0	4.10
4.11	60.00	LABORATORY	SLCH AFFILIATE BILLINGS	1,689,563	3,067,433	4.11
4.12	59.00	CARDIAC CATHETERIZATION	SLCH AFFILIATE BILLINGS	266,678	989,986	4.12
4.13	20.00	NURSING PROGRAM	MO BAP BUILDING RENT	2,595,296	839,328	4.13
5.00	0		0	284,119,768	322,012,976	5.00

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

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

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

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

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

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

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

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

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

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/24/2022 1:19 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	-1,356,428	0		1.00
2.00	574,965	0		2.00
3.00	-70,668	0		3.00
4.00	-344,744	0		4.00
4.01	-11,661	0		4.01
4.02	26,921	0		4.02
4.03	-765,581	0		4.03
4.04	112,086	9		4.04
4.05	314,135	9		4.05
4.06	-6,545,469	0		4.06
4.07	38,888,076	0		4.07
4.08	17,742,893	0		4.08
4.09	-115,376,841	0		4.09
4.10	29,264,318	0		4.10
4.11	-1,377,870	0		4.11
4.12	-723,308	0		4.12
4.13	1,755,968	0		4.13
5.00	-37,893,208	0		5.00

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

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

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

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

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

6.00	HEALTH CARE	6.00
7.00	TEMPORARY STAFFING	7.00
8.00	TELECOMMUNICATIONS	8.00
9.00	NEURO-SURGICAL PROCEDURES	9.00
10.00	LITHOTRIPSY PROCEDURES	10.00
10.01	REHAB SERVICES	10.01
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 1:19 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	4,255,213	4,255,213	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	9,432,884	9,432,884	0	0	0	2.00
3.00	18.01	LAB ADMINISTRATION	26,250	26,250	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	32,294,451	32,294,451	0	0	0	4.00
5.00	50.00	OPERATING ROOM	978,000	978,000	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	16,627,047	16,627,047	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	200,008	200,008	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	360,250	360,250	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	51,854	51,854	0	0	0	9.00
10.00	90.00	CLINIC	1,228,407	1,228,407	0	0	0	10.00
11.00	90.01	OUTPATIENT PSYCH	363,426	363,426	0	0	0	11.00
12.00	91.00	EMERGENCY	6,653,322	6,653,322	0	0	0	12.00
200.00			72,471,112	72,471,112	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	18.01	LAB ADMINISTRATION	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	9.00
10.00	90.00	CLINIC	0	0	0	0	0	10.00
11.00	90.01	OUTPATIENT PSYCH	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	4,255,213		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	9,432,884		2.00
3.00	18.01	LAB ADMINISTRATION	0	0	0	26,250		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	32,294,451		4.00
5.00	50.00	OPERATING ROOM	0	0	0	978,000		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	16,627,047		6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	200,008		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	360,250		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	51,854		9.00
10.00	90.00	CLINIC	0	0	0	1,228,407		10.00
11.00	90.01	OUTPATIENT PSYCH	0	0	0	363,426		11.00
12.00	91.00	EMERGENCY	0	0	0	6,653,322		12.00
200.00			0	0	0	72,471,112		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)	
		0	1.00	1.03	1.04	1.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	41,111,271	41,111,271			1.00
1.03	00103	NEW CRC-B&F (BJH CAMP EXP)	23,863,558	0	23,863,558		1.03
1.04	00104	NEW CRC-B&F (GSON)	1,169,291	0	0	1,169,291	1.04
1.05	00105	NEW CRC-B&F (THE HIGHLANDS)	1,044,046	0	0	0	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	79,635,284			1,044,046	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	49,769,621	384,806	202,933	0	4.00
5.01	00540	NONPATIENT TELEPHONES	2,305,502	201,064	52,035	0	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	24,154,461	99,199	242,541	0	5.03
5.04	00570	ADMITTING	9,683,025	382,964	96,141	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	401,864,297	9,519,951	5,528,292	27,446	5.06
7.00	00700	OPERATION OF PLANT	72,694,825	5,514,164	2,874,515	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,977,074	12,680	8,732	0	8.00
9.00	00900	HOUSEKEEPING	26,274,717	444,621	53,797	0	9.00
10.00	01000	DIETARY	16,609,424	472,782	634,731	0	10.00
11.00	01100	CAFETERIA	4,283,050	732,031	39,924	0	11.00
13.00	01300	NURSING ADMINISTRATION	50,975,654	278,375	62,845	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,036,878	1,190,675	53,534	0	14.00
15.00	01500	PHARMACY	202,900,039	66,951	480,440	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	935,606	62,692	138,195	0	16.00
17.00	01700	SOCIAL SERVICE	17,729,409	24,037	91,157	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	8,079,458	0	474,260	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	108,994	0	0	0	18.02
20.00	02000	NURSING PROGRAM	-3,201,816	0	0	1,141,845	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	133,970,633	286,720	60,267	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	311,483	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	436,637	0	3,353	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	238,639,836	11,785,297	555,659	0	30.00
31.00	03100	INTENSIVE CARE UNIT	40,347,121	1,105,768	2,854	0	31.00
32.00	03200	CORONARY CARE UNIT	10,358,479	190,878	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	18,948,740	664,907	0	0	34.00
35.01	02400	NEURO ICU	21,836,996	631,336	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	17,862,824	101,271	252,062	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	2,918,832	123,063	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	104,966,616	1,881,864	1,372,493	0	50.00
51.00	05100	RECOVERY ROOM	22,495,251	654,989	233,494	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,491,568	433,417	0	0	52.00
53.00	05300	ANESTHESIOLOGY	11,516,962	6,695	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,019,174	474,432	562,905	0	54.00
54.01	03630	ULTRASOUND	4,459,636	184,509	72,918	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	32,600,651	78,692	873,353	0	55.00
56.00	05600	RADIOISOTOPE	1,663,717	190,091	0	0	56.00
57.00	05700	CT SCAN	6,968,308	0	38,583	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,955,366	248,947	105,780	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,910,764	0	335,973	0	59.00
60.00	06000	LABORATORY	82,847,487	72,476	873,222	0	60.00
60.01	06001	HLA LAB	5,208,945	0	35,597	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	37,242,993	0	230,167	0	63.00
65.00	06500	RESPIRATORY THERAPY	19,224,908	230,396	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,768,058	70,807	176,435	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,674,403	19,855	3,616	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,365,918	9,937	1,815	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,907,074	119,534	36,058	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,710,864	52,103	13,466	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	73,969,145	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	94,349,572	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,425,955	211,443	0	0	74.00
76.00	03330	ENDOSCOPY	6,227,573	22,733	209,179	0	76.00
76.01	03950	OB/GYN IN VITRO	3,349,819	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	521,922	44,276	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	739,034	0	0	0	76.03
76.04	03952	CAR-T ACQUISITION	15,455,885	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	285,184	0	10,652	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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5/24/2022 1:19 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,311,371	0	13,597	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	22,315,566	0	858,428	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	367,566	0	71,471	0	0	90.01
91.00	09100	EMERGENCY	27,294,048	59,585	598,502	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	15,760,520	0	31,626	0	0	105.00
106.00	10600	HEART ACQUISITION	3,981,806	0	13,479	0	0	106.00
107.00	10700	LIVER ACQUISITION	9,832,201	0	14,912	0	0	107.00
108.00	10800	LUNG ACQUISITION	6,240,847	0	13,702	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	640,506	0	224	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,249,702,432	39,343,013	18,709,914	1,169,291	144,408	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	93,738	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	8,508	0	263	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	263	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	22,434,390	1,768,258	4,958,023	0	899,638	194.00
194.01	07951	RETAIL PHARMACY	5,841,667	0	53,968	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	441,268	0	141,127	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,278,522,003	41,111,271	23,863,558	1,169,291	1,044,046	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	
			NEW MVBLE EQUIP					
			2.00	4.00	5.01	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	79,635,284					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,529	50,385,889				4.00
5.01	00540	NONPATIENT TELEPHONES	185,237	136,821	2,880,659			5.01
5.03	00560	PURCHASING RECEIVING AND STORES	416,483	123,961	3,141	25,039,786		5.03
5.04	00570	ADMITTING	10,051	554,880	149,345	10,111	10,897,108	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	37,169,261	2,574,349	288,789	341,573	0	5.06
7.00	00700	OPERATION OF PLANT	727,590	866,571	63,054	134,074	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	684	0	0	93,178	0	8.00
9.00	00900	HOUSEKEEPING	218,299	1,310,210	26,652	80,046	0	9.00
10.00	01000	DIETARY	74,779	602,495	44,680	207,588	0	10.00
11.00	01100	CAFETERIA	272,482	278,360	15,594	261,293	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,684,798	3,284,424	105,374	20,985	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,055,894	528,011	18,087	431,239	0	14.00
15.00	01500	PHARMACY	2,601,341	2,184,190	66,772	7,249,731	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,776	41,543	22,678	794	0	16.00
17.00	01700	SOCIAL SERVICE	1,002	944,126	46,092	6,727	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	1,051	431,835	26,536	6,172	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	6,613	0	0	0	18.02
20.00	02000	NURSING PROGRAM	151,898	770,661	59,988	13,222	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,334	4,409,200	28,544	9,113	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	19,495	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	25,752	244	30	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,707,022	10,163,445	716,935	687,581	1,337,498	30.00
31.00	03100	INTENSIVE CARE UNIT	54,878	1,166,596	36,874	147,763	163,124	31.00
32.00	03200	CORONARY CARE UNIT	30,251	327,621	11,918	50,388	41,715	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	37,826	843,431	18,391	107,114	100,369	34.00
35.01	02400	NEURO ICU	22,739	903,322	27,690	97,202	121,542	35.01
35.02	02401	CARDIO-THORACIC ICU	40,490	783,577	25,420	77,641	84,595	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	165,225	147,661	10,458	9,506	15,759	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,049,261	3,673,604	196,330	1,190,380	1,232,607	50.00
51.00	05100	RECOVERY ROOM	861,044	1,097,971	34,618	126,632	179,504	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,670,546	713,182	25,567	52,625	28,399	52.00
53.00	05300	ANESTHESIOLOGY	574,883	228,014	15,874	325,635	339,359	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,374,572	1,190,029	91,632	385,378	659,909	54.00
54.01	03630	ULTRASOUND	261,204	122,116	6,451	12,549	76,554	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,482,434	782,640	75,371	426,388	635,121	55.00
56.00	05600	RADIOISOTOPE	100,214	73,007	12,121	51,743	24,294	56.00
57.00	05700	CT SCAN	1,329,329	369,605	19,002	30,484	521,254	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,320,366	344,832	18,637	70,824	278,152	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,242,931	379,902	27,727	82,713	257,589	59.00
60.00	06000	LABORATORY	595,890	1,772,617	79,245	1,448,292	1,122,498	60.00
60.01	06001	HLA LAB	74,204	96,852	5,435	145,569	50,469	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	175,291	343,800	18,493	1,444,087	421,872	63.00
65.00	06500	RESPIRATORY THERAPY	367,540	745,978	9,377	121,664	216,857	65.00
66.00	06600	PHYSICAL THERAPY	2,030	395,449	5,987	2,386	28,544	66.00
67.00	06700	OCCUPATIONAL THERAPY	29	223,022	0	356	19,700	67.00
68.00	06800	SPEECH PATHOLOGY	37,844	74,036	0	578	8,532	68.00
69.00	06900	ELECTROCARDIOLOGY	358,355	232,691	12,897	40,069	254,920	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	190,430	104,004	5,231	2,555	29,210	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,603,111	364,975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,595,862	477,684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	856,670	73.00
74.00	07400	RENAL DIALYSIS	423,815	201,607	10,689	72,776	51,369	74.00
76.00	03330	ENDOSCOPY	623,331	245,342	20,231	60,818	93,059	76.00
76.01	03950	OB/GYN IN VITRO	86,773	80,111	2,601	26,092	14,103	76.01
76.02	03320	ELECTROSHOCK THERAPY	2,868	24,845	2,034	4,560	4,825	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	35,999	4,150	76.03
76.04	03952	CAR-T ACQUISITION	0	5,211	0	0	53,371	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	1,650	61	4,276	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	33,954	730	0	10,017	77.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	
			NEW MVBLE EQUIP					
			2.00	4.00	5.01	5.03	5.04	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	85,603	1,041,797	161,708	56,040	119,758	90.00
90.01	04950	OUTPATIENT PSYCH	1,247	11,144	7,909	0	962	90.01
91.00	09100	EMERGENCY	212,394	1,127,373	73,348	160,919	517,057	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	125	123,932	12,963	467	32,652	105.00
106.00	10600	HEART ACQUISITION	5	51,321	6,884	92	8,709	106.00
107.00	10700	LIVER ACQUISITION	4	58,886	5,356	304	20,143	107.00
108.00	10800	LUNG ACQUISITION	120	58,512	5,397	167	11,781	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,332	19	0	1,601	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79,173,602	49,457,868	2,784,770	24,621,246	10,897,108	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	5,174	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	37	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	429,456	602,758	59,875	34,995	0	194.00
194.01	07951	RETAIL PHARMACY	32,226	298,317	27,538	383,394	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	21,772	8,476	114	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	79,635,284	50,385,889	2,880,659	25,039,786	10,897,108	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	457,408,646	457,408,646			5.06
7.00	00700	OPERATION OF PLANT	0	82,875,642	20,803,692	103,679,334		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,092,348	525,227	257,456	2,875,031	8.00
9.00	00900	HOUSEKEEPING	0	28,408,523	7,131,193	1,072,357	117	9.00
10.00	01000	DIETARY	0	18,646,479	4,680,695	3,147,546	0	10.00
11.00	01100	CAFETERIA	0	5,882,734	1,476,702	1,604,524	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	56,412,455	14,160,824	751,335	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31,314,318	7,860,614	2,576,040	20,130	14.00
15.00	01500	PHARMACY	0	215,549,464	54,107,873	1,591,281	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,208,284	303,307	536,607	0	16.00
17.00	01700	SOCIAL SERVICE	0	18,842,550	4,729,913	318,801	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	9,019,312	2,264,055	1,404,713	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	115,607	29,020	0	0	18.02
20.00	02000	NURSING PROGRAM	0	-1,064,202	0	3,545,454	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	138,768,811	34,834,163	815,719	10,180	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	330,978	83,083	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	466,016	116,981	9,932	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	265,593,273	66,670,187	25,573,992	1,483,554	30.00
31.00	03100	INTENSIVE CARE UNIT	0	43,024,978	10,800,259	2,253,539	158,856	31.00
32.00	03200	CORONARY CARE UNIT	0	11,011,250	2,764,077	387,547	30,024	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	20,720,778	5,201,392	1,349,989	57,778	34.00
35.01	02400	NEURO ICU	0	23,640,827	5,934,391	1,281,827	65,963	35.01
35.02	02401	CARDIO-THORACIC ICU	0	19,227,880	4,826,640	952,198	73,551	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	3,390,504	851,094	249,861	196	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	127,563,155	32,021,286	7,886,022	236,309	50.00
51.00	05100	RECOVERY ROOM	0	25,683,503	6,447,150	2,021,439	179,710	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,415,304	4,120,619	879,985	31,825	52.00
53.00	05300	ANESTHESIOLOGY	0	13,007,422	3,265,162	13,593	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,785,539	9,485,039	3,807,194	126,054	54.00
54.01	03630	ULTRASOUND	0	5,195,937	1,304,300	705,726	9,175	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	40,954,650	10,280,559	2,746,561	19,074	55.00
56.00	05600	RADIOISOTOPE	0	2,115,187	530,961	385,950	6,983	56.00
57.00	05700	CT SCAN	0	9,276,565	2,328,631	262,909	32,513	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,342,904	3,098,353	1,141,531	40,068	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,237,599	2,569,873	995,120	26,312	59.00
60.00	06000	LABORATORY	0	88,822,318	22,296,445	2,771,489	13,048	60.00
60.01	06001	HLA LAB	0	5,617,071	1,410,014	105,436	206	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	39,876,703	10,009,970	681,733	3,641	63.00
65.00	06500	RESPIRATORY THERAPY	0	20,916,720	5,250,578	467,783	1,722	65.00
66.00	06600	PHYSICAL THERAPY	0	7,449,696	1,870,045	666,387	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,940,981	989,277	51,024	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,498,660	376,198	25,512	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,961,598	1,496,498	349,494	18,015	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,107,863	529,122	145,671	1,253	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	77,937,231	19,564,038	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	99,423,118	24,957,489	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	856,670	215,044	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,397,654	1,856,981	429,301	1,143	74.00
76.00	03330	ENDOSCOPY	0	7,502,266	1,883,241	665,724	57,692	76.00
76.01	03950	OB/GYN IN VITRO	0	3,559,499	893,516	219,286	821	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	605,330	151,952	89,895	221	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	779,183	195,593	0	0	76.03
76.04	03952	CAR-T ACQUISITION	0	15,514,467	3,894,488	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	301,823	75,765	31,549	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	4,369,669	1,096,887	40,274	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	24,638,900	6,184,931	2,752,910	42,757	90.00
90.01	04950	OUTPATIENT PSYCH	0	460,299	115,546	211,690	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
91.00	09100	EMERGENCY	0	30,043,226	7,541,541	1,990,240	124,652	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	15,962,285	4,006,901	93,673	0	105.00
106.00	10600	HEART ACQUISITION	0	4,062,296	1,019,730	39,923	0	106.00
107.00	10700	LIVER ACQUISITION	0	9,931,806	2,493,112	44,169	0	107.00
108.00	10800	LUNG ACQUISITION	0	6,330,526	1,589,108	40,585	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	643,682	161,579	662	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,239,976,760	447,732,904	82,441,158	2,873,543	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	98,912	24,829	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	8,808	2,211	779	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	263	66	779	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	31,187,393	7,828,753	20,658,763	1,488	194.00
194.01	07951	RETAIL PHARMACY	0	6,637,110	1,666,067	159,849	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	612,757	153,816	418,006	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,278,522,003	457,408,646	103,679,334	2,875,031	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	36,612,190					9.00
10.00	01000	DIETARY	1,131,699	27,606,419				10.00
11.00	01100	CAFETERIA	576,906	0	9,540,866			11.00
13.00	01300	NURSING ADMINISTRATION	270,142	0	577,322	72,172,078		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	926,214	0	176,886	0	42,874,202	14.00
15.00	01500	PHARMACY	572,144	0	401,856	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	192,937	0	14,952	0	0	16.00
17.00	01700	SOCIAL SERVICE	112,818	0	208,710	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	505,064	0	81,941	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	411	0	0	18.02
20.00	02000	NURSING PROGRAM	1,274,767	0	133,912	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	293,291	0	1,047,529	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	5,316	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	3,571	0	7,280	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,195,125	24,562,169	2,288,102	34,863,206	0	30.00
31.00	03100	INTENSIVE CARE UNIT	810,259	577,559	221,318	3,372,167	0	31.00
32.00	03200	CORONARY CARE UNIT	139,342	62,211	59,336	904,090	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	485,388	638,913	158,273	2,411,563	0	34.00
35.01	02400	NEURO ICU	460,881	304,195	188,507	2,872,233	0	35.01
35.02	02401	CARDIO-THORACIC ICU	342,362	379,027	134,322	2,046,634	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	89,837	0	34,615	527,416	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,835,417	0	676,756	9,438,169	0	50.00
51.00	05100	RECOVERY ROOM	726,808	0	226,499	2,599,645	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	316,398	0	154,057	2,347,329	0	52.00
53.00	05300	ANESTHESIOLOGY	4,887	0	85,079	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,368,875	0	284,277	0	0	54.00
54.01	03630	ULTRASOUND	253,743	0	26,754	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	823,955	0	167,872	0	0	55.00
56.00	05600	RADIOISOTOPE	138,768	0	13,885	0	0	56.00
57.00	05700	CT SCAN	94,529	0	73,620	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	410,437	0	73,074	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	357,795	0	77,636	1,182,915	0	59.00
60.00	06000	LABORATORY	974,697	0	512,919	0	0	60.00
60.01	06001	HLA LAB	37,910	0	22,545	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	245,117	0	79,807	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	168,191	0	146,480	0	0	65.00
66.00	06600	PHYSICAL THERAPY	239,599	0	86,282	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,346	0	48,943	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,173	0	15,663	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	125,660	0	53,719	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	52,376	0	28,755	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	18,841,421	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	24,032,781	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	154,355	0	36,760	0	0	74.00
76.00	03330	ENDOSCOPY	239,361	0	55,735	818,717	0	76.00
76.01	03950	OB/GYN IN VITRO	78,844	0	16,406	249,977	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	32,322	0	5,774	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04	03952	CAR-T ACQUISITION	0	0	1,051	16,008	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,343	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	14,480	0	6,223	94,825	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	989,808	0	236,083	3,529,677	0	90.00
90.01	04950	OUTPATIENT PSYCH	76,113	0	2,495	0	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
91.00	09100	EMERGENCY	715,590	0	256,248	3,904,386	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	33,680	0	28,780	438,511	0	105.00
106.00	10600	HEART ACQUISITION	14,354	0	10,940	166,693	0	106.00
107.00	10700	LIVER ACQUISITION	15,881	0	13,242	201,760	0	107.00
108.00	10800	LUNG ACQUISITION	14,592	0	12,010	182,990	0	108.00
109.00	10900	PANCREAS ACQUISITION	238	0	208	3,167	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,976,389	26,524,074	9,277,165	72,172,078	42,874,202	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	1,367	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	280	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	280	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	7,427,473	22,257	196,990	0	0	194.00
194.01	07951	RETAIL PHARMACY	57,474	0	59,019	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	150,294	0	6,325	0	0	194.02
194.03	07953	GUEST MEALS	0	1,060,088	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	36,612,190	27,606,419	9,540,866	72,172,078	42,874,202	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						EXTENDED CARE SERVICES	LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	272,222,618					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,256,087				16.00
17.00	01700	SOCIAL SERVICE	173,428	0	24,386,220			17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0		18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	0	13,275,085	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING PROGRAM	347	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	205,920	278,235	20,223,367	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,263	33,750	1,182,384	0	0	31.00
32.00	03200	CORONARY CARE UNIT	1,103	8,631	356,801	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,277	20,766	750,710	0	0	34.00
35.01	02400	NEURO ICU	4,804	25,147	900,523	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	4,291	17,502	608,463	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	3,260	363,972	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	867,232	255,022	0	0	0	50.00
51.00	05100	RECOVERY ROOM	2,316	37,139	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	529	5,876	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	768,033	70,212	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,226,050	136,533	0	0	0	54.00
54.01	03630	ULTRASOUND	5	15,839	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,968,228	131,404	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,678,425	5,026	0	0	0	56.00
57.00	05700	CT SCAN	0	107,846	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	57,549	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	324	53,294	0	0	0	59.00
60.00	06000	LABORATORY	4,472	232,241	0	0	10,816,159	60.00
60.01	06001	HLA LAB	0	10,442	0	0	541,625	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22,185	87,284	0	0	1,917,301	63.00
65.00	06500	RESPIRATORY THERAPY	0	44,867	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,906	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,076	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,765	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	65,648	52,742	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,043	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	75,512	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	98,831	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	245,844,450	177,242	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	67,167	10,628	0	0	0	74.00
76.00	03330	ENDOSCOPY	9,906	19,254	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	3,368	2,918	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	998	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	859	0	0	0	76.03
76.04	03952	CAR-T ACQUISITION	0	11,042	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	885	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	2,073	0	0	0	77.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						EXTENDED CARE SERVICES	LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	29,906	24,777	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	199	0	0	0	90.01
91.00	09100	EMERGENCY	10,906	106,977	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	8,728	6,756	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	1,802	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	4,168	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	2,438	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	331	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	258,978,311	2,256,087	24,386,220	0	13,275,085	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	219,944	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	13,024,363	0	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	272,222,618	2,256,087	24,386,220	0	13,275,085	202.00

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Cost Center Description			OTHER GENERAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY	Subtotal	
			RESEARCH ADMINISTRATION		SERVICES-SALARY & FRINGES			
			18.02		21.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01852	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION	145,038					18.02
20.00	02000	NURSING PROGRAM	0	3,890,278				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		175,769,693			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0			419,377		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0				603,780	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,794,849	34,872,707	0	488,604,686	30.00
31.00	03100	INTENSIVE CARE UNIT	0	25,724	5,888,285	0	68,357,341	31.00
32.00	03200	CORONARY CARE UNIT	0	0	2,372,891	0	18,097,303	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	3,322,047	0	35,119,874	34.00
35.01	02400	NEURO ICU	0	12,862	1,142,503	0	36,834,663	35.01
35.02	02401	CARDIO-THORACIC ICU	0	25,724	2,706,853	0	31,345,447	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	5,510,755	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	25,724	33,009,548	0	214,814,640	50.00
51.00	05100	RECOVERY ROOM	0	0	246,078	0	38,170,287	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,235	2,777,161	0	27,056,318	52.00
53.00	05300	ANESTHESIOLOGY	0	985,298	9,298,217	0	27,497,903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,356,609	0	69,576,170	54.00
54.01	03630	ULTRASOUND	0	0	1,986,198	0	9,497,677	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,144,390	0	62,236,693	55.00
56.00	05600	RADIOISOTOPE	0	0	2,794,738	0	7,669,923	56.00
57.00	05700	CT SCAN	0	0	949,156	0	13,125,769	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	351,539	0	17,515,455	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,618,968	0	18,119,836	59.00
60.00	06000	LABORATORY	0	0	10,370,412	0	136,814,200	60.00
60.01	06001	HLA LAB	0	0	17,577	0	7,762,826	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,230,388	0	54,154,129	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,951,044	0	28,947,385	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,003,775	0	12,321,690	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	5,052,647	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,926,971	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,634,658	0	9,758,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,392,355	0	6,263,438	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	116,418,202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	148,512,219	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	419,377	247,512,783	73.00
74.00	07400	RENAL DIALYSIS	0	0	808,541	0	10,762,530	74.00
76.00	03330	ENDOSCOPY	0	0	2,408,045	0	13,659,941	76.00
76.01	03950	OB/GYN IN VITRO	0	0	228,501	0	5,253,136	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	228,501	0	1,114,993	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	975,635	76.03
76.04	03952	CAR-T ACQUISITION	0	0	0	0	19,437,056	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	421,365	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	5,624,431	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	12,862	17,084,814	0	55,527,425	90.00

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Cost Center Description			OTHER GENERAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY	Subtotal	
			RESEARCH ADMINISTRATION		SERVICES-SALAR Y & FRINGES			
			18.02		21.00			
90.01	04950	OUTPATIENT PSYCH	0	0	3,023,239	0	3,889,581	90.01
91.00	09100	EMERGENCY	0	0	11,794,146	0	56,487,912	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	20,579,314	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	5,315,738	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	12,704,138	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	8,172,249	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	809,867	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,890,278	175,013,884	419,377	2,185,934,353	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	145,038	0	0	0	270,146	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	298,808	0	310,886	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	457,001	0	458,389	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	67,543,061	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	21,603,882	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	1,341,198	194.02
194.03	07953	GUEST MEALS	0	0	0	0	1,060,088	194.03
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	145,038	3,890,278	175,769,693	419,377	2,278,522,003	202.00

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Cost Center Description			PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01852	EXTENDED CARE SERVICES					18.00
18.01	01851	LAB ADMINISTRATION					18.01
18.02	01850	RESEARCH ADMINISTRATION					18.02
20.00	02000	NURSING PROGRAM					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
23.01	02301	PARAMED ED PRGM-PHARMACY					23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	603,780				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	129,607	488,734,293	-34,872,707	453,861,586	30.00
31.00	03100	INTENSIVE CARE UNIT	18,115	68,375,456	-5,888,285	62,487,171	31.00
32.00	03200	CORONARY CARE UNIT	4,796	18,102,099	-2,372,891	15,729,208	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,307	35,129,181	-3,322,047	31,807,134	34.00
35.01	02400	NEURO ICU	9,761	36,844,424	-1,142,503	35,701,921	35.01
35.02	02401	CARDIO-THORACIC ICU	8,307	31,353,754	-2,706,853	28,646,901	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	1,460	5,512,215	0	5,512,215	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	56,926	214,871,566	-33,009,548	181,862,018	50.00
51.00	05100	RECOVERY ROOM	10,115	38,180,402	-246,078	37,934,324	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,170	27,063,488	-2,777,161	24,286,327	52.00
53.00	05300	ANESTHESIOLOGY	7,287	27,505,190	-9,298,217	18,206,973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,438	69,594,608	-12,356,609	57,237,999	54.00
54.01	03630	ULTRASOUND	2,517	9,500,194	-1,986,198	7,513,996	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	16,493	62,253,186	-2,144,390	60,108,796	55.00
56.00	05600	RADIOISOTOPE	2,033	7,671,956	-2,794,738	4,877,218	56.00
57.00	05700	CT SCAN	3,478	13,129,247	-949,156	12,180,091	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,642	17,520,097	-351,539	17,168,558	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,802	18,124,638	-2,618,968	15,505,670	59.00
60.00	06000	LABORATORY	36,256	136,850,456	-10,370,412	126,480,044	60.00
60.01	06001	HLA LAB	2,057	7,764,883	-17,577	7,747,306	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,351	54,168,480	-1,230,388	52,938,092	63.00
65.00	06500	RESPIRATORY THERAPY	7,671	28,955,056	-1,951,044	27,004,012	65.00
66.00	06600	PHYSICAL THERAPY	3,265	12,324,955	-2,003,775	10,321,180	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,339	5,053,986	0	5,053,986	67.00
68.00	06800	SPEECH PATHOLOGY	511	1,927,482	0	1,927,482	68.00
69.00	06900	ELECTROCARDIOLOGY	2,586	9,760,618	-1,634,658	8,125,960	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,660	6,265,098	-3,392,355	2,872,743	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,851	116,449,053	0	116,449,053	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	39,356	148,551,575	0	148,551,575	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	65,591	247,578,374	0	247,578,374	73.00
74.00	07400	RENAL DIALYSIS	2,852	10,765,382	-808,541	9,956,841	74.00
76.00	03330	ENDOSCOPY	3,620	13,663,561	-2,408,045	11,255,516	76.00
76.01	03950	OB/GYN IN VITRO	1,392	5,254,528	-228,501	5,026,027	76.01
76.02	03320	ELECTROSHOCK THERAPY	295	1,115,288	-228,501	886,787	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	259	975,894	0	975,894	76.03
76.04	03952	CAR-T ACQUISITION	5,151	19,442,207	0	19,442,207	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	112	421,477	0	421,477	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,490	5,625,921	0	5,625,921	77.00

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Cost Center Description			PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	14,715	55,542,140	-17,084,814	38,457,326	90.00
90.01	04950	OUTPATIENT PSYCH	1,031	3,890,612	-3,023,239	867,373	90.01
91.00	09100	EMERGENCY	14,969	56,502,881	-11,794,146	44,708,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	5,454	20,584,768	0	20,584,768	105.00
106.00	10600	HEART ACQUISITION	1,409	5,317,147	0	5,317,147	106.00
107.00	10700	LIVER ACQUISITION	3,367	12,707,505	0	12,707,505	107.00
108.00	10800	LUNG ACQUISITION	2,166	8,174,415	0	8,174,415	108.00
109.00	10900	PANCREAS ACQUISITION	215	810,082	0	810,082	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	579,245	2,185,909,818	-175,013,884	2,010,895,934	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	72	270,218	0	270,218	191.00
191.01	19101	RESEARCH CTSA I/P	82	310,968	-298,808	12,160	191.01
191.02	19102	RESEARCH CTSA O/P	121	458,510	-457,001	1,509	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	17,899	67,560,960	0	67,560,960	194.00
194.01	07951	RETAIL PHARMACY	5,725	21,609,607	0	21,609,607	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	355	1,341,553	0	1,341,553	194.02
194.03	07953	GUEST MEALS	281	1,060,369	0	1,060,369	194.03
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	603,780	2,278,522,003	-175,769,693	2,102,752,310	202.00

COST ALLOCATION STATISTICS

Provider CCN: 26-0032

Period:

From 01/01/2021

To 12/31/2021

Worksheet Non-CMS W

Date/Time Prepared:

5/24/2022 1:19 pm

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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	39,493	384,806	202,933	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	17,420	201,064	52,035	0	0	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	2,195	99,199	242,541	0	0	5.03
5.04	00570	ADMITTING	112,010	382,964	96,141	0	10,591	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	12,499,710	9,519,951	5,528,292	27,446	94,688	5.06
7.00	00700	OPERATION OF PLANT	153,623	5,514,164	2,874,515	0	849	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,841	12,680	8,732	0	0	8.00
9.00	00900	HOUSEKEEPING	23,749	444,621	53,797	0	181	9.00
10.00	01000	DIETARY	23,689	472,782	634,731	0	0	10.00
11.00	01100	CAFETERIA	10,998	732,031	39,924	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	94,018	278,375	62,845	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,689,130	1,190,675	53,534	0	0	14.00
15.00	01500	PHARMACY	2,640,243	66,951	480,440	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	98,403	62,692	138,195	0	0	16.00
17.00	01700	SOCIAL SERVICE	31,555	24,037	91,157	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	11,615	0	474,260	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING PROGRAM	880,327	0	0	1,141,845	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	14,707	286,720	60,267	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	2,647	0	3,353	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	557,294	11,785,297	555,659	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	27,082	1,105,768	2,854	0	0	31.00
32.00	03200	CORONARY CARE UNIT	4,398	190,878	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,754	664,907	0	0	0	34.00
35.01	02400	NEURO ICU	20,243	631,336	0	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	16,082	101,271	252,062	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	7,030	123,063	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,311,779	1,881,864	1,372,493	0	0	50.00
51.00	05100	RECOVERY ROOM	41,882	654,989	233,494	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,215	433,417	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	103,633	6,695	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,372,867	474,432	562,905	0	27,508	54.00
54.01	03630	ULTRASOUND	5,171	184,509	72,918	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-42,748	78,692	873,353	0	0	55.00
56.00	05600	RADIOISOTOPE	325,364	190,091	0	0	0	56.00
57.00	05700	CT SCAN	12,971	0	38,583	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,883	248,947	105,780	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,462	0	335,973	0	0	59.00
60.00	06000	LABORATORY	112,478	72,476	873,222	0	10,591	60.00
60.01	06001	HLA LAB	10,364	0	35,597	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,682	0	230,167	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	158,157	230,396	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,192	70,807	176,435	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19,855	3,616	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,937	1,815	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-525	119,534	36,058	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,615	52,103	13,466	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,469	211,443	0	0	0	74.00
76.00	03330	ENDOSCOPY	31,086	22,733	209,179	0	0	76.00
76.01	03950	OB/GYN IN VITRO	8,688	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	590	44,276	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04	03952	CAR-T ACQUISITION	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	479	0	10,652	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	212	0	13,597	0	0	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	78,596	0	858,428	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	2,296	0	71,471	0	0	90.01
91.00	09100	EMERGENCY	43,960	59,585	598,502	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	6,832	0	31,626	0	0	105.00
106.00	10600	HEART ACQUISITION	10,617	0	13,479	0	0	106.00
107.00	10700	LIVER ACQUISITION	3,002	0	14,912	0	0	107.00
108.00	10800	LUNG ACQUISITION	5,723	0	13,702	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	27	0	224	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,682,275	39,343,013	18,709,914	1,169,291	144,408	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	263	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	263	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	860,870	1,768,258	4,958,023	0	899,638	194.00
194.01	07951	RETAIL PHARMACY	22,076	0	53,968	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	2,460	0	141,127	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	29,567,681	41,111,271	23,863,558	1,169,291	1,044,046	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
			NEW MVBLE EQUIP					
			2.00	2A	4.00	5.01	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,529	655,761	655,761			4.00
5.01	00540	NONPATIENT TELEPHONES	185,237	455,756	1,780	457,536		5.01
5.03	00560	PURCHASING RECEIVING AND STORES	416,483	760,418	1,613	499	762,530	5.03
5.04	00570	ADMITTING	10,051	611,757	7,221	23,720	308	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	37,169,261	64,839,348	33,499	45,868	10,399	5.06
7.00	00700	OPERATION OF PLANT	727,590	9,270,741	11,276	10,015	4,082	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	684	25,937	0	0	2,837	8.00
9.00	00900	HOUSEKEEPING	218,299	740,647	17,049	4,233	2,437	9.00
10.00	01000	DIETARY	74,779	1,205,981	7,840	7,097	6,320	10.00
11.00	01100	CAFETERIA	272,482	1,055,435	3,622	2,477	7,955	11.00
13.00	01300	NURSING ADMINISTRATION	1,684,798	2,120,036	42,739	16,737	639	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,055,894	9,989,233	6,871	2,873	13,129	14.00
15.00	01500	PHARMACY	2,601,341	5,788,975	28,422	10,605	220,916	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,776	306,066	541	3,602	24	16.00
17.00	01700	SOCIAL SERVICE	1,002	147,751	12,286	7,321	205	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	1,051	486,926	5,619	4,215	188	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	86	0	0	18.02
20.00	02000	NURSING PROGRAM	151,898	2,174,070	10,028	9,528	403	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,334	366,028	57,376	4,534	277	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	254	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	6,000	335	39	1	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,707,022	14,605,272	132,359	113,872	20,933	30.00
31.00	03100	INTENSIVE CARE UNIT	54,878	1,190,582	15,181	5,857	4,499	31.00
32.00	03200	CORONARY CARE UNIT	30,251	225,527	4,263	1,893	1,534	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	37,826	713,487	10,975	2,921	3,261	34.00
35.01	02400	NEURO ICU	22,739	674,318	11,755	4,398	2,959	35.01
35.02	02401	CARDIO-THORACIC ICU	40,490	409,905	10,197	4,038	2,364	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	165,225	295,318	1,921	1,661	289	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,049,261	17,615,397	47,804	31,183	36,241	50.00
51.00	05100	RECOVERY ROOM	861,044	1,791,409	14,288	5,498	3,855	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,670,546	2,136,178	9,280	4,061	1,602	52.00
53.00	05300	ANESTHESIOLOGY	574,883	685,211	2,967	2,521	9,914	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,374,572	5,812,284	15,486	14,554	11,733	54.00
54.01	03630	ULTRASOUND	261,204	523,802	1,589	1,025	382	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,482,434	6,391,731	10,184	11,971	12,981	55.00
56.00	05600	RADIOISOTOPE	100,214	615,669	950	1,925	1,575	56.00
57.00	05700	CT SCAN	1,329,329	1,380,883	4,810	3,018	928	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,320,366	1,683,976	4,487	2,960	2,156	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,242,931	1,588,366	4,944	4,404	2,518	59.00
60.00	06000	LABORATORY	595,890	1,664,657	23,067	12,586	44,093	60.00
60.01	06001	HLA LAB	74,204	120,165	1,260	863	4,432	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	175,291	425,140	4,474	2,937	43,965	63.00
65.00	06500	RESPIRATORY THERAPY	367,540	756,093	9,707	1,489	3,704	65.00
66.00	06600	PHYSICAL THERAPY	2,030	259,464	5,146	951	73	66.00
67.00	06700	OCCUPATIONAL THERAPY	29	23,500	2,902	0	11	67.00
68.00	06800	SPEECH PATHOLOGY	37,844	49,596	963	0	18	68.00
69.00	06900	ELECTROCARDIOLOGY	358,355	513,422	3,028	2,048	1,220	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	190,430	258,614	1,353	831	78	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	109,696	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	139,920	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	423,815	638,727	2,623	1,698	2,216	74.00
76.00	03330	ENDOSCOPY	623,331	886,329	3,193	3,213	1,852	76.00
76.01	03950	OB/GYN IN VITRO	86,773	95,461	1,042	413	794	76.01
76.02	03320	ELECTROSHOCK THERAPY	2,868	47,734	323	323	139	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	1,096	76.03
76.04	03952	CAR-T ACQUISITION	0	0	68	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	11,131	0	262	2	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	13,809	442	116	0	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 1:19 pm

	Cost Center Description		CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
			NEW MVBLE EQUIP					
			2.00					
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	85,603	1,022,627	13,557	25,684	1,706	90.00
90.01	04950	OUTPATIENT PSYCH	1,247	75,014	145	1,256	0	90.01
91.00	09100	EMERGENCY	212,394	914,441	14,670	11,650	4,899	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	125	38,583	1,613	2,059	14	105.00
106.00	10600	HEART ACQUISITION	5	24,101	668	1,093	3	106.00
107.00	10700	LIVER ACQUISITION	4	17,918	766	851	9	107.00
108.00	10800	LUNG ACQUISITION	120	19,545	761	857	5	108.00
109.00	10900	PANCREAS ACQUISITION	0	251	17	3	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79,173,602	167,222,503	643,685	442,306	749,789	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	67	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	263	0	0	1	191.01
191.02	19102	RESEARCH CTSA O/P	0	263	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	429,456	8,916,245	7,844	9,510	1,065	194.00
194.01	07951	RETAIL PHARMACY	32,226	108,270	3,882	4,374	11,672	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	143,587	283	1,346	3	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	79,635,284	176,391,131	655,761	457,536	762,530	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	643,006					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	64,929,114			5.06
7.00	00700	OPERATION OF PLANT	0	0	2,953,108	12,249,222		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	74,557	30,417	133,748	8.00
9.00	00900	HOUSEKEEPING	0	0	1,012,281	126,694	5	9.00
10.00	01000	DIETARY	0	0	664,430	371,868	0	10.00
11.00	01100	CAFETERIA	0	0	209,619	189,567	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,010,145	88,767	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,115,823	304,347	936	14.00
15.00	01500	PHARMACY	0	0	7,680,674	188,002	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	43,055	63,398	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	671,417	37,665	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	0	321,385	165,960	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	4,119	0	0	18.02
20.00	02000	NURSING PROGRAM	0	0	0	418,879	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,944,749	96,373	474	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	11,794	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	16,606	1,173	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,025	0	9,463,345	3,021,449	69,016	30.00
31.00	03100	INTENSIVE CARE UNIT	9,675	0	1,533,109	266,245	7,390	31.00
32.00	03200	CORONARY CARE UNIT	2,474	0	392,364	45,787	1,397	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,953	0	738,343	159,495	2,688	34.00
35.01	02400	NEURO ICU	7,209	0	842,394	151,442	3,069	35.01
35.02	02401	CARDIO-THORACIC ICU	5,017	0	685,147	112,498	3,422	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	935	0	120,814	29,520	9	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	73,106	0	4,545,458	931,696	10,993	50.00
51.00	05100	RECOVERY ROOM	10,646	0	915,180	238,823	8,360	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,684	0	584,927	103,966	1,481	52.00
53.00	05300	ANESTHESIOLOGY	20,127	0	463,493	1,606	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,139	0	1,346,412	449,802	5,864	54.00
54.01	03630	ULTRASOUND	4,540	0	185,147	83,378	427	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	37,669	0	1,459,337	324,493	887	55.00
56.00	05600	RADIOISOTOPE	1,441	0	75,370	45,598	325	56.00
57.00	05700	CT SCAN	30,916	0	330,552	31,061	1,513	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,497	0	439,815	134,867	1,864	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,278	0	364,796	117,569	1,224	59.00
60.00	06000	LABORATORY	66,576	0	3,165,006	327,438	607	60.00
60.01	06001	HLA LAB	2,993	0	200,153	12,457	10	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	25,021	0	1,420,927	80,543	169	63.00
65.00	06500	RESPIRATORY THERAPY	12,862	0	745,325	55,266	80	65.00
66.00	06600	PHYSICAL THERAPY	1,693	0	265,455	78,730	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,168	0	140,429	6,028	0	67.00
68.00	06800	SPEECH PATHOLOGY	506	0	53,402	3,014	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,119	0	212,430	41,291	838	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,732	0	75,109	17,210	58	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,647	0	2,777,137	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,332	0	3,542,744	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,809	0	30,526	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,047	0	263,601	50,720	53	74.00
76.00	03330	ENDOSCOPY	5,519	0	267,328	78,652	2,684	76.00
76.01	03950	OB/GYN IN VITRO	836	0	126,836	25,908	38	76.01
76.02	03320	ELECTROSHOCK THERAPY	286	0	21,570	10,621	10	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	246	0	27,765	0	0	76.03
76.04	03952	CAR-T ACQUISITION	3,165	0	552,827	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	254	0	10,755	3,727	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	594	0	155,704	4,758	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,103	0	877,958	325,243	1,989	90.00
90.01	04950	OUTPATIENT PSYCH	57	0	16,402	25,010	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
91.00	09100	EMERGENCY	30,667	0	1,070,530	235,137	5,799	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,937	0	568,784	11,067	0	105.00
106.00	10600	HEART ACQUISITION	517	0	144,752	4,717	0	106.00
107.00	10700	LIVER ACQUISITION	1,195	0	353,900	5,218	0	107.00
108.00	10800	LUNG ACQUISITION	699	0	225,576	4,795	0	108.00
109.00	10900	PANCREAS ACQUISITION	95	0	22,936	78	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	643,006	0	63,555,632	9,740,033	133,679	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	3,525	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	314	92	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	9	92	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	1,111,300	2,440,735	69	194.00
194.01	07951	RETAIL PHARMACY	0	0	236,500	18,885	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	21,834	49,385	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	643,006	0	64,929,114	12,249,222	133,748	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,903,346					9.00
10.00	01000	DIETARY	58,833	2,322,369				10.00
11.00	01100	CAFETERIA	29,991	0	1,498,666			11.00
13.00	01300	NURSING ADMINISTRATION	14,044	0	90,685	4,383,792		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	48,151	0	27,785	0	11,509,148	14.00
15.00	01500	PHARMACY	29,744	0	63,123	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,030	0	2,349	0	0	16.00
17.00	01700	SOCIAL SERVICE	5,865	0	32,784	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	26,257	0	12,871	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	65	0	0	18.02
20.00	02000	NURSING PROGRAM	66,271	0	21,035	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	15,247	0	164,545	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	835	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	186	0	1,144	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	478,022	2,066,275	359,411	2,117,619	0	30.00
31.00	03100	INTENSIVE CARE UNIT	42,123	48,587	34,764	204,828	0	31.00
32.00	03200	CORONARY CARE UNIT	7,244	5,233	9,320	54,915	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	25,234	53,748	24,861	146,480	0	34.00
35.01	02400	NEURO ICU	23,960	25,590	29,610	174,462	0	35.01
35.02	02401	CARDIO-THORACIC ICU	17,798	31,885	21,099	124,314	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	4,670	0	5,437	32,036	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	147,404	0	106,304	573,282	0	50.00
51.00	05100	RECOVERY ROOM	37,784	0	35,578	157,905	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,448	0	24,199	142,579	0	52.00
53.00	05300	ANESTHESIOLOGY	254	0	13,364	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	71,163	0	44,654	0	0	54.00
54.01	03630	ULTRASOUND	13,191	0	4,203	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	42,835	0	26,369	0	0	55.00
56.00	05600	RADIOISOTOPE	7,214	0	2,181	0	0	56.00
57.00	05700	CT SCAN	4,914	0	11,564	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,337	0	11,478	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,601	0	12,195	71,851	0	59.00
60.00	06000	LABORATORY	50,671	0	80,569	0	0	60.00
60.01	06001	HLA LAB	1,971	0	3,541	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,743	0	12,536	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	8,744	0	23,009	0	0	65.00
66.00	06600	PHYSICAL THERAPY	12,456	0	13,553	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	954	0	7,688	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	477	0	2,460	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,533	0	8,438	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,723	0	4,517	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,057,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	6,451,360	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,024	0	5,774	0	0	74.00
76.00	03330	ENDOSCOPY	12,444	0	8,755	49,730	0	76.00
76.01	03950	OB/GYN IN VITRO	4,099	0	2,577	15,184	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,680	0	907	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04	03952	CAR-T ACQUISITION	0	0	165	972	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	590	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	753	0	978	5,760	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	51,457	0	37,084	214,396	0	90.00
90.01	04950	OUTPATIENT PSYCH	3,957	0	392	0	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
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To 12/31/2021Worksheet B
Part II
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
91.00	09100	EMERGENCY	37,201	0	40,251	237,156	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,751	0	4,521	26,636	0	105.00
106.00	10600	HEART ACQUISITION	746	0	1,718	10,125	0	106.00
107.00	10700	LIVER ACQUISITION	826	0	2,080	12,255	0	107.00
108.00	10800	LUNG ACQUISITION	759	0	1,886	11,115	0	108.00
109.00	10900	PANCREAS ACQUISITION	12	0	33	192	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,506,386	2,231,318	1,457,244	4,383,792	11,509,148	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	215	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	15	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	15	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	386,129	1,872	30,943	0	0	194.00
194.01	07951	RETAIL PHARMACY	2,988	0	9,271	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	7,813	0	993	0	0	194.02
194.03	07953	GUEST MEALS	0	89,179	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,903,346	2,322,369	1,498,666	4,383,792	11,509,148	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						EXTENDED CARE SERVICES	LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	14,010,461					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	429,065				16.00
17.00	01700	SOCIAL SERVICE	8,926	0	924,220			17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0		18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	0	1,023,421	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING PROGRAM	18	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,598	53,276	766,453	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	425	6,412	44,811	0	0	31.00
32.00	03200	CORONARY CARE UNIT	57	1,640	13,522	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	117	3,946	28,451	0	0	34.00
35.01	02400	NEURO ICU	247	4,778	34,129	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	221	3,325	23,060	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	619	13,794	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,634	48,454	0	0	0	50.00
51.00	05100	RECOVERY ROOM	119	7,056	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27	1,116	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	39,528	13,340	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	217,501	25,941	0	0	0	54.00
54.01	03630	ULTRASOUND	0	3,009	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	255,699	24,967	0	0	0	55.00
56.00	05600	RADIOISOTOPE	86,383	955	0	0	0	56.00
57.00	05700	CT SCAN	0	20,491	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,934	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	17	10,126	0	0	0	59.00
60.00	06000	LABORATORY	230	44,126	0	0	833,854	60.00
60.01	06001	HLA LAB	0	1,984	0	0	41,756	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,142	16,584	0	0	147,811	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,525	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,122	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	774	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	335	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,379	10,021	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,148	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,347	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	18,778	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,652,862	33,676	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,457	2,019	0	0	0	74.00
76.00	03330	ENDOSCOPY	510	3,658	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	173	554	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	190	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	163	0	0	0	76.03
76.04	03952	CAR-T ACQUISITION	0	2,098	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	168	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	394	0	0	0	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE			
						EXTENDED CARE SERVICES	LAB ADMINISTRATION		
			15.00	16.00	17.00	18.00	18.01		
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,539	4,708	0	0	0	90.00	
90.01	04950	OUTPATIENT PSYCH	0	38	0	0	0	90.01	
91.00	09100	EMERGENCY	561	20,326	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
	SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	449	1,284	0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	342	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	792	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0	463	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	63	0	0	0	109.00	
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00	
113.00	11300	INTEREST EXPENSE						113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,328,819	429,065	924,220	0	1,023,421	118.00	
	NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00	
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	191.01	
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	11,320	0	0	0	0	194.00	
194.01	07951	RETAIL PHARMACY	670,322	0	0	0	0	194.01	
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02	
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03	
200.00		Cross Foot Adjustments						200.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	14,010,461	429,065	924,220	0	1,023,421	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			OTHER GENERAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	
			RESEARCH ADMINISTRATION		SERVICES-SALARY & FRINGES			
			18.02		21.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01852	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION	4,270					18.02
20.00	02000	NURSING PROGRAM	0	1,481,177				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		5,649,603			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0			12,883		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0				25,484	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.01	02400	NEURO ICU	0					35.01
35.02	02401	CARDIO-THORACIC ICU	0					35.02
40.00	04000	SUBPROVIDER - IPF	0					40.00
43.00	04300	NURSERY	0					43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
54.01	03630	ULTRASOUND	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
57.00	05700	CT SCAN	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0					59.00
60.00	06000	LABORATORY	0					60.00
60.01	06001	HLA LAB	0					60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0					63.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.00	03330	ENDOSCOPY	0					76.00
76.01	03950	OB/GYN IN VITRO	0					76.01
76.02	03320	ELECTROSHOCK THERAPY	0					76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0					76.03
76.04	03952	CAR-T ACQUISITION	0					76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0					76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0					77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			OTHER GENERAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	
			RESEARCH ADMINISTRATION		SERVICES-SALAR Y & FRINGES			
			18.02		21.00			
OUTPATIENT SERVICE COST CENTERS				20.00		23.01	23.02	
90.00	09000	CLINIC	0					90.00
90.01	04950	OUTPATIENT PSYCH	0					90.01
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0					112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	4,270					191.00
191.01	19101	RESEARCH CTSA I/P	0					191.01
191.02	19102	RESEARCH CTSA O/P	0					191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0					194.00
194.01	07951	RETAIL PHARMACY	0					194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0					194.02
194.03	07953	GUEST MEALS	0					194.03
200.00		Cross Foot Adjustments		1,481,177	5,649,603	12,883	25,484	200.00
201.00		Negative Cost Centers	0	1,219,055	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,270	2,700,232	5,649,603	12,883	25,484	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)				1.03
1.04	00104	NEW CRC-B&F(GSON)				1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)				1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01852	EXTENDED CARE SERVICES				18.00
18.01	01851	LAB ADMINISTRATION				18.01
18.02	01850	RESEARCH ADMINISTRATION				18.02
20.00	02000	NURSING PROGRAM				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
23.01	02301	PARAMED ED PRGM-PHARMACY				23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	33,353,925	0	33,353,925	30.00
31.00	03100	INTENSIVE CARE UNIT	3,414,488	0	3,414,488	31.00
32.00	03200	CORONARY CARE UNIT	767,170	0	767,170	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,919,960	0	1,919,960	34.00
35.01	02400	NEURO ICU	1,990,320	0	1,990,320	35.01
35.02	02401	CARDIO-THORACIC ICU	1,454,290	0	1,454,290	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	507,023	0	507,023	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,211,956	0	24,211,956	50.00
51.00	05100	RECOVERY ROOM	3,226,501	0	3,226,501	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,027,548	0	3,027,548	52.00
53.00	05300	ANESTHESIOLOGY	1,252,325	0	1,252,325	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,054,533	0	8,054,533	54.00
54.01	03630	ULTRASOUND	820,693	0	820,693	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,599,123	0	8,599,123	55.00
56.00	05600	RADIOISOTOPE	839,586	0	839,586	56.00
57.00	05700	CT SCAN	1,820,650	0	1,820,650	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,330,371	0	2,330,371	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,211,889	0	2,211,889	59.00
60.00	06000	LABORATORY	6,313,480	0	6,313,480	60.00
60.01	06001	HLA LAB	391,585	0	391,585	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,193,992	0	2,193,992	63.00
65.00	06500	RESPIRATORY THERAPY	1,624,804	0	1,624,804	65.00
66.00	06600	PHYSICAL THERAPY	638,643	0	638,643	66.00
67.00	06700	OCCUPATIONAL THERAPY	183,454	0	183,454	67.00
68.00	06800	SPEECH PATHOLOGY	110,771	0	110,771	68.00
69.00	06900	ELECTROCARDIOLOGY	817,767	0	817,767	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	363,373	0	363,373	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,980,615	0	7,980,615	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,181,134	0	10,181,134	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,767,873	0	12,767,873	73.00
74.00	07400	RENAL DIALYSIS	981,959	0	981,959	74.00
76.00	03330	ENDOSCOPY	1,323,867	0	1,323,867	76.00
76.01	03950	OB/GYN IN VITRO	273,915	0	273,915	76.01
76.02	03320	ELECTROSHOCK THERAPY	83,783	0	83,783	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	29,270	0	29,270	76.03
76.04	03952	CAR-T ACQUISITION	559,295	0	559,295	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	26,889	0	26,889	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	183,308	0	183,308	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,585,051	0	2,585,051	90.00
90.01	04950	OUTPATIENT PSYCH	122,271	0	122,271	90.01
91.00	09100	EMERGENCY	2,623,288	0	2,623,288	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	658,698	0	658,698	105.00
106.00	10600	HEART ACQUISITION	188,782	0	188,782	106.00
107.00	10700	LIVER ACQUISITION	395,810	0	395,810	107.00
108.00	10800	LUNG ACQUISITION	266,461	0	266,461	108.00
109.00	10900	PANCREAS ACQUISITION	23,680	0	23,680	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	112.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	153,696,169	0	153,696,169	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	8,077	0	8,077	191.00
191.01	19101	RESEARCH CTSA I/P	685	0	685	191.01
191.02	19102	RESEARCH CTSA O/P	379	0	379	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	12,917,032	0	12,917,032	194.00
194.01	07951	RETAIL PHARMACY	1,066,164	0	1,066,164	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	225,244	0	225,244	194.02
194.03	07953	GUEST MEALS	89,179	0	89,179	194.03
200.00		Cross Foot Adjustments	7,169,147	0	7,169,147	200.00
201.00		Negative Cost Centers	1,219,055	0	1,219,055	201.00
202.00		TOTAL (sum lines 118 through 201)	176,391,131	0	176,391,131	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (DOLLAR VALUE)	
			1.00	1.03	1.04	1.05	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,143,031					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	0	1,814,700				1.03
1.04	00104	NEW CRC-B&F(GSON)	0	0	93,215			1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	57,766		1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					93,003,458	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	20,059	15,432	0	0	33,318	4.00
5.01	00540	NONPATIENT TELEPHONES	10,481	3,957	0	0	216,332	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	5,171	18,444	0	0	486,397	5.03
5.04	00570	ADMITTING	19,963	7,311	0	586	11,738	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	496,252	420,398	2,188	5,239	43,408,794	5.06
7.00	00700	OPERATION OF PLANT	287,440	218,592	0	47	849,728	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	661	664	0	0	799	8.00
9.00	00900	HOUSEKEEPING	23,177	4,091	0	10	254,944	9.00
10.00	01000	DIETARY	24,645	48,268	0	0	87,332	10.00
11.00	01100	CAFETERIA	38,159	3,036	0	0	318,223	11.00
13.00	01300	NURSING ADMINISTRATION	14,511	4,779	0	0	1,967,620	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	62,067	4,071	0	0	1,233,144	14.00
15.00	01500	PHARMACY	3,490	36,535	0	0	3,038,020	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,268	10,509	0	0	7,913	16.00
17.00	01700	SOCIAL SERVICE	1,253	6,932	0	0	1,170	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	36,065	0	0	1,228	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING PROGRAM	0	0	91,027	0	177,397	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	14,946	4,583	0	0	5,062	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	255	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	614,339	42,255	0	0	1,993,574	30.00
31.00	03100	INTENSIVE CARE UNIT	57,641	217	0	0	64,090	31.00
32.00	03200	CORONARY CARE UNIT	9,950	0	0	0	35,329	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34,660	0	0	0	44,176	34.00
35.01	02400	NEURO ICU	32,910	0	0	0	26,556	35.01
35.02	02401	CARDIO-THORACIC ICU	5,279	19,168	0	0	47,287	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	6,415	0	0	0	192,961	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	98,097	104,371	0	0	15,239,799	50.00
51.00	05100	RECOVERY ROOM	34,143	17,756	0	0	1,005,585	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,593	0	0	0	1,950,975	52.00
53.00	05300	ANESTHESIOLOGY	349	0	0	0	671,387	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,731	42,806	0	1,522	3,941,051	54.00
54.01	03630	ULTRASOUND	9,618	5,545	0	0	305,051	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,102	66,414	0	0	6,402,753	55.00
56.00	05600	RADIOISOTOPE	9,909	0	0	0	117,037	56.00
57.00	05700	CT SCAN	0	2,934	0	0	1,552,479	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,977	8,044	0	0	1,542,012	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,549	0	0	1,451,578	59.00
60.00	06000	LABORATORY	3,778	66,404	0	586	695,920	60.00
60.01	06001	HLA LAB	0	2,707	0	0	86,660	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,503	0	0	204,716	63.00
65.00	06500	RESPIRATORY THERAPY	12,010	0	0	0	429,238	65.00
66.00	06600	PHYSICAL THERAPY	3,691	13,417	0	0	2,371	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,035	275	0	0	34	67.00
68.00	06800	SPEECH PATHOLOGY	518	138	0	0	44,197	68.00
69.00	06900	ELECTROCARDIOLOGY	6,231	2,742	0	0	418,511	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,716	1,024	0	0	222,397	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,022	0	0	0	494,960	74.00
76.00	03330	ENDOSCOPY	1,185	15,907	0	0	727,968	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	101,339	76.01
76.02	03320	ELECTROSHOCK THERAPY	2,308	0	0	0	3,350	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04	03952	CAR-T ACQUISITION	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	810	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (DOLLAR VALUE)	
			1.00	1.03	1.04	1.05	2.00	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,034	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	65,279	0	0	99,973	90.00
90.01	04950	OUTPATIENT PSYCH	0	5,435	0	0	1,456	90.01
91.00	09100	EMERGENCY	3,106	45,513	0	0	248,048	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	2,405	0	0	146	105.00
106.00	10600	HEART ACQUISITION	0	1,025	0	0	6	106.00
107.00	10700	LIVER ACQUISITION	0	1,134	0	0	5	107.00
108.00	10800	LUNG ACQUISITION	0	1,042	0	0	140	108.00
109.00	10900	PANCREAS ACQUISITION	0	17	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,050,856	1,422,792	93,215	7,990	92,464,274	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	20	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	20	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	92,175	377,032	0	49,776	501,548	194.00
194.01	07951	RETAIL PHARMACY	0	4,104	0	0	37,636	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	10,732	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	41,111,271	23,863,558	1,169,291	1,044,046	79,635,284	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.183703	13.150139	12.544022	18.073711	0.856262	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONE EXPENSE)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (GROSS REVENUES)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REVENUE)	
			4.00	5.01	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	632,265,952					4.00
5.01	00540	NONPATIENT TELEPHONES	1,716,892	3,254,579				5.01
5.03	00560	PURCHASING RECEIVING AND STORES	1,555,518	3,549	514,050,502			5.03
5.04	00570	ADMITTING	6,962,891	168,730	207,564	7,515,392,602		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	32,304,135	326,275	7,012,232	0	0	5.06
7.00	00700	OPERATION OF PLANT	10,874,143	71,239	2,752,445	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,912,868	0	0	8.00
9.00	00900	HOUSEKEEPING	16,441,131	30,111	1,643,285	0	0	9.00
10.00	01000	DIETARY	7,560,395	50,480	4,261,631	0	0	10.00
11.00	01100	CAFETERIA	3,492,989	17,618	5,364,147	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	41,214,494	119,052	430,810	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,625,726	20,435	8,853,005	0	0	14.00
15.00	01500	PHARMACY	27,408,239	75,439	148,834,177	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	521,306	25,622	16,303	0	0	16.00
17.00	01700	SOCIAL SERVICE	11,847,336	52,075	138,098	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	5,418,864	29,981	126,701	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	82,987	0	0	0	0	18.02
20.00	02000	NURSING PROGRAM	9,670,609	67,775	271,444	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	55,328,702	32,249	187,073	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	244,630	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	323,150	276	607	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	127,535,894	809,998	14,115,526	922,559,258	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,638,992	41,660	3,033,463	112,499,326	0	31.00
32.00	03200	CORONARY CARE UNIT	4,111,136	13,465	1,034,419	28,768,974	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,583,766	20,778	2,198,977	69,220,084	0	34.00
35.01	02400	NEURO ICU	11,335,304	31,284	1,995,479	83,822,230	0	35.01
35.02	02401	CARDIO-THORACIC ICU	9,832,693	28,720	1,593,907	58,341,172	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	1,852,915	11,815	195,146	10,868,200	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	46,098,098	221,814	24,437,608	850,073,824	0	50.00
51.00	05100	RECOVERY ROOM	13,777,860	39,112	2,599,653	123,795,920	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,949,342	28,886	1,080,344	19,585,620	0	52.00
53.00	05300	ANESTHESIOLOGY	2,861,225	17,934	6,685,042	234,040,548	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,933,041	103,526	7,911,522	455,109,958	0	54.00
54.01	03630	ULTRASOUND	1,532,363	7,288	257,625	52,795,680	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,820,939	85,154	8,753,428	438,014,489	0	55.00
56.00	05600	RADIOISOTOPE	916,130	13,694	1,062,237	16,754,672	0	56.00
57.00	05700	CT SCAN	4,637,982	21,468	625,813	359,485,356	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,327,117	21,056	1,453,965	191,828,665	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,767,189	31,326	1,698,042	177,647,505	0	59.00
60.00	06000	LABORATORY	22,243,624	89,531	29,732,344	774,136,777	0	60.00
60.01	06001	HLA LAB	1,215,350	6,141	2,988,414	34,806,175	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,314,161	20,893	29,646,006	290,946,003	0	63.00
65.00	06500	RESPIRATORY THERAPY	9,360,884	10,594	2,497,673	149,556,582	0	65.00
66.00	06600	PHYSICAL THERAPY	4,962,274	6,764	48,975	19,685,281	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,798,590	0	7,312	13,585,874	0	67.00
68.00	06800	SPEECH PATHOLOGY	929,041	0	11,860	5,883,886	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,919,920	14,571	822,590	175,806,620	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,305,091	5,910	52,451	20,144,811	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	73,969,145	251,707,232	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	94,349,572	329,437,309	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	590,807,194	0	73.00
74.00	07400	RENAL DIALYSIS	2,529,859	12,076	1,494,031	35,426,817	0	74.00
76.00	03330	ENDOSCOPY	3,078,663	22,857	1,248,539	64,178,763	0	76.00
76.01	03950	OB/GYN IN VITRO	1,005,271	2,939	535,644	9,725,955	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	311,766	2,298	93,606	3,327,709	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	739,034	2,861,845	0	76.03
76.04	03952	CAR-T ACQUISITION	65,393	0	0	36,807,892	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,864	1,255	2,948,831	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	426,069	825	0	6,908,510	0	77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONE EXPENSE)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (GROSS REVENUES)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REVENUE)	
			4.00	5.01	5.03	5.04	5.05	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	13,072,959	182,698	1,150,459	82,591,529	0	90.00
90.01	04950	OUTPATIENT PSYCH	139,844	8,936	0	663,228	0	90.01
91.00	09100	EMERGENCY	14,146,808	82,869	3,303,547	356,590,798	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,555,161	14,646	9,587	22,518,500	0	105.00
106.00	10600	HEART ACQUISITION	643,997	7,778	1,881	6,006,000	0	106.00
107.00	10700	LIVER ACQUISITION	738,925	6,051	6,239	13,892,000	0	107.00
108.00	10800	LUNG ACQUISITION	734,232	6,097	3,435	8,125,000	0	108.00
109.00	10900	PANCREAS ACQUISITION	16,709	22	9	1,104,000	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	620,620,714	3,146,244	505,458,194	7,515,392,602	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	64,927	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	764	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	7,563,687	67,647	718,411	0	0	194.00
194.01	07951	RETAIL PHARMACY	3,743,418	31,112	7,870,790	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	273,206	9,576	2,343	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	50,385,889	2,880,659	25,039,786	10,897,108	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.079691	0.885110	0.048711	0.001450	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	655,761	457,536	762,530	643,006	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001037	0.140582	0.001483	0.000086	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	
		5A.06	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-457,408,646	1,822,177,559			5.06
7.00	00700	OPERATION OF PLANT	0	82,875,642	2,661,893		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,092,348	6,610	7,342,752	8.00
9.00	00900	HOUSEKEEPING	0	28,408,523	27,532	300	9.00
10.00	01000	DIETARY	0	18,646,479	80,811	0	10.00
11.00	01100	CAFETERIA	0	5,882,734	41,195	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	56,412,455	19,290	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31,314,318	66,138	51,412	14.00
15.00	01500	PHARMACY	0	215,549,464	40,855	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,208,284	13,777	0	16.00
17.00	01700	SOCIAL SERVICE	0	18,842,550	8,185	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	9,019,312	36,065	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	115,607	0	0	18.02
20.00	02000	NURSING PROGRAM	1,064,202	0	91,027	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	138,768,811	20,943	26,000	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	330,978	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	466,016	255	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	265,593,273	656,594	3,788,947	30.00
31.00	03100	INTENSIVE CARE UNIT	0	43,024,978	57,858	405,713	31.00
32.00	03200	CORONARY CARE UNIT	0	11,011,250	9,950	76,680	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	20,720,778	34,660	147,564	34.00
35.01	02400	NEURO ICU	0	23,640,827	32,910	168,468	35.01
35.02	02401	CARDIO-THORACIC ICU	0	19,227,880	24,447	187,848	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	3,390,504	6,415	500	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	127,563,155	202,468	603,527	50.00
51.00	05100	RECOVERY ROOM	0	25,683,503	51,899	458,975	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,415,304	22,593	81,280	52.00
53.00	05300	ANESTHESIOLOGY	0	13,007,422	349	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,785,539	97,747	321,939	54.00
54.01	03630	ULTRASOUND	0	5,195,937	18,119	23,433	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	40,954,650	70,516	48,714	55.00
56.00	05600	RADIOISOTOPE	0	2,115,187	9,909	17,835	56.00
57.00	05700	CT SCAN	0	9,276,565	6,750	83,038	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,342,904	29,308	102,332	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,237,599	25,549	67,200	59.00
60.00	06000	LABORATORY	0	88,822,318	71,156	33,325	60.00
60.01	06001	HLA LAB	0	5,617,071	2,707	527	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	39,876,703	17,503	9,300	63.00
65.00	06500	RESPIRATORY THERAPY	0	20,916,720	12,010	4,399	65.00
66.00	06600	PHYSICAL THERAPY	0	7,449,696	17,109	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,940,981	1,310	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,498,660	655	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,961,598	8,973	46,010	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,107,863	3,740	3,201	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	77,937,231	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	99,423,118	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	856,670	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,397,654	11,022	2,920	74.00
76.00	03330	ENDOSCOPY	0	7,502,266	17,092	147,345	76.00
76.01	03950	OB/GYN IN VITRO	0	3,559,499	5,630	2,098	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	605,330	2,308	564	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	779,183	0	0	76.03
76.04	03952	CAR-T ACQUISITION	0	15,514,467	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	301,823	810	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	4,369,669	1,034	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	24,638,900	70,679	109,201	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	
			5A.06	5.06	7.00	8.00	9.00	
90.01	04950	OUTPATIENT PSYCH	0	460,299	5,435	0	5,435	90.01
91.00	09100	EMERGENCY	0	30,043,226	51,098	318,357	51,098	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	15,962,285	2,405	0	2,405	105.00
106.00	10600	HEART ACQUISITION	0	4,062,296	1,025	0	1,025	106.00
107.00	10700	LIVER ACQUISITION	0	9,931,806	1,134	0	1,134	107.00
108.00	10800	LUNG ACQUISITION	0	6,330,526	1,042	0	1,042	108.00
109.00	10900	PANCREAS ACQUISITION	0	643,682	17	0	17	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-456,344,444	1,783,632,316	2,116,618	7,338,952	2,069,111	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	98,912	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	8,808	20	0	20	191.01
191.02	19102	RESEARCH CTSA O/P	0	263	20	0	20	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	31,187,393	530,399	3,800	530,372	194.00
194.01	07951	RETAIL PHARMACY	0	6,637,110	4,104	0	4,104	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	612,757	10,732	0	10,732	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		457,408,646	103,679,334	2,875,031	36,612,190	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.251023	38.949475	0.391547	14.004270	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		64,929,114	12,249,222	133,748	1,903,346	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.035633	4.601696	0.018215	0.728035	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	804,973					10.00
11.00	01100	CAFETERIA	0	15,102,056				11.00
13.00	01300	NURSING ADMINISTRATION	0	913,832	7,497,648			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	279,990	0	168,318,717		14.00
15.00	01500	PHARMACY	0	636,090	0	0	162,217,864	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,668	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	330,364	0	0	103,346	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	129,703	0	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	650	0	0	0	18.02
20.00	02000	NURSING PROGRAM	0	211,967	0	0	207	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,658,115	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	8,415	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	11,524	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	716,206	3,621,789	3,621,789	0	122,708	30.00
31.00	03100	INTENSIVE CARE UNIT	16,841	350,320	350,320	0	4,924	31.00
32.00	03200	CORONARY CARE UNIT	1,814	93,922	93,922	0	657	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	18,630	250,527	250,527	0	1,357	34.00
35.01	02400	NEURO ICU	8,870	298,384	298,384	0	2,863	35.01
35.02	02401	CARDIO-THORACIC ICU	11,052	212,616	212,616	0	2,557	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	54,791	54,791	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,071,225	980,491	0	516,785	50.00
51.00	05100	RECOVERY ROOM	0	358,521	270,066	0	1,380	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	243,854	243,854	0	315	52.00
53.00	05300	ANESTHESIOLOGY	0	134,670	0	0	457,672	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	449,977	0	0	2,518,309	54.00
54.01	03630	ULTRASOUND	0	42,349	0	0	3	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	265,721	0	0	2,960,574	55.00
56.00	05600	RADIOISOTOPE	0	21,978	0	0	1,000,176	56.00
57.00	05700	CT SCAN	0	116,532	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	115,667	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	122,888	122,888	0	193	59.00
60.00	06000	LABORATORY	0	811,891	0	0	2,665	60.00
60.01	06001	HLA LAB	0	35,686	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	126,325	0	0	13,220	63.00
65.00	06500	RESPIRATORY THERAPY	0	231,861	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	136,575	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	77,471	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	24,792	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	85,031	0	0	39,120	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	45,515	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	73,969,145	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	94,349,572	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	146,499,076	73.00
74.00	07400	RENAL DIALYSIS	0	58,186	0	0	40,025	74.00
76.00	03330	ENDOSCOPY	0	88,222	85,053	0	5,903	76.00
76.01	03950	OB/GYN IN VITRO	0	25,969	25,969	0	2,007	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	9,140	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04	03952	CAR-T ACQUISITION	0	1,663	1,663	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	9,851	9,851	0	0	77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	373,692	366,683	0	17,821	90.00
90.01	04950	OUTPATIENT PSYCH	0	3,949	0	0	0	90.01
91.00	09100	EMERGENCY	0	405,610	405,610	0	6,499	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	45,555	45,555	0	5,201	105.00
106.00	10600	HEART ACQUISITION	0	17,317	17,317	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	20,960	20,960	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	19,010	19,010	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	329	329	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	773,413	14,684,649	7,497,648	168,318,717	154,325,563	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	2,164	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	649	311,812	0	0	131,065	194.00
194.01	07951	RETAIL PHARMACY	0	93,420	0	0	7,761,236	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	10,011	0	0	0	194.02
194.03	07953	GUEST MEALS	30,911	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	27,606,419	9,540,866	72,172,078	42,874,202	272,222,618	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.294838	0.631759	9.625962	0.254720	1.678130	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,322,369	1,498,666	4,383,792	11,509,148	14,010,461	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.885027	0.099236	0.584689	0.068377	0.086368	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE			
					EXTENDED CARE SERVICES (ECF PT DAYS)	LAB ADMINISTRATION (TIME SPENT)	RESEARCH ADMINISTRATION (TIME SPENT)	
			16.00	17.00	18.00	18.01	18.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,515,392,602					16.00
17.00	01700	SOCIAL SERVICE	0	370,645				17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0			18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	874,654		18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	100	18.02
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	922,559,258	307,374	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	112,499,326	17,971	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	28,768,974	5,423	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	69,220,084	11,410	0	0	0	34.00
35.01	02400	NEURO ICU	83,822,230	13,687	0	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	58,341,172	9,248	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	10,868,200	5,532	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	850,073,824	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	123,795,920	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,585,620	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	234,040,548	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	455,109,958	0	0	0	0	54.00
54.01	03630	ULTRASOUND	52,795,680	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	438,014,489	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	16,754,672	0	0	0	0	56.00
57.00	05700	CT SCAN	359,485,356	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	191,828,665	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	177,647,505	0	0	0	0	59.00
60.00	06000	LABORATORY	774,136,777	0	0	712,643	0	60.00
60.01	06001	HLA LAB	34,806,175	0	0	35,686	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	290,946,003	0	0	126,325	0	63.00
65.00	06500	RESPIRATORY THERAPY	149,556,582	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	19,685,281	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,585,874	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,883,886	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	175,806,620	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,144,811	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	251,707,232	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	329,437,309	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	590,807,194	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	35,426,817	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	64,178,763	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	9,725,955	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	3,327,709	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	2,861,845	0	0	0	0	76.03
76.04	03952	CAR-T ACQUISITION	36,807,892	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,948,831	0	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE			
					EXTENDED CARE SERVICES (ECF PT DAYS)	LAB ADMINISTRATION (TIME SPENT)	RESEARCH ADMINISTRATION (TIME SPENT)	
			16.00	17.00	18.00	18.01	18.02	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	6,908,510	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	82,591,529	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	663,228	0	0	0	0	90.01
91.00	09100	EMERGENCY	356,590,798	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	22,518,500	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	6,006,000	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	13,892,000	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	8,125,000	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,104,000	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,515,392,602	370,645	0	874,654	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	100	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,256,087	24,386,220	0	13,275,085	145,038	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000300	65.794008	0.000000	15.177527	1,450.380000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	429,065	924,220	0	1,023,421	4,270	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000057	2.493545	0.000000	1.170087	42.700000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	Reconciliation	PARAMED ED PRGM-PASTORAL ED (ACCUM COST)	
			20.00	21.00	23.01	23A.02	23.02
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01852	EXTENDED CARE SERVICES					18.00
18.01	01851	LAB ADMINISTRATION					18.01
18.02	01850	RESEARCH ADMINISTRATION					18.02
20.00	02000	NURSING PROGRAM	58,072				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		10,000			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY			100		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED				-603,780	2,277,918,223
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	41,720	1,984	0	0	488,604,686
31.00	03100	INTENSIVE CARE UNIT	384	335	0	0	68,357,341
32.00	03200	CORONARY CARE UNIT	0	135	0	0	18,097,303
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	189	0	0	35,119,874
35.01	02400	NEURO ICU	192	65	0	0	36,834,663
35.02	02401	CARDIO-THORACIC ICU	384	154	0	0	31,345,447
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	5,510,755
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	384	1,878	0	0	214,814,640
51.00	05100	RECOVERY ROOM	0	14	0	0	38,170,287
52.00	05200	DELIVERY ROOM & LABOR ROOM	108	158	0	0	27,056,318
53.00	05300	ANESTHESIOLOGY	14,708	529	0	0	27,497,903
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	703	0	0	69,576,170
54.01	03630	ULTRASOUND	0	113	0	0	9,497,677
55.00	05500	RADIOLOGY-THERAPEUTIC	0	122	0	0	62,236,693
56.00	05600	RADIOISOTOPE	0	159	0	0	7,669,923
57.00	05700	CT SCAN	0	54	0	0	13,125,769
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	20	0	0	17,515,455
59.00	05900	CARDIAC CATHETERIZATION	0	149	0	0	18,119,836
60.00	06000	LABORATORY	0	590	0	0	136,814,200
60.01	06001	HLA LAB	0	1	0	0	7,762,826
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	70	0	0	54,154,129
65.00	06500	RESPIRATORY THERAPY	0	111	0	0	28,947,385
66.00	06600	PHYSICAL THERAPY	0	114	0	0	12,321,690
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	5,052,647
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,926,971
69.00	06900	ELECTROCARDIOLOGY	0	93	0	0	9,758,032
70.00	07000	ELECTROENCEPHALOGRAPHY	0	193	0	0	6,263,438
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	116,418,202
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	148,512,219
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	247,512,783
74.00	07400	RENAL DIALYSIS	0	46	0	0	10,762,530
76.00	03330	ENDOSCOPY	0	137	0	0	13,659,941
76.01	03950	OB/GYN IN VITRO	0	13	0	0	5,253,136
76.02	03320	ELECTROSHOCK THERAPY	0	13	0	0	1,114,993
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	975,635
76.04	03952	CAR-T ACQUISITION	0	0	0	0	19,437,056
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	421,365
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	5,624,431

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description		NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	Reconciliation	PARAMED ED PRGM-PASTORAL ED (ACCUM COST)	
		20.00	21.00	23.01	23A.02	23.02	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	192	972	0	0	55,527,425	90.00
90.01	04950 OUTPATIENT PSYCH	0	172	0	0	3,889,581	90.01
91.00	09100 EMERGENCY	0	671	0	0	56,487,912	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	20,579,314	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	5,315,738	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	12,704,138	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	8,172,249	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	809,867	109.00
112.00	08600 OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	58,072	9,957	100	-603,780	2,185,330,573	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	270,146	191.00
191.01	19101 RESEARCH CTSA I/P	0	17	0	0	310,886	191.01
191.02	19102 RESEARCH CTSA O/P	0	26	0	0	458,389	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	67,543,061	194.00
194.01	07951 RETAIL PHARMACY	0	0	0	0	21,603,882	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	0	0	0	0	1,341,198	194.02
194.03	07953 GUEST MEALS	0	0	0	0	1,060,088	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,890,278	175,769,693	419,377		603,780	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	66.990598	17,576.969300	4,193.770000		0.000265	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,700,232	5,649,603	12,883		25,484	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	25.505872	564.960300	128.830000		0.000011	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0		0		0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000		0.000000		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 1:19 pm

			Title XVIII	Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					Total Costs	Total Costs
					RCE Disallowance	
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	453,861,586		453,861,586	0
31.00	03100	INTENSIVE CARE UNIT	62,487,171		62,487,171	0
32.00	03200	CORONARY CARE UNIT	15,729,208		15,729,208	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	31,807,134		31,807,134	0
35.01	02400	NEURO ICU	35,701,921		35,701,921	0
35.02	02401	CARDIO-THORACIC ICU	28,646,901		28,646,901	0
40.00	04000	SUBPROVIDER - IPF	0		0	0
43.00	04300	NURSERY	5,512,215		5,512,215	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	181,862,018		181,862,018	0
51.00	05100	RECOVERY ROOM	37,934,324		37,934,324	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,286,327		24,286,327	0
53.00	05300	ANESTHESIOLOGY	18,206,973		18,206,973	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,237,999		57,237,999	0
54.01	03630	ULTRASOUND	7,513,996		7,513,996	0
55.00	05500	RADIOLOGY-THERAPEUTIC	60,108,796		60,108,796	0
56.00	05600	RADIOISOTOPE	4,877,218		4,877,218	0
57.00	05700	CT SCAN	12,180,091		12,180,091	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,168,558		17,168,558	0
59.00	05900	CARDIAC CATHETERIZATION	15,505,670		15,505,670	0
60.00	06000	LABORATORY	126,480,044		126,480,044	0
60.01	06001	HLA LAB	7,747,306		7,747,306	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	52,938,092		52,938,092	0
65.00	06500	RESPIRATORY THERAPY	27,004,012	0	27,004,012	0
66.00	06600	PHYSICAL THERAPY	10,321,180	0	10,321,180	0
67.00	06700	OCCUPATIONAL THERAPY	5,053,986	0	5,053,986	0
68.00	06800	SPEECH PATHOLOGY	1,927,482	0	1,927,482	0
69.00	06900	ELECTROCARDIOLOGY	8,125,960		8,125,960	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,872,743		2,872,743	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	116,449,053		116,449,053	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	148,551,575		148,551,575	0
73.00	07300	DRUGS CHARGED TO PATIENTS	247,578,374		247,578,374	0
74.00	07400	RENAL DIALYSIS	9,956,841		9,956,841	0
76.00	03330	ENDOSCOPY	11,255,516		11,255,516	0
76.01	03950	OB/GYN IN VITRO	5,026,027		5,026,027	0
76.02	03320	ELECTROSHOCK THERAPY	886,787		886,787	0
76.03	03951	CORNEAL TISSUE ACQUISITION	975,894		975,894	0
76.04	03952	CAR-T ACQUISITION	19,442,207		19,442,207	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	421,477		421,477	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	5,625,921		5,625,921	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	38,457,326		38,457,326	0
90.01	04950	OUTPATIENT PSYCH	867,373		867,373	0
91.00	09100	EMERGENCY	44,708,735		44,708,735	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,163,993		6,163,993	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	20,584,768		20,584,768	0
106.00	10600	HEART ACQUISITION	5,317,147		5,317,147	0
107.00	10700	LIVER ACQUISITION	12,707,505		12,707,505	0
108.00	10800	LUNG ACQUISITION	8,174,415		8,174,415	0
109.00	10900	PANCREAS ACQUISITION	810,082		810,082	0
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0		0	0
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	2,017,059,927	0	2,017,059,927	0
201.00		Less Observation Beds	6,163,993		6,163,993	0
202.00		Total (see instructions)	2,010,895,934	0	2,010,895,934	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 1:19 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	913,303,894		913,303,894			30.00
31.00	03100	INTENSIVE CARE UNIT	112,484,756		112,484,756			31.00
32.00	03200	CORONARY CARE UNIT	28,768,974		28,768,974			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	69,221,190		69,221,190			34.00
35.01	02400	NEURO ICU	83,803,930		83,803,930			35.01
35.02	02401	CARDIO-THORACIC ICU	58,335,072		58,335,072			35.02
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
43.00	04300	NURSERY	10,868,200		10,868,200			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	543,487,713	306,586,111	850,073,824	0.213937	0.000000	50.00
51.00	05100	RECOVERY ROOM	41,837,509	81,958,411	123,795,920	0.306426	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,465,975	5,119,645	19,585,620	1.240008	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	125,392,357	108,648,191	234,040,548	0.077794	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	164,775,546	290,334,412	455,109,958	0.125767	0.000000	54.00
54.01	03630	ULTRASOUND	15,392,949	37,402,731	52,795,680	0.142322	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	21,301,313	416,713,176	438,014,489	0.137230	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,576,571	14,178,101	16,754,672	0.291096	0.000000	56.00
57.00	05700	CT SCAN	138,998,366	220,486,990	359,485,356	0.033882	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	43,346,440	148,482,225	191,828,665	0.089499	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	71,810,457	105,837,048	177,647,505	0.087283	0.000000	59.00
60.00	06000	LABORATORY	392,131,407	382,005,370	774,136,777	0.163382	0.000000	60.00
60.01	06001	HLA LAB	4,378,293	30,427,882	34,806,175	0.222584	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	207,570,124	83,375,879	290,946,003	0.181952	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	141,137,681	8,418,901	149,556,582	0.180561	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,011,239	674,042	19,685,281	0.524310	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,964,600	621,274	13,585,874	0.372003	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	5,654,590	229,296	5,883,886	0.327587	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	100,254,845	75,551,775	175,806,620	0.046221	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,464,878	1,679,933	20,144,811	0.142605	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	155,896,034	95,811,198	251,707,232	0.462637	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	211,595,218	117,842,091	329,437,309	0.450925	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	308,013,351	282,793,843	590,807,194	0.419051	0.000000	73.00
74.00	07400	RENAL DIALYSIS	34,093,139	1,333,678	35,426,817	0.281054	0.000000	74.00
76.00	03330	ENDOSCOPY	17,040,698	47,138,065	64,178,763	0.175378	0.000000	76.00
76.01	03950	OB/GYN IN VITRO	4,163	9,721,792	9,725,955	0.516764	0.000000	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,524,831	1,802,878	3,327,709	0.266486	0.000000	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	11,550	2,850,295	2,861,845	0.341002	0.000000	76.03
76.04	03952	CAR-T ACQUISITION	36,505,952	301,940	36,807,892	0.528208	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,188	2,938,643	2,948,831	0.142930	0.000000	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	6,830,685	77,825	6,908,510	0.814347	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,209,044	81,382,485	82,591,529	0.465633	0.000000	90.00
90.01	04950	OUTPATIENT PSYCH	924	662,304	663,228	1.307805	0.000000	90.01
91.00	09100	EMERGENCY	139,833,925	216,756,873	356,590,798	0.125378	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	781,547	7,242,896	8,024,443	0.768152	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	22,518,500	0	22,518,500			105.00
106.00	10600	HEART ACQUISITION	6,006,000	0	6,006,000			106.00
107.00	10700	LIVER ACQUISITION	13,892,000	0	13,892,000			107.00
108.00	10800	LUNG ACQUISITION	8,125,000	0	8,125,000			108.00
109.00	10900	PANCREAS ACQUISITION	1,104,000	0	1,104,000			109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0			112.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	4,326,735,618	3,187,388,199	7,514,123,817			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	4,326,735,618	3,187,388,199	7,514,123,817			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.01	02400	NEURO ICU				35.01
35.02	02401	CARDIO-THORACIC ICU				35.02
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.213937			50.00
51.00	05100	RECOVERY ROOM	0.306426			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.240008			52.00
53.00	05300	ANESTHESIOLOGY	0.077794			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125767			54.00
54.01	03630	ULTRASOUND	0.142322			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.137230			55.00
56.00	05600	RADIOISOTOPE	0.291096			56.00
57.00	05700	CT SCAN	0.033882			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089499			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087283			59.00
60.00	06000	LABORATORY	0.163382			60.00
60.01	06001	HLA LAB	0.222584			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.181952			63.00
65.00	06500	RESPIRATORY THERAPY	0.180561			65.00
66.00	06600	PHYSICAL THERAPY	0.524310			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.372003			67.00
68.00	06800	SPEECH PATHOLOGY	0.327587			68.00
69.00	06900	ELECTROCARDIOLOGY	0.046221			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142605			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.462637			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.450925			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.419051			73.00
74.00	07400	RENAL DIALYSIS	0.281054			74.00
76.00	03330	ENDOSCOPY	0.175378			76.00
76.01	03950	OB/GYN IN VITRO	0.516764			76.01
76.02	03320	ELECTROSHOCK THERAPY	0.266486			76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.341002			76.03
76.04	03952	CAR-T ACQUISITION	0.528208			76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.142930			76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.814347			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.465633			90.00
90.01	04950	OUTPATIENT PSYCH	1.307805			90.01
91.00	09100	EMERGENCY	0.125378			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.768152			92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW				112.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 1:19 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	453,861,586		453,861,586	0	453,861,586	30.00
31.00	03100	INTENSIVE CARE UNIT	62,487,171		62,487,171	0	62,487,171	31.00
32.00	03200	CORONARY CARE UNIT	15,729,208		15,729,208	0	15,729,208	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	31,807,134		31,807,134	0	31,807,134	34.00
35.01	02400	NEURO ICU	35,701,921		35,701,921	0	35,701,921	35.01
35.02	02401	CARDIO-THORACIC ICU	28,646,901		28,646,901	0	28,646,901	35.02
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300	NURSERY	5,512,215		5,512,215	0	5,512,215	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	181,862,018		181,862,018	0	181,862,018	50.00
51.00	05100	RECOVERY ROOM	37,934,324		37,934,324	0	37,934,324	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,286,327		24,286,327	0	24,286,327	52.00
53.00	05300	ANESTHESIOLOGY	18,206,973		18,206,973	0	18,206,973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,237,999		57,237,999	0	57,237,999	54.00
54.01	03630	ULTRASOUND	7,513,996		7,513,996	0	7,513,996	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	60,108,796		60,108,796	0	60,108,796	55.00
56.00	05600	RADIOISOTOPE	4,877,218		4,877,218	0	4,877,218	56.00
57.00	05700	CT SCAN	12,180,091		12,180,091	0	12,180,091	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,168,558		17,168,558	0	17,168,558	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,505,670		15,505,670	0	15,505,670	59.00
60.00	06000	LABORATORY	126,480,044		126,480,044	0	126,480,044	60.00
60.01	06001	HLA LAB	7,747,306		7,747,306	0	7,747,306	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	52,938,092		52,938,092	0	52,938,092	63.00
65.00	06500	RESPIRATORY THERAPY	27,004,012	0	27,004,012	0	27,004,012	65.00
66.00	06600	PHYSICAL THERAPY	10,321,180	0	10,321,180	0	10,321,180	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,053,986	0	5,053,986	0	5,053,986	67.00
68.00	06800	SPEECH PATHOLOGY	1,927,482	0	1,927,482	0	1,927,482	68.00
69.00	06900	ELECTROCARDIOLOGY	8,125,960		8,125,960	0	8,125,960	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,872,743		2,872,743	0	2,872,743	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	116,449,053		116,449,053	0	116,449,053	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	148,551,575		148,551,575	0	148,551,575	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	247,578,374		247,578,374	0	247,578,374	73.00
74.00	07400	RENAL DIALYSIS	9,956,841		9,956,841	0	9,956,841	74.00
76.00	03330	ENDOSCOPY	11,255,516		11,255,516	0	11,255,516	76.00
76.01	03950	OB/GYN IN VITRO	5,026,027		5,026,027	0	5,026,027	76.01
76.02	03320	ELECTROSHOCK THERAPY	886,787		886,787	0	886,787	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	975,894		975,894	0	975,894	76.03
76.04	03952	CAR-T ACQUISITION	19,442,207		19,442,207	0	19,442,207	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	421,477		421,477	0	421,477	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	5,625,921		5,625,921	0	5,625,921	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	38,457,326		38,457,326	0	38,457,326	90.00
90.01	04950	OUTPATIENT PSYCH	867,373		867,373	0	867,373	90.01
91.00	09100	EMERGENCY	44,708,735		44,708,735	0	44,708,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,163,993		6,163,993	0	6,163,993	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	20,584,768		20,584,768		20,584,768	105.00
106.00	10600	HEART ACQUISITION	5,317,147		5,317,147		5,317,147	106.00
107.00	10700	LIVER ACQUISITION	12,707,505		12,707,505		12,707,505	107.00
108.00	10800	LUNG ACQUISITION	8,174,415		8,174,415		8,174,415	108.00
109.00	10900	PANCREAS ACQUISITION	810,082		810,082		810,082	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0		0		0	112.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	2,017,059,927	0	2,017,059,927	0	2,017,059,927	200.00
201.00		Less Observation Beds	6,163,993		6,163,993		6,163,993	201.00
202.00		Total (see instructions)	2,010,895,934	0	2,010,895,934	0	2,010,895,934	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 1:19 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	913,303,894		913,303,894		30.00
31.00	03100	INTENSIVE CARE UNIT	112,484,756		112,484,756		31.00
32.00	03200	CORONARY CARE UNIT	28,768,974		28,768,974		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	69,221,190		69,221,190		34.00
35.01	02400	NEURO ICU	83,803,930		83,803,930		35.01
35.02	02401	CARDIO-THORACIC ICU	58,335,072		58,335,072		35.02
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	10,868,200		10,868,200		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	543,487,713	306,586,111	850,073,824	0.213937	50.00
51.00	05100	RECOVERY ROOM	41,837,509	81,958,411	123,795,920	0.306426	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,465,975	5,119,645	19,585,620	1.240008	52.00
53.00	05300	ANESTHESIOLOGY	125,392,357	108,648,191	234,040,548	0.077794	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	164,775,546	290,334,412	455,109,958	0.125767	54.00
54.01	03630	ULTRASOUND	15,392,949	37,402,731	52,795,680	0.142322	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	21,301,313	416,713,176	438,014,489	0.137230	55.00
56.00	05600	RADIOISOTOPE	2,576,571	14,178,101	16,754,672	0.291096	56.00
57.00	05700	CT SCAN	138,998,366	220,486,990	359,485,356	0.033882	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	43,346,440	148,482,225	191,828,665	0.089499	58.00
59.00	05900	CARDIAC CATHETERIZATION	71,810,457	105,837,048	177,647,505	0.087283	59.00
60.00	06000	LABORATORY	392,131,407	382,005,370	774,136,777	0.163382	60.00
60.01	06001	HLA LAB	4,378,293	30,427,882	34,806,175	0.222584	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	207,570,124	83,375,879	290,946,003	0.181952	63.00
65.00	06500	RESPIRATORY THERAPY	141,137,681	8,418,901	149,556,582	0.180561	65.00
66.00	06600	PHYSICAL THERAPY	19,011,239	674,042	19,685,281	0.524310	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,964,600	621,274	13,585,874	0.372003	67.00
68.00	06800	SPEECH PATHOLOGY	5,654,590	229,296	5,883,886	0.327587	68.00
69.00	06900	ELECTROCARDIOLOGY	100,254,845	75,551,775	175,806,620	0.046221	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,464,878	1,679,933	20,144,811	0.142605	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	155,896,034	95,811,198	251,707,232	0.462637	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	211,595,218	117,842,091	329,437,309	0.450925	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	308,013,351	282,793,843	590,807,194	0.419051	73.00
74.00	07400	RENAL DIALYSIS	34,093,139	1,333,678	35,426,817	0.281054	74.00
76.00	03330	ENDOSCOPY	17,040,698	47,138,065	64,178,763	0.175378	76.00
76.01	03950	OB/GYN IN VITRO	4,163	9,721,792	9,725,955	0.516764	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,524,831	1,802,878	3,327,709	0.266486	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	11,550	2,850,295	2,861,845	0.341002	76.03
76.04	03952	CAR-T ACQUISITION	36,505,952	301,940	36,807,892	0.528208	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,188	2,938,643	2,948,831	0.142930	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	6,830,685	77,825	6,908,510	0.814347	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,209,044	81,382,485	82,591,529	0.465633	90.00
90.01	04950	OUTPATIENT PSYCH	924	662,304	663,228	1.307805	90.01
91.00	09100	EMERGENCY	139,833,925	216,756,873	356,590,798	0.125378	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	781,547	7,242,896	8,024,443	0.768152	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	22,518,500	0	22,518,500		105.00
106.00	10600	HEART ACQUISITION	6,006,000	0	6,006,000		106.00
107.00	10700	LIVER ACQUISITION	13,892,000	0	13,892,000		107.00
108.00	10800	LUNG ACQUISITION	8,125,000	0	8,125,000		108.00
109.00	10900	PANCREAS ACQUISITION	1,104,000	0	1,104,000		109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	4,326,735,618	3,187,388,199	7,514,123,817		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	4,326,735,618	3,187,388,199	7,514,123,817		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.01	02400	NEURO ICU				35.01
35.02	02401	CARDIO-THORACIC ICU				35.02
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRASOUND	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	HLA LAB	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03330	ENDOSCOPY	0.000000			76.00
76.01	03950	OB/GYN IN VITRO	0.000000			76.01
76.02	03320	ELECTROSHOCK THERAPY	0.000000			76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000000			76.03
76.04	03952	CAR-T ACQUISITION	0.000000			76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	04950	OUTPATIENT PSYCH	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW				112.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/24/2022 1:19 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	33,353,925	0	33,353,925	311,606	107.04	30.00
31.00	INTENSIVE CARE UNIT	3,414,488		3,414,488	17,971	190.00	31.00
32.00	CORONARY CARE UNIT	767,170		767,170	5,423	141.47	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,919,960		1,919,960	11,410	168.27	34.00
35.01	NEURO ICU	1,990,320		1,990,320	13,687	145.42	35.01
35.02	CARDIO-THORACIC ICU	1,454,290		1,454,290	9,248	157.25	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	507,023		507,023	5,532	91.65	43.00
200.00	Total (lines 30 through 199)	43,407,176		43,407,176	374,877		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	83,618	8,950,471				
31.00	INTENSIVE CARE UNIT	6,215	1,180,850				
32.00	CORONARY CARE UNIT	551	77,950				
34.00	SURGICAL INTENSIVE CARE UNIT	2,796	470,483				
35.01	NEURO ICU	4,025	585,316				
35.02	CARDIO-THORACIC ICU	2,669	419,700				
40.00	SUBPROVIDER - IPF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	99,874	11,684,770				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/24/2022 1:19 pm			
Cost Center Description				Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS 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	24,211,956	850,073,824	0.028482	146,153,906	4,162,756	50.00	
51.00	05100	RECOVERY ROOM	3,226,501	123,795,920	0.026063	11,310,495	294,785	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,027,548	19,585,620	0.154580	124,760	19,285	52.00	
53.00	05300	ANESTHESIOLOGY	1,252,325	234,040,548	0.005351	33,425,745	178,861	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,054,533	455,109,958	0.017698	46,156,333	816,875	54.00	
54.01	03630	ULTRASOUND	820,693	52,795,680	0.015545	4,182,405	65,015	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	8,599,123	438,014,489	0.019632	7,062,780	138,656	55.00	
56.00	05600	RADIOISOTOPE	839,586	16,754,672	0.050111	761,960	38,183	56.00	
57.00	05700	CT SCAN	1,820,650	359,485,356	0.005065	38,775,372	196,397	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,330,371	191,828,665	0.012148	11,800,326	143,350	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,211,889	177,647,505	0.012451	26,033,062	324,138	59.00	
60.00	06000	LABORATORY	6,313,480	774,136,777	0.008156	106,136,790	865,652	60.00	
60.01	06001	HLA LAB	391,585	34,806,175	0.011250	1,740,785	19,584	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,193,992	290,946,003	0.007541	53,977,723	407,046	63.00	
65.00	06500	RESPIRATORY THERAPY	1,624,804	149,556,582	0.010864	39,336,375	427,350	65.00	
66.00	06600	PHYSICAL THERAPY	638,643	19,685,281	0.032443	5,616,731	182,224	66.00	
67.00	06700	OCCUPATIONAL THERAPY	183,454	13,585,874	0.013503	3,782,167	51,071	67.00	
68.00	06800	SPEECH PATHOLOGY	110,771	5,883,886	0.018826	1,760,880	33,150	68.00	
69.00	06900	ELECTROCARDIOLOGY	817,767	175,806,620	0.004652	31,275,512	145,494	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	363,373	20,144,811	0.018038	4,518,169	81,499	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,980,615	251,707,232	0.031706	42,525,720	1,348,320	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,181,134	329,437,309	0.030905	71,765,712	2,217,919	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	12,767,873	590,807,194	0.021611	82,565,443	1,784,322	73.00	
74.00	07400	RENAL DIALYSIS	981,959	35,426,817	0.027718	12,692,070	351,799	74.00	
76.00	03330	ENDOSCOPY	1,323,867	64,178,763	0.020628	5,361,349	110,594	76.00	
76.01	03950	OB/GYN IN VITRO	273,915	9,725,955	0.028163	0	0	76.01	
76.02	03320	ELECTROSHOCK THERAPY	83,783	3,327,709	0.025177	360,047	9,065	76.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	29,270	2,861,845	0.010228	11,550	118	76.03	
76.04	03952	CAR-T ACQUISITION	559,295	36,807,892	0.015195	0	0	76.04	
76.98	07698	HYPERBARIC OXYGEN THERAPY	26,889	2,948,831	0.009119	0	0	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	183,308	6,908,510	0.026534	1,257,915	33,378	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,585,051	82,591,529	0.031299	364,233	11,400	90.00	
90.01	04950	OUTPATIENT PSYCH	122,271	663,228	0.184357	0	0	90.01	
91.00	09100	EMERGENCY	2,623,288	356,590,798	0.007357	47,751,424	351,307	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	452,986	8,024,443	0.056451	344,361	19,440	92.00	
200.00		Total (lines 50 through 199)	109,208,548	6,185,692,301		838,932,100	14,829,033	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0032		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/24/2022 1:19 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	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	2,794,849	0	129,607	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	25,724	0	18,115	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	4,796	0	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	9,307	0	34.00		
35.01	02400	NEURO ICU	0	12,862	0	9,761	0	35.01		
35.02	02401	CARDIO-THORACIC ICU	0	25,724	0	8,307	0	35.02		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	0	0	1,460	0	43.00		
200.00		Total (lines 30 through 199)	0	2,859,159	0	181,353	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	2,924,456	311,606	9.39	83,618	30.00		
31.00	03100	INTENSIVE CARE UNIT		43,839	17,971	2.44	6,215	31.00		
32.00	03200	CORONARY CARE UNIT		4,796	5,423	0.88	551	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		9,307	11,410	0.82	2,796	34.00		
35.01	02400	NEURO ICU		22,623	13,687	1.65	4,025	35.01		
35.02	02401	CARDIO-THORACIC ICU		34,031	9,248	3.68	2,669	35.02		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
43.00	04300	NURSERY		1,460	5,532	0.26	0	43.00		
200.00		Total (lines 30 through 199)		3,040,512	374,877		99,874	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost						
			9.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	785,173	0						
31.00	03100	INTENSIVE CARE UNIT	15,165	0						
32.00	03200	CORONARY CARE UNIT	485	0						
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,293	0						
35.01	02400	NEURO ICU	6,641	0						
35.02	02401	CARDIO-THORACIC ICU	9,822	0						
40.00	04000	SUBPROVIDER - IPF	0	0						
43.00	04300	NURSERY	0	0						
200.00		Total (lines 30 through 199)	819,579	0						

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/24/2022 1:19 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	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	25,724	0	56,926	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	10,115	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	7,235	0	7,170	52.00
53.00	05300	ANESTHESIOLOGY	0	0	985,298	0	7,287	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	18,438	54.00
54.01	03630	ULTRASOUND	0	0	0	0	2,517	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	16,493	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,033	56.00
57.00	05700	CT SCAN	0	0	0	0	3,478	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	4,642	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	4,802	59.00
60.00	06000	LABORATORY	0	0	0	0	36,256	60.00
60.01	06001	HLA LAB	0	0	0	0	2,057	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	14,351	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	7,671	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	3,265	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,339	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	511	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	2,586	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,660	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	30,851	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	39,356	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	484,968	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,852	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	3,620	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	1,392	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	295	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	259	76.03
76.04	03952	CAR-T ACQUISITION	0	0	0	0	5,151	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	112	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	1,490	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	12,862	0	14,715	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	1,031	90.01
91.00	09100	EMERGENCY	0	0	0	0	14,969	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	37,958	0	1,763	92.00
200.00		Total (lines 50 through 199)	0	0	1,069,077	0	806,421	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/24/2022 1:19 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	82,650	82,650	850,073,824	0.000097	50.00
51.00	05100	RECOVERY ROOM	0	10,115	10,115	123,795,920	0.000082	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,405	14,405	19,585,620	0.000735	52.00
53.00	05300	ANESTHESIOLOGY	0	992,585	992,585	234,040,548	0.004241	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,438	18,438	455,109,958	0.000041	54.00
54.01	03630	ULTRASOUND	0	2,517	2,517	52,795,680	0.000048	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	16,493	16,493	438,014,489	0.000038	55.00
56.00	05600	RADIOISOTOPE	0	2,033	2,033	16,754,672	0.000121	56.00
57.00	05700	CT SCAN	0	3,478	3,478	359,485,356	0.000010	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,642	4,642	191,828,665	0.000024	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,802	4,802	177,647,505	0.000027	59.00
60.00	06000	LABORATORY	0	36,256	36,256	774,136,777	0.000047	60.00
60.01	06001	HLA LAB	0	2,057	2,057	34,806,175	0.000059	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	14,351	14,351	290,946,003	0.000049	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,671	7,671	149,556,582	0.000051	65.00
66.00	06600	PHYSICAL THERAPY	0	3,265	3,265	19,685,281	0.000166	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,339	1,339	13,585,874	0.000099	67.00
68.00	06800	SPEECH PATHOLOGY	0	511	511	5,883,886	0.000087	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,586	2,586	175,806,620	0.000015	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,660	1,660	20,144,811	0.000082	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	30,851	30,851	251,707,232	0.000123	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	39,356	39,356	329,437,309	0.000119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	484,968	484,968	590,807,194	0.000821	73.00
74.00	07400	RENAL DIALYSIS	0	2,852	2,852	35,426,817	0.000081	74.00
76.00	03330	ENDOSCOPY	0	3,620	3,620	64,178,763	0.000056	76.00
76.01	03950	OB/GYN IN VITRO	0	1,392	1,392	9,725,955	0.000143	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	295	295	3,327,709	0.000089	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	259	259	2,861,845	0.000091	76.03
76.04	03952	CAR-T ACQUISITION	0	5,151	5,151	36,807,892	0.000140	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	112	112	2,948,831	0.000038	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,490	1,490	6,908,510	0.000216	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	27,577	27,577	82,591,529	0.000334	90.00
90.01	04950	OUTPATIENT PSYCH	0	1,031	1,031	663,228	0.001555	90.01
91.00	09100	EMERGENCY	0	14,969	14,969	356,590,798	0.000042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	39,721	39,721	8,024,443	0.004950	92.00
200.00		Total (lines 50 through 199)	0	1,875,498	1,875,498	6,185,692,301		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/24/2022 1:19 pm

				Title XVIII		Hospital	PPS		
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
									9.00
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000097	146,153,906	14,177	54,259,481	5,263	50.00	
51.00	05100	RECOVERY ROOM	0.000082	11,310,495	927	15,396,461	1,263	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000735	124,760	92	52,786	39	52.00	
53.00	05300	ANESTHESIOLOGY	0.004241	33,425,745	141,759	20,745,396	87,981	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000041	46,156,333	1,892	67,562,115	2,770	54.00	
54.01	03630	ULTRASOUND	0.000048	4,182,405	201	5,331,340	256	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000038	7,062,780	268	121,718,732	4,625	55.00	
56.00	05600	RADIOISOTOPE	0.000121	761,960	92	3,851,315	466	56.00	
57.00	05700	CT SCAN	0.000010	38,775,372	388	51,567,418	516	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000024	11,800,326	283	28,221,319	677	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000027	26,033,062	703	35,188,334	950	59.00	
60.00	06000	LABORATORY	0.000047	106,136,790	4,988	31,667,944	1,488	60.00	
60.01	06001	HLA LAB	0.000059	1,740,785	103	5,138,470	303	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000049	53,977,723	2,645	25,820,930	1,265	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000051	39,336,375	2,006	3,209,091	164	65.00	
66.00	06600	PHYSICAL THERAPY	0.000166	5,616,731	932	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000099	3,782,167	374	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000087	1,760,880	153	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000015	31,275,512	469	19,845,335	298	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000082	4,518,169	370	293,027	24	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000123	42,525,720	5,231	24,199,466	2,977	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000119	71,765,712	8,540	33,135,111	3,943	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000821	82,565,443	67,786	79,473,377	65,248	73.00	
74.00	07400	RENAL DIALYSIS	0.000081	12,692,070	1,028	464,919	38	74.00	
76.00	03330	ENDOSCOPY	0.000056	5,361,349	300	10,518,535	589	76.00	
76.01	03950	OB/GYN IN VITRO	0.000143	0	0	0	0	76.01	
76.02	03320	ELECTROSHOCK THERAPY	0.000089	360,047	32	420,931	37	76.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000091	11,550	1	0	0	76.03	
76.04	03952	CAR-T ACQUISITION	0.000140	0	0	0	0	76.04	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000038	0	0	673,354	26	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000216	1,257,915	272	77,825	17	77.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000334	364,233	122	19,946,169	6,662	90.00	
90.01	04950	OUTPATIENT PSYCH	0.001555	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0.000042	47,751,424	2,006	17,610,747	740	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.004950	344,361	1,705	347,843	1,722	92.00	
200.00		Total (lines 50 through 199)		838,932,100	259,845	676,737,771	190,347	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0032		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 1:19 pm
			Title XVIII		Hospital	PPS
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.04	03952	CAR-T ACQUISITION	0	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/24/2022 1:19 pm

			Title XVIII		Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.213937	54,259,481	0	0	11,608,111	50.00	
51.00	05100	RECOVERY ROOM	0.306426	15,396,461	0	0	4,717,876	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.240008	52,786	0	0	65,455	52.00	
53.00	05300	ANESTHESIOLOGY	0.077794	20,745,396	0	0	1,613,867	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125767	67,562,115	0	0	8,497,085	54.00	
54.01	03630	ULTRASOUND	0.142322	5,331,340	0	0	758,767	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.137230	121,718,732	0	0	16,703,462	55.00	
56.00	05600	RADIOISOTOPE	0.291096	3,851,315	0	0	1,121,102	56.00	
57.00	05700	CT SCAN	0.033882	51,567,418	0	0	1,747,207	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089499	28,221,319	0	0	2,525,780	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.087283	35,188,334	0	0	3,071,343	59.00	
60.00	06000	LABORATORY	0.163382	31,667,944	0	0	5,173,972	60.00	
60.01	06001	HLA LAB	0.222584	5,138,470	0	0	1,143,741	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.181952	25,820,930	0	0	4,698,170	63.00	
65.00	06500	RESPIRATORY THERAPY	0.180561	3,209,091	0	0	579,437	65.00	
66.00	06600	PHYSICAL THERAPY	0.524310	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.372003	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.327587	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.046221	19,845,335	0	0	917,271	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142605	293,027	0	0	41,787	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.462637	24,199,466	0	0	11,195,568	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.450925	33,135,111	0	0	14,941,450	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.419051	79,473,377	3,736	230,202	33,303,398	73.00	
74.00	07400	RENAL DIALYSIS	0.281054	464,919	0	0	130,667	74.00	
76.00	03330	ENDOSCOPY	0.175378	10,518,535	0	0	1,844,720	76.00	
76.01	03950	OB/GYN IN VITRO	0.516764	0	0	0	0	76.01	
76.02	03320	ELECTROSHOCK THERAPY	0.266486	420,931	0	0	112,172	76.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	0.341002	0	985,565	0	0	76.03	
76.04	03952	CAR-T ACQUISITION	0.528208	0	0	0	0	76.04	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.142930	673,354	0	0	96,242	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.814347	77,825	0	0	63,377	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.465633	19,946,169	0	1,484	9,287,595	90.00	
90.01	04950	OUTPATIENT PSYCH	1.307805	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0.125378	17,610,747	0	0	2,208,000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.768152	347,843	0	0	267,196	92.00	
200.00		Subtotal (see instructions)		676,737,771	989,301	231,686	138,434,818	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		676,737,771	989,301	231,686	138,434,818	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/24/2022 1:19 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,566	96,466		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	336,080	0		76.03
76.04	03952	CAR-T ACQUISITION	0	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	691		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	337,646	97,157		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	337,646	97,157		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0032		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/24/2022 1:19 pm	
					Title XIX		Hospital		Cost	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	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	2,794,849	0	129,607	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	25,724	0	18,115	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	4,796	0	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	9,307	0	34.00		
35.01	02400	NEURO ICU	0	12,862	0	9,761	0	35.01		
35.02	02401	CARDIO-THORACIC ICU	0	25,724	0	8,307	0	35.02		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	0	0	1,460	0	43.00		
200.00		Total (lines 30 through 199)	0	2,859,159	0	181,353	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	2,924,456	311,606	9.39	34,579	30.00		
31.00	03100	INTENSIVE CARE UNIT		43,839	17,971	2.44	1,989	31.00		
32.00	03200	CORONARY CARE UNIT		4,796	5,423	0.88	369	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		9,307	11,410	0.82	1,413	34.00		
35.01	02400	NEURO ICU		22,623	13,687	1.65	1,320	35.01		
35.02	02401	CARDIO-THORACIC ICU		34,031	9,248	3.68	978	35.02		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
43.00	04300	NURSERY		1,460	5,532	0.26	396	43.00		
200.00		Total (lines 30 through 199)		3,040,512	374,877		41,044	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost						
			9.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	324,697	0				30.00		
31.00	03100	INTENSIVE CARE UNIT	4,853	0				31.00		
32.00	03200	CORONARY CARE UNIT	325	0				32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,159	0				34.00		
35.01	02400	NEURO ICU	2,178	0				35.01		
35.02	02401	CARDIO-THORACIC ICU	3,599	0				35.02		
40.00	04000	SUBPROVIDER - IPF	0	0				40.00		
43.00	04300	NURSERY	103	0				43.00		
200.00		Total (lines 30 through 199)	336,914	0				200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/24/2022 1:19 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	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	25,724	0	56,926	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	10,115	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	7,235	0	7,170	52.00
53.00	05300	ANESTHESIOLOGY	0	0	985,298	0	7,287	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	18,438	54.00
54.01	03630	ULTRASOUND	0	0	0	0	2,517	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	16,493	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,033	56.00
57.00	05700	CT SCAN	0	0	0	0	3,478	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	4,642	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	4,802	59.00
60.00	06000	LABORATORY	0	0	0	0	36,256	60.00
60.01	06001	HLA LAB	0	0	0	0	2,057	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	14,351	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	7,671	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	3,265	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,339	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	511	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	2,586	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,660	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	30,851	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	39,356	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	484,968	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,852	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	3,620	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	1,392	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	295	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	259	76.03
76.04	03952	CAR-T ACQUISITION	0	0	0	0	5,151	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	112	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	1,490	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	12,862	0	14,715	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	1,031	90.01
91.00	09100	EMERGENCY	0	0	0	0	14,969	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	37,958	0	1,763	92.00
200.00		Total (lines 50 through 199)	0	0	1,069,077	0	806,421	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 1:19 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		82,650	82,650	850,073,824	0.000097	50.00
51.00	05100	RECOVERY ROOM	0		10,115	10,115	123,795,920	0.000082	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		14,405	14,405	19,585,620	0.000735	52.00
53.00	05300	ANESTHESIOLOGY	0		992,585	992,585	234,040,548	0.004241	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		18,438	18,438	455,109,958	0.000041	54.00
54.01	03630	ULTRASOUND	0		2,517	2,517	52,795,680	0.000048	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		16,493	16,493	438,014,489	0.000038	55.00
56.00	05600	RADIOISOTOPE	0		2,033	2,033	16,754,672	0.000121	56.00
57.00	05700	CT SCAN	0		3,478	3,478	359,485,356	0.000010	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		4,642	4,642	191,828,665	0.000024	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		4,802	4,802	177,647,505	0.000027	59.00
60.00	06000	LABORATORY	0		36,256	36,256	774,136,777	0.000047	60.00
60.01	06001	HLA LAB	0		2,057	2,057	34,806,175	0.000059	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		14,351	14,351	290,946,003	0.000049	63.00
65.00	06500	RESPIRATORY THERAPY	0		7,671	7,671	149,556,582	0.000051	65.00
66.00	06600	PHYSICAL THERAPY	0		3,265	3,265	19,685,281	0.000166	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		1,339	1,339	13,585,874	0.000099	67.00
68.00	06800	SPEECH PATHOLOGY	0		511	511	5,883,886	0.000087	68.00
69.00	06900	ELECTROCARDIOLOGY	0		2,586	2,586	175,806,620	0.000015	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		1,660	1,660	20,144,811	0.000082	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		30,851	30,851	251,707,232	0.000123	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0		39,356	39,356	329,437,309	0.000119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		484,968	484,968	590,807,194	0.000821	73.00
74.00	07400	RENAL DIALYSIS	0		2,852	2,852	35,426,817	0.000081	74.00
76.00	03330	ENDOSCOPY	0		3,620	3,620	64,178,763	0.000056	76.00
76.01	03950	OB/GYN IN VITRO	0		1,392	1,392	9,725,955	0.000143	76.01
76.02	03320	ELECTROSHOCK THERAPY	0		295	295	3,327,709	0.000089	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0		259	259	2,861,845	0.000091	76.03
76.04	03952	CAR-T ACQUISITION	0		5,151	5,151	36,807,892	0.000140	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		112	112	2,948,831	0.000038	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		1,490	1,490	6,908,510	0.000216	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		27,577	27,577	82,591,529	0.000334	90.00
90.01	04950	OUTPATIENT PSYCH	0		1,031	1,031	663,228	0.001555	90.01
91.00	09100	EMERGENCY	0		14,969	14,969	356,590,798	0.000042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		39,721	39,721	8,024,443	0.004950	92.00
200.00		Total (lines 50 through 199)	0		1,875,498	1,875,498	6,185,692,301		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000097	36,617,944	3,552	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000082	2,923,725	240	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000735	313,133	230	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.004241	9,131,628	38,727	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000041	14,239,243	584	0	0	54.00
54.01	03630 ULTRASOUND	0.000048	1,494,911	72	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000038	1,292,305	49	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000121	244,550	30	0	0	56.00
57.00	05700 CT SCAN	0.000010	16,580,506	166	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000024	3,858,004	93	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000027	4,306,556	116	0	0	59.00
60.00	06000 LABORATORY	0.000047	38,948,401	1,831	0	0	60.00
60.01	06001 HLA LAB	0.000059	235,636	14	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000049	18,359,201	900	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000051	15,904,675	811	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000166	1,525,772	253	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000099	1,143,413	113	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000087	554,474	48	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000015	9,709,957	146	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000082	2,237,587	183	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000123	10,099,872	1,242	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000119	9,253,794	1,101	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000821	26,621,045	21,856	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000081	3,581,112	290	0	0	74.00
76.00	03330 ENDOSCOPY	0.000056	1,323,533	74	0	0	76.00
76.01	03950 OB/GYN IN VITRO	0.000143	4,163	1	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0.000089	536,613	48	0	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.000091	0	0	0	0	76.03
76.04	03952 CAR-T ACQUISITION	0.000140	0	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000038	0	0	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000216	25,214	5	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000334	93,061	31	0	0	90.00
90.01	04950 OUTPATIENT PSYCH	0.001555	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.000042	30,572,120	1,284	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.004950	12,877	64	0	0	92.00
200.00	Total (lines 50 through 199)		261,745,025	74,154	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0032		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 1:19 pm	
			Title XIX		Hospital		Cost	
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost				
			21.00	24.00				
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	50.00			
51.00	05100	RECOVERY ROOM	0	0	51.00			
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00			
53.00	05300	ANESTHESIOLOGY	0	0	53.00			
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00			
54.01	03630	ULTRASOUND	0	0	54.01			
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00			
56.00	05600	RADIOISOTOPE	0	0	56.00			
57.00	05700	CT SCAN	0	0	57.00			
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00			
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00			
60.00	06000	LABORATORY	0	0	60.00			
60.01	06001	HLA LAB	0	0	60.01			
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00			
65.00	06500	RESPIRATORY THERAPY	0	0	65.00			
66.00	06600	PHYSICAL THERAPY	0	0	66.00			
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00			
68.00	06800	SPEECH PATHOLOGY	0	0	68.00			
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00			
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00			
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00			
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00			
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00			
74.00	07400	RENAL DIALYSIS	0	0	74.00			
76.00	03330	ENDOSCOPY	0	0	76.00			
76.01	03950	OB/GYN IN VITRO	0	0	76.01			
76.02	03320	ELECTROSHOCK THERAPY	0	0	76.02			
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03			
76.04	03952	CAR-T ACQUISITION	0	0	76.04			
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98			
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00			
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	90.00			
90.01	04950	OUTPATIENT PSYCH	0	0	90.01			
91.00	09100	EMERGENCY	0	0	91.00			
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00			
200.00		Total (lines 50 through 199)	0	0	200.00			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/24/2022 1:19 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	0.213937	0	0	10,333,149	0	50.00
51.00	05100	RECOVERY ROOM	0.306426	0	0	3,070,967	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.240008	0	0	282,408	0	52.00
53.00	05300	ANESTHESIOLOGY	0.077794	0	0	4,083,400	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125767	0	0	13,598,448	0	54.00
54.01	03630	ULTRASOUND	0.142322	0	0	1,583,648	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.137230	0	0	16,055,005	0	55.00
56.00	05600	RADIOISOTOPE	0.291096	0	0	533,104	0	56.00
57.00	05700	CT SCAN	0.033882	0	0	13,310,984	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089499	0	0	6,009,337	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087283	0	0	3,311,065	0	59.00
60.00	06000	LABORATORY	0.163382	0	0	14,815,418	0	60.00
60.01	06001	HLA LAB	0.222584	0	0	563,071	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.181952	0	0	4,258,319	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.180561	0	0	637,502	0	65.00
66.00	06600	PHYSICAL THERAPY	0.524310	0	0	29,812	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.372003	0	0	27,890	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.327587	0	0	11,550	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.046221	0	0	4,167,393	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142605	0	0	100,036	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.462637	0	0	3,366,606	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.450925	0	0	3,283,979	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.419051	0	0	16,112,087	0	73.00
74.00	07400	RENAL DIALYSIS	0.281054	0	0	142,545	0	74.00
76.00	03330	ENDOSCOPY	0.175378	0	0	2,635,347	0	76.00
76.01	03950	OB/GYN IN VITRO	0.516764	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.266486	0	0	260,337	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.341002	0	0	46,200	0	76.03
76.04	03952	CAR-T ACQUISITION	0.528208	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.142930	0	0	229,230	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.814347	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.465633	0	0	6,506,633	0	90.00
90.01	04950	OUTPATIENT PSYCH	1.307805	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.125378	0	0	24,306,375	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.768152	0	0	324,058	0	92.00
200.00		Subtotal (see instructions)		0	0	153,995,903	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	153,995,903	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0032		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/24/2022 1:19 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	2,210,643					50.00
51.00	05100	RECOVERY ROOM	0	941,024					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	350,188					52.00
53.00	05300	ANESTHESIOLOGY	0	317,664					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,710,236					54.00
54.01	03630	ULTRASOUND	0	225,388					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,203,228					55.00
56.00	05600	RADIOISOTOPE	0	155,184					56.00
57.00	05700	CT SCAN	0	451,003					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	537,830					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	289,000					59.00
60.00	06000	LABORATORY	0	2,420,573					60.00
60.01	06001	HLA LAB	0	125,331					60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	774,810					63.00
65.00	06500	RESPIRATORY THERAPY	0	115,108					65.00
66.00	06600	PHYSICAL THERAPY	0	15,631					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,375					67.00
68.00	06800	SPEECH PATHOLOGY	0	3,784					68.00
69.00	06900	ELECTROCARDIOLOGY	0	192,621					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,266					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,557,517					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,480,828					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,751,786					73.00
74.00	07400	RENAL DIALYSIS	0	40,063					74.00
76.00	03330	ENDOSCOPY	0	462,182					76.00
76.01	03950	OB/GYN IN VITRO	0	0					76.01
76.02	03320	ELECTROSHOCK THERAPY	0	69,376					76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	15,754					76.03
76.04	03952	CAR-T ACQUISITION	0	0					76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	32,764					76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0					77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	3,029,703					90.00
90.01	04950	OUTPATIENT PSYCH	0	0					90.01
91.00	09100	EMERGENCY	0	3,047,485					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	248,926					92.00
200.00		Subtotal (see instructions)	0	29,800,271					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	29,800,271					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/24/2022 1:19 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			311,606	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			311,606	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)			307,374	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)			83,618	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)			453,861,586	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)			453,861,586	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)			453,861,586	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,456.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			121,791,289	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)			121,791,289	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	62,487,171	17,971	3,477.11	6,215	21,610,239	43.00
44.00	CORONARY CARE UNIT	15,729,208	5,423	2,900.46	551	1,598,153	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	31,807,134	11,410	2,787.65	2,796	7,794,269	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	35,701,921	13,687	2,608.45	4,025	10,499,011	47.01
47.02	CARDIO-THORACIC ICU	28,646,901	9,248	3,097.63	2,669	8,267,574	47.02
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					190,079,699	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					361,640,234	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					12,504,349	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					15,088,878	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					27,593,227	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					334,047,007	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)					4,232	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,456.52	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,163,993	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	33,353,925	453,861,586	0.073489	6,163,993	452,986
91.00	Nursing Program cost	2,794,849	453,861,586	0.006158	6,163,993	37,958
92.00	Allied health cost	129,607	453,861,586	0.000286	6,163,993	1,763
93.00	All other Medical Education	0	453,861,586	0.000000	6,163,993	0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/24/2022 1:19 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)	311,606	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	311,606	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)	307,374	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)	34,579	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	5,532	15.00
16.00	Nursery days (title V or XIX only)	396	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)	453,861,586	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)	453,861,586	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)	453,861,586	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,456.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	50,365,005	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	50,365,005	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/24/2022 1:19 pm

		Title XIX		Hospital	Cost		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	5,512,215	5,532	996.42	396	394,582	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	62,487,171	17,971	3,477.11	1,989	6,915,972	43.00
44.00	CORONARY CARE UNIT	15,729,208	5,423	2,900.46	369	1,070,270	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	31,807,134	11,410	2,787.65	1,413	3,938,949	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	35,701,921	13,687	2,608.45	1,320	3,443,154	47.01
47.02	CARDIO-THORACIC ICU	28,646,901	9,248	3,097.63	978	3,029,482	47.02
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					53,458,123	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					122,615,537	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)					4,232	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,456.52	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,163,993	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/24/2022 1:19 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	33,353,925	453,861,586	0.073489	6,163,993	452,986	90.00
91.00	Nursing Program cost	2,794,849	453,861,586	0.006158	6,163,993	37,958	91.00
92.00	Allied health cost	129,607	453,861,586	0.000286	6,163,993	1,763	92.00
93.00	All other Medical Education	0	453,861,586	0.000000	6,163,993	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/24/2022 1:19 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		251,937,844	30.00
31.00	03100	INTENSIVE CARE UNIT		37,619,646	31.00
32.00	03200	CORONARY CARE UNIT		3,347,260	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		16,993,021	34.00
35.01	02400	NEURO ICU		24,576,194	35.01
35.02	02401	CARDIO-THORACIC ICU		16,203,108	35.02
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.213937	146,153,906	50.00
51.00	05100	RECOVERY ROOM	0.306426	11,310,495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.240008	124,760	52.00
53.00	05300	ANESTHESIOLOGY	0.077794	33,425,745	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125767	46,156,333	54.00
54.01	03630	ULTRASOUND	0.142322	4,182,405	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.137230	7,062,780	55.00
56.00	05600	RADIOISOTOPE	0.291096	761,960	56.00
57.00	05700	CT SCAN	0.033882	38,775,372	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089499	11,800,326	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087283	26,033,062	59.00
60.00	06000	LABORATORY	0.163382	106,136,790	60.00
60.01	06001	HLA LAB	0.222584	1,740,785	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.181952	53,977,723	63.00
65.00	06500	RESPIRATORY THERAPY	0.180561	39,336,375	65.00
66.00	06600	PHYSICAL THERAPY	0.524310	5,616,731	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.372003	3,782,167	67.00
68.00	06800	SPEECH PATHOLOGY	0.327587	1,760,880	68.00
69.00	06900	ELECTROCARDIOLOGY	0.046221	31,275,512	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142605	4,518,169	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.462637	42,525,720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.450925	71,765,712	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.419051	82,565,443	73.00
74.00	07400	RENAL DIALYSIS	0.281054	12,692,070	74.00
76.00	03330	ENDOSCOPY	0.175378	5,361,349	76.00
76.01	03950	OB/GYN IN VITRO	0.516764	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.266486	360,047	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.341002	11,550	76.03
76.04	03952	CAR-T ACQUISITION	0.528208	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.142930	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.814347	1,257,915	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.465633	364,233	90.00
90.01	04950	OUTPATIENT PSYCH	1.307805	0	90.01
91.00	09100	EMERGENCY	0.125378	47,751,424	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.768152	344,361	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		838,932,100	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)		838,932,100	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/24/2022 1:19 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		90,899,998	30.00
31.00	03100	INTENSIVE CARE UNIT		12,124,620	31.00
32.00	03200	CORONARY CARE UNIT		2,234,630	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		8,620,498	34.00
35.01	02400	NEURO ICU		8,034,212	35.01
35.02	02401	CARDIO-THORACIC ICU		5,962,932	35.02
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		752,300	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.213937	36,617,944	50.00
51.00	05100	RECOVERY ROOM	0.306426	2,923,725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.240008	313,133	52.00
53.00	05300	ANESTHESIOLOGY	0.077794	9,131,628	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125767	14,239,243	54.00
54.01	03630	ULTRASOUND	0.142322	1,494,911	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.137230	1,292,305	55.00
56.00	05600	RADIOISOTOPE	0.291096	244,550	56.00
57.00	05700	CT SCAN	0.033882	16,580,506	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089499	3,858,004	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087283	4,306,556	59.00
60.00	06000	LABORATORY	0.163382	38,948,401	60.00
60.01	06001	HLA LAB	0.222584	235,636	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.181952	18,359,201	63.00
65.00	06500	RESPIRATORY THERAPY	0.180561	15,904,675	65.00
66.00	06600	PHYSICAL THERAPY	0.524310	1,525,772	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.372003	1,143,413	67.00
68.00	06800	SPEECH PATHOLOGY	0.327587	554,474	68.00
69.00	06900	ELECTROCARDIOLOGY	0.046221	9,709,957	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142605	2,237,587	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.462637	10,099,872	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.450925	9,253,794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.419051	26,621,045	73.00
74.00	07400	RENAL DIALYSIS	0.281054	3,581,112	74.00
76.00	03330	ENDOSCOPY	0.175378	1,323,533	76.00
76.01	03950	OB/GYN IN VITRO	0.516764	4,163	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.266486	536,613	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.341002	0	76.03
76.04	03952	CAR-T ACQUISITION	0.528208	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.142930	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.814347	25,214	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.465633	93,061	90.00
90.01	04950	OUTPATIENT PSYCH	1.307805	0	90.01
91.00	09100	EMERGENCY	0.125378	30,572,120	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.768152	12,877	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		261,745,025	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)		261,745,025	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 5/24/2022 1:19 pm	
				Kidney	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	289,232	1,456.52	147	214,108	1.00
2.00	INTENSIVE CARE UNIT	43.00	6,100	3,477.11	1	3,477	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,900.46	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	3,050	2,787.65	1	2,788	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
6.01	NEURO ICU	47.01	34,568	2,608.45	6	15,651	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	3,097.63	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		332,950		155	236,024	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	0.213937	2,886,393	617,506	8.00
9.00	RECOVERY ROOM		51.00	0.306426	170,127	52,131	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.240008	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.077794	403,134	31,361	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.125767	916,069	115,211	12.00
12.01	ULTRASOUND		54.01	0.142322	87,563	12,462	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.137230	8,254	1,133	13.00
14.00	RADIOISOTOPE		56.00	0.291096	737,064	214,556	14.00
15.00	CT SCAN		57.00	0.033882	2,317,075	78,507	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.089499	132,852	11,890	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.087283	631,494	55,119	17.00
18.00	LABORATORY		60.00	0.163382	3,373,791	551,217	18.00
18.01	HLA LAB		60.01	0.222584	12,971,674	2,887,287	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.181952	658,587	119,831	21.00
22.00	INTRAVENOUS THERAPY						22.00
23.00	RESPIRATORY THERAPY		65.00	0.180561	141,160	25,488	23.00
24.00	PHYSICAL THERAPY		66.00	0.524310	2,053	1,076	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.372003	2,119	788	25.00
26.00	SPEECH PATHOLOGY		68.00	0.327587	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.046221	7,177,103	331,733	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.142605	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.462637	12,156	5,624	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.450925	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.419051	305,322	127,945	31.00
32.00	RENAL DIALYSIS		74.00	0.281054	90,686	25,488	32.00
33.00	ASC (NON-DISTINCT PART)						33.00
34.00	ENDOSCOPY		76.00	0.175378	36,691	6,435	34.00
34.01	OB/GYN IN VITRO		76.01	0.516764	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.266486	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.341002	0	0	34.03
34.04	CAR-T ACQUISITION		76.04	0.528208	0	0	34.04
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.142930	0	0	34.98
35.00	RURAL HEALTH CLINIC						35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER						36.00
37.00	CLINIC		90.00	0.465633	6,438	2,998	37.00
37.01	OUTPATIENT PSYCH		90.01	1.307805	0	0	37.01
38.00	EMERGENCY		91.00	0.125378	30,235	3,791	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.768152	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				33,098,040	5,279,577	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
Provider CCN: 26-0032
Period: From 01/01/2021 To 12/31/2021
Worksheet D-4
Date/Time Prepared: 5/24/2022 1:19 pm

		Component CCN:		To 12/31/2021	Date/Time Prepared: 5/24/2022 1:19 pm		
		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	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	147		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	1		0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0		0	47.00
47.01	NEURO ICU	7.01	0.00	6		0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0		0	47.02
48.00	TOTAL (sum of lines 42 through 47)			155		0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0	50.00
51.00	CLINIC	23.00	6,438	0.000000		0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000		0	51.01
52.00	EMERGENCY	24.00	30,235	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)		36,673			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	5,515,601		33,430,990			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)	20,584,768		22,518,500			59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	26,100,369		55,949,490			61.00
62.00	Total Usable Organs (see instructions)		312				62.00
63.00	Medicare Usable Organs (see instructions)		216				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.692308				64.00
65.00	Medicare Cost/Charges (see instructions)	18,069,494		38,734,280			65.00
66.00	Revenue for Organs Sold	357,024		357,024			66.00
67.00	Subtotal (line 65 minus line 66)	17,712,470		38,377,256			67.00
68.00	Organs Furnished Part B	0	0	0		0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	17,712,470	0	38,377,256		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)		62	26			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	224			73.00
74.00	Total (sum of lines 70 through 73)		62	250			74.00
75.00	Organs Transplanted		62	224	22,518,500		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	26	357,024		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)		62	250			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: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 5/24/2022 1:19 pm	
				Liver	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	20,636	1,456.52	10	14,565	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	3,477.11	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,900.46	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	1,525	2,787.65	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
6.01	NEURO ICU	47.01	8,132	2,608.45	1	2,608	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	3,097.63	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		30,293		11	17,173	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	0.213937	111,283	23,808	8.00
9.00	RECOVERY ROOM		51.00	0.306426	3,450	1,057	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.240008	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.077794	23,417	1,822	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.125767	315,450	39,673	12.00
12.01	ULTRASOUND		54.01	0.142322	86,905	12,368	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.137230	4,980	683	13.00
14.00	RADIOISOTOPE		56.00	0.291096	178,351	51,917	14.00
15.00	CT SCAN		57.00	0.033882	465,323	15,766	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.089499	1,929,411	172,680	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.087283	13,516	1,180	17.00
18.00	LABORATORY		60.00	0.163382	1,424,008	232,657	18.00
18.01	HLA LAB		60.01	0.222584	1,014,666	225,848	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.181952	287,953	52,394	21.00
22.00	INTRAVENOUS THERAPY						22.00
23.00	RESPIRATORY THERAPY		65.00	0.180561	29,886	5,396	23.00
24.00	PHYSICAL THERAPY		66.00	0.524310	254	133	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.372003	678	252	25.00
26.00	SPEECH PATHOLOGY		68.00	0.327587	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.046221	2,120,763	98,024	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.142605	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.462637	3,970	1,837	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.450925	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.419051	39,049	16,364	31.00
32.00	RENAL DIALYSIS		74.00	0.281054	2,193	616	32.00
33.00	ASC (NON-DISTINCT PART)						33.00
34.00	ENDOSCOPY		76.00	0.175378	66,393	11,644	34.00
34.01	OB/GYN IN VITRO		76.01	0.516764	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.266486	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.341002	0	0	34.03
34.04	CAR-T ACQUISITION		76.04	0.528208	0	0	34.04
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.142930	0	0	34.98
35.00	RURAL HEALTH CLINIC						35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER						36.00
37.00	CLINIC		90.00	0.465633	1,445	673	37.00
37.01	OUTPATIENT PSYCH		90.01	1.307805	0	0	37.01
38.00	EMERGENCY		91.00	0.125378	10,662	1,337	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.768152	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				8,134,006	968,129	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet D-4
					Component CCN:		Date/Time Prepared: 5/24/2022 1:19 pm
					Liver	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition 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	10			42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0			43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0			44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0			45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0			46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0			47.00
47.01	NEURO ICU	7.01	0.00	1			47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0			47.02
48.00	TOTAL (sum of lines 42 through 47)			11			48.00
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
					0	1.00	2.00
							3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000			49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000			50.00
51.00	CLINIC	23.00	1,445	0.000000			51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000			51.01
52.00	EMERGENCY	24.00	10,662	0.000000			52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000			53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000			54.00
55.00	TOTAL (sum of lines 49 through 52)		12,107				55.00
Cost Center Description					Cost		Charges
					Part A	Part B	Part A
					1.00	2.00	3.00
							4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	985,302		8,164,299			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)	12,707,505		13,892,000			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	13,692,807		22,056,299			61.00
62.00	Total Usable Organs (see instructions)		159				62.00
63.00	Medicare Usable Organs (see instructions)		56				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.352201				64.00
65.00	Medicare Cost/Charges (see instructions)	4,822,620		7,768,251			65.00
66.00	Revenue for Organs Sold	84,453		84,453			66.00
67.00	Subtotal (line 65 minus line 66)	4,738,167		7,683,798			67.00
68.00	Organs Furnished Part B	0	0	0			68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,738,167	0	7,683,798			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	8			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	151			73.00
74.00	Total (sum of lines 70 through 73)		0	159			74.00
75.00	Organs Transplanted		0	151			75.00
76.00	Organs Sold to Other Hospitals		0	0			76.00
77.00	Organs Sold to OPOs		0	8			77.00
78.00	Organs Sold to Transplant Hospitals		0	0			78.00
79.00	Organs Sold to Military or VA Hospitals		0	0			79.00
80.00	Organs Sold Outside the U.S.		0	0			80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0			81.00
82.00	Organs Used for Research		0	0			82.00
83.00	Unusable/Discarded Organs		0	0			83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	159			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: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 5/24/2022 1:19 pm	
				Heart	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	33,168	1,456.52	14	20,391	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	3,477.11	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,900.46	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	1,525	2,787.65	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
6.01	NEURO ICU	47.01	30,500	2,608.45	5	13,042	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	3,097.63	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		65,193		19	33,433	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	0.213937	360,769	77,182	8.00
9.00	RECOVERY ROOM		51.00	0.306426	2,550	781	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.240008	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.077794	22,191	1,726	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.125767	122,521	15,409	12.00
12.01	ULTRASOUND		54.01	0.142322	10,641	1,514	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.137230	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.291096	101	29	14.00
15.00	CT SCAN		57.00	0.033882	470,869	15,954	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.089499	6,670	597	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.087283	701,352	61,216	17.00
18.00	LABORATORY		60.00	0.163382	430,848	70,393	18.00
18.01	HLA LAB		60.01	0.222584	597,822	133,066	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.181952	45,575	8,292	21.00
22.00	INTRAVENOUS THERAPY						22.00
23.00	RESPIRATORY THERAPY		65.00	0.180561	52,723	9,520	23.00
24.00	PHYSICAL THERAPY		66.00	0.524310	1,739	912	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.372003	958	356	25.00
26.00	SPEECH PATHOLOGY		68.00	0.327587	902	295	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.046221	198,660	9,182	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.142605	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.462637	1,450	671	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.450925	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.419051	2,668	1,118	31.00
32.00	RENAL DIALYSIS		74.00	0.281054	0	0	32.00
33.00	ASC (NON-DISTINCT PART)						33.00
34.00	ENDOSCOPY		76.00	0.175378	0	0	34.00
34.01	OB/GYN IN VITRO		76.01	0.516764	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.266486	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.341002	0	0	34.03
34.04	CAR-T ACQUISITION		76.04	0.528208	0	0	34.04
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.142930	0	0	34.98
35.00	RURAL HEALTH CLINIC						35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER						36.00
37.00	CLINIC		90.00	0.465633	0	0	37.00
37.01	OUTPATIENT PSYCH		90.01	1.307805	0	0	37.01
38.00	EMERGENCY		91.00	0.125378	485	61	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.768152	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				3,031,494	408,274	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-0032		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 5/24/2022 1:19 pm	
				Heart		Hospital		PPS	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS	2.00	0.00	14	0	42.00			
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00			
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00			
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00			
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00			
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00			
47.01	NEURO ICU	7.01	0.00	5	0	47.01			
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02			
48.00	TOTAL (sum of lines 42 through 47)			19	0	48.00			
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00			
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00			
51.00	CLINIC	23.00	0	0.000000	0	51.00			
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01			
52.00	EMERGENCY	24.00	485	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)		485		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	441,707		3,096,687		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)	5,317,147		6,006,000		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)	5,758,854		9,102,687		61.00			
62.00	Total Usable Organs (see instructions)		43			62.00			
63.00	Medicare Usable Organs (see instructions)		15			63.00			
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.348837			64.00			
65.00	Medicare Cost/Charges (see instructions)	2,008,901		3,175,354		65.00			
66.00	Revenue for Organs Sold	28,254		28,254		66.00			
67.00	Subtotal (line 65 minus line 66)	1,980,647		3,147,100		67.00			
68.00	Organs Furnished Part B	0	0	0	0	68.00			
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,980,647	0	3,147,100	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	41		73.00			
74.00	Total (sum of lines 70 through 73)		0	43		74.00			
75.00	Organs Transplanted		0	41	6,006,000	75.00			
76.00	Organs Sold to Other Hospitals		0	0	0	76.00			
77.00	Organs Sold to OPOs		0	2	28,254	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	43		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: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 5/24/2022 1:19 pm	
				Lung	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	8,240	1,456.52	3	4,370	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	3,477.11	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,900.46	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,787.65	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
6.01	NEURO ICU	47.01	0	2,608.45	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	6,100	3,097.63	1	3,098	6.02
7.00	TOTAL (sum of lines 1 through 6)		14,340		4	7,468	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	0.213937	84,952	18,174	8.00
9.00	RECOVERY ROOM		51.00	0.306426	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.240008	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.077794	8,036	625	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.125767	179,926	22,629	12.00
12.01	ULTRASOUND		54.01	0.142322	12,135	1,727	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.137230	40	5	13.00
14.00	RADIOISOTOPE		56.00	0.291096	928,523	270,289	14.00
15.00	CT SCAN		57.00	0.033882	341,129	11,558	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.089499	13,439	1,203	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.087283	1,906,405	166,397	17.00
18.00	LABORATORY		60.00	0.163382	672,926	109,944	18.00
18.01	HLA LAB		60.01	0.222584	1,168,702	260,134	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.181952	137,778	25,069	21.00
22.00	INTRAVENOUS THERAPY						22.00
23.00	RESPIRATORY THERAPY		65.00	0.180561	165,649	29,910	23.00
24.00	PHYSICAL THERAPY		66.00	0.524310	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.372003	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.327587	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.046221	430,786	19,911	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.142605	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.462637	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.450925	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.419051	6,482	2,716	31.00
32.00	RENAL DIALYSIS		74.00	0.281054	0	0	32.00
33.00	ASC (NON-DISTINCT PART)						33.00
34.00	ENDOSCOPY		76.00	0.175378	20,067	3,519	34.00
34.01	OB/GYN IN VITRO		76.01	0.516764	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.266486	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.341002	0	0	34.03
34.04	CAR-T ACQUISITION		76.04	0.528208	0	0	34.04
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.142930	0	0	34.98
35.00	RURAL HEALTH CLINIC						35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER						36.00
37.00	CLINIC		90.00	0.465633	937	436	37.00
37.01	OUTPATIENT PSYCH		90.01	1.307805	0	0	37.01
38.00	EMERGENCY		91.00	0.125378	5,351	671	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.768152	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				6,083,263	944,917	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-0032		Period: From 01/01/2021 To 12/31/2021		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 5/24/2022 1:19 pm	
				Lung		Hospital		PPS	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS	2.00	0.00	3	0	42.00			
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00			
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00			
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00			
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00			
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00			
47.01	NEURO ICU	7.01	0.00	0	0	47.01			
47.02	CARDIO-THORACIC ICU	7.02	0.00	1	0	47.02			
48.00	TOTAL (sum of lines 42 through 47)			4	0	48.00			
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00			
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00			
51.00	CLINIC	23.00	937	0.000000	0	51.00			
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01			
52.00	EMERGENCY	24.00	5,351	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)		6,288		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	952,385		6,097,603		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)	8,174,415		8,125,000		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)	9,126,800		14,222,603		61.00			
62.00	Total Usable Organs (see instructions)		132			62.00			
63.00	Medicare Usable Organs (see instructions)		54			63.00			
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.409091			64.00			
65.00	Medicare Cost/Charges (see instructions)	3,733,692		5,818,339		65.00			
66.00	Revenue for Organs Sold	0		0		66.00			
67.00	Subtotal (line 65 minus line 66)	3,733,692		5,818,339		67.00			
68.00	Organs Furnished Part B	0	0	0	0	68.00			
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,733,692	0	5,818,339	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	132		73.00			
74.00	Total (sum of lines 70 through 73)		0	132		74.00			
75.00	Organs Transplanted		0	132	8,125,000	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	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	132		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: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/24/2022 1:19 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,456.52	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	3,477.11	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,900.46	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,787.65	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
6.01	NEURO ICU	47.01	0	2,608.45	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	3,097.63	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.213937	5,223	1,117	8.00
9.00	RECOVERY ROOM		51.00	0.306426	1,533	470	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.240008	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.077794	1,258	98	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.125767	18,164	2,284	12.00
12.01	ULTRASOUND		54.01	0.142322	370	53	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.137230	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.291096	12,423	3,616	14.00
15.00	CT SCAN		57.00	0.033882	24,048	815	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.089499	1,377	123	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.087283	41,991	3,665	17.00
18.00	LABORATORY		60.00	0.163382	48,223	7,879	18.00
18.01	HLA LAB		60.01	0.222584	125,959	28,036	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.181952	8,224	1,496	21.00
22.00	INTRAVENOUS THERAPY						22.00
23.00	RESPIRATORY THERAPY		65.00	0.180561	2,273	410	23.00
24.00	PHYSICAL THERAPY		66.00	0.524310	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.372003	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.327587	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.046221	74,032	3,422	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.142605	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.462637	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.450925	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.419051	3,383	1,418	31.00
32.00	RENAL DIALYSIS		74.00	0.281054	3,290	925	32.00
33.00	ASC (NON-DISTINCT PART)						33.00
34.00	ENDOSCOPY		76.00	0.175378	0	0	34.00
34.01	OB/GYN IN VITRO		76.01	0.516764	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.266486	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.341002	0	0	34.03
34.04	CAR-T ACQUISITION		76.04	0.528208	0	0	34.04
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.142930	0	0	34.98
35.00	RURAL HEALTH CLINIC						35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER						36.00
37.00	CLINIC		90.00	0.465633	0	0	37.00
37.01	OUTPATIENT PSYCH		90.01	1.307805	0	0	37.01
38.00	EMERGENCY		91.00	0.125378	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.768152	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				371,771	55,827	41.00

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

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

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

Provider CCN: 26-0032

Period:

From 01/01/2021

To 12/31/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/24/2022 1:19 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
47.01	NEURO ICU	7.01	0.00	0	0	47.01	
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02	
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	55,827		371,771		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)	810,082		1,104,000		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)	865,909		1,475,771		61.00	
62.00	Total Usable Organs (see instructions)		16			62.00	
63.00	Medicare Usable Organs (see instructions)		5			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.312500			64.00	
65.00	Medicare Cost/Charges (see instructions)	270,597		461,178		65.00	
66.00	Revenue for Organs Sold	0		0		66.00	
67.00	Subtotal (line 65 minus line 66)	270,597		461,178		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	270,597	0	461,178	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	16		73.00	
74.00	Total (sum of lines 70 through 73)		0	16		74.00	
75.00	Organs Transplanted		0	16	1,104,000	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	16		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: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/24/2022 1:19 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			141,237,070	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			46,668,454	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			26,409,171	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			7,754,530	2.04
3.00	Managed Care Simulated Payments			125,701,604	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			1,279.24	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			732.76	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			52.59	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			-21.54	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			763.81	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			790.86	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			763.81	12.00
13.00	Total allowable FTE count for the prior year.			621.82	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			601.59	14.00
15.00	Sum of lines 12 through 14 divided by 3.			662.41	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			662.41	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.517815	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.484155	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.484155	21.00
22.00	IME payment adjustment (see instructions)			43,988,871	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			29,426,871	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			27.05	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			43,988,871	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			29,426,871	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			8.05	30.00
31.00	Percentage of Medicaid patient days (see instructions)			23.45	31.00
32.00	Sum of lines 30 and 31			31.50	32.00
33.00	Allowable disproportionate share percentage (see instructions)			15.20	33.00
34.00	Disproportionate share adjustment (see instructions)			7,140,410	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/24/2022 1:19 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.002862325	0.002965782	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	23,728,713	21,329,931	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	17,747,772	5,376,316	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	23,124,088		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	296,322,594		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		325,749,465	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		21,099,395	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		26,279,777	52.00
53.00	Nursing and Allied Health Managed Care payment		34,066	53.00
54.00	Special add-on payments for new technologies		1,524,536	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		28,435,573	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		819,579	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		259,845	58.00
59.00	Total (sum of amounts on lines 49 through 58)		404,202,236	59.00
60.00	Primary payer payments		36,744	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		404,165,492	61.00
62.00	Deductibles billed to program beneficiaries		11,652,457	62.00
63.00	Coinsurance billed to program beneficiaries		2,833,733	63.00
64.00	Allowable bad debts (see instructions)		3,928,877	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		2,553,770	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,028,394	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		392,233,072	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-541,990	70.93
70.94	HRR adjustment amount (see instructions)		-669,126	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/24/2022 1:19 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			854,347	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			390,167,609	71.00
71.01	Sequestration adjustment (see instructions)			0	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			374,820,228	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			15,347,381	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			21,807,145	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet DSH

Date/Time Prepared:
5/24/2022 1:19 pm

		Title XVIII		Hospital		PPS	
		Original .mcrcx Values	Adjusted .mcrcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	8.05	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	23.45	0.00			23.45	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	31.50	0.00			23.45	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	1,279.24	0.00			1,279.24	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	15.20	0.00			8.56	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	35,289	0			35,289	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	11,643	0			11,643	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	4,058	0			4,058	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	2,491	0			2,491	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	31,040	0			31,040	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	3,027	0			3,027	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	87,548	0			87,548	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	370,645	0			370,645	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	2,707	0			2,707	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	373,352	0			373,352	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	23.45	0.00			23.45	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 26-0032		Period: From 01/01/2021 To 12/31/2021		Worksheet DSH Date/Time Prepared: 5/24/2022 1:19 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	15.20		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		15.20		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		15.20		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural				Rural	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet DSH Date/Time Prepared: 5/24/2022 1:19 pm
		Title XVIII	Hospital	PPS
		Revised Percentage 6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	8.56	28.00	
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00	
30.00	Line 28 or 29 as applicable	8.56	30.00	
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	8.56	31.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/24/2022 1:19 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	141,237,070	141,237,070		141,237,070	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	46,668,454		46,668,454	46,668,454	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	26,409,171	26,409,171		26,409,171	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	7,754,530		7,754,530	7,754,530	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	125,701,604	92,563,834	33,137,770	125,701,604	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.484155	0.484155	0.484155		5.00
6.00	IME payment adjustment (see instructions)	22.00	43,988,871	33,063,739	10,925,132	43,988,871	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	29,426,871	21,669,286	7,757,585	29,426,871	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	43,988,871	33,063,739	10,925,132	43,988,871	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	29,426,871	21,669,286	7,757,585	29,426,871	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1520	0.1520	0.1520		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	7,140,410	5,367,009	1,773,401	7,140,410	11.00
11.01	Uncompensated care payments	36.00	23,124,088	17,747,772	5,376,316	23,124,088	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	296,322,594	223,824,761	72,497,833	296,322,594	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	325,749,465	245,494,047	80,255,418	325,749,465	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	21,099,395	16,026,386	5,073,009	21,099,395	16.00
17.00	Special add-on payments for new technologies	54.00	1,524,536	1,348,043	176,493	1,524,536	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			262,868,476	85,504,920	348,373,396	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/24/2022 1:19 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	14,389,231	10,826,184	3,563,047	14,389,231	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	3,777,639	2,993,826	783,813	3,777,639	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2038	0.2038	0.2038		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,932,525	2,206,376	726,149	2,932,525	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	21,099,395	16,026,386	5,073,009	21,099,395	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-541,990	-541,990	0	-541,990	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-669,126	-598,858	-70,268	-669,126	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	854,347	854,347	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/24/2022 1:19 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		434,803	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		138,244,471	2.00
3.00	OPPS payments		101,013,625	3.00
4.00	Outlier payment (see instructions)		1,235,251	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		190,347	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		434,803	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,220,987	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,220,987	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,220,987	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		786,184	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)		434,803	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)		102,439,223	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		197,113	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		17,336,452	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)		85,340,461	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		9,355,075	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)		94,695,536	30.00
31.00	Primary payer payments		23,475	31.00
32.00	Subtotal (line 30 minus line 31)		94,672,061	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)		1,647,857	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,071,107	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		969,676	36.00
37.00	Subtotal (see instructions)		95,743,168	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)		95,743,168	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		95,527,538	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)		215,630	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		113,782	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/24/2022 1:19 pm	
		Title XVIII	Hospital	PPS	
				Overrides	
				1.00	
WORKSHEET OVERRIDE VALUES					
112.00	Override of Ancillary service charges (line 12)				0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/24/2022 1:19 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		374,045,628		95,495,938	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	05/07/2021	22,300	09/03/2021	31,600	3.01
3.02		09/03/2021	752,300		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)		774,600		31,600	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)		374,820,228		95,527,538	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		15,347,381		215,630	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		390,167,609		95,743,168	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/24/2022 1:19 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2022 1:19 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	122,615,537			1.00
2.00	Medical and other services			29,800,271	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	122,615,537		29,800,271	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)	122,615,537		29,800,271	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	128,629,190			8.00
9.00	Ancillary service charges	261,745,025		153,995,903	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)	390,374,215		153,995,903	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)	390,374,215		153,995,903	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	267,758,678		124,195,632	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)	122,615,537		29,800,271	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	122,615,537		29,800,271	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)	122,615,537		29,800,271	31.00
32.00	Deductibles	0			32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	122,615,537		29,800,271	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	122,615,537		29,800,271	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	18,198,524			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	140,814,061		29,800,271	40.00
41.00	Interim payments	53,333,102		21,345,111	41.00
42.00	Balance due provider/program (line 40 minus line 41)	87,480,959		8,455,160	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/24/2022 1:19 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-1.37	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)			635.25	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			790.86	6.00
7.00	Enter the lesser of line 5 or line 6			635.25	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.	168.11	530.73	698.84	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	135.03	426.30	561.33	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	135.03	426.30		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	135.76	417.74		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	144.09	404.96		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	138.29	416.33		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	138.29	416.33		17.00
18.00	Per resident amount	144,231.45	136,574.48		18.00
19.00	Approved amount for resident costs	19,945,767	56,860,053	76,805,820	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)			155.61	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)			76,805,820	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	99,896	73,760		26.00
27.00	Total Inpatient Days (see instructions)	367,820	367,820		27.00
28.00	Ratio of inpatient days to total inpatient days	0.271589	0.200533		28.00
29.00	Program direct GME amount	20,859,616	15,402,102	36,261,718	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		626,866	626,866	30.00
31.00	Net Program direct GME amount			35,634,852	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/24/2022 1:19 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			2,852	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			35,426,817	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000081	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)			361,640,234	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			28,435,573	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			36,744	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			390,039,063	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			138,869,621	42.00
43.00	Primary payer payments (see instructions)			23,475	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			138,846,146	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			528,885,209	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.737474	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.262526	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			35,634,852	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			26,279,777	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			9,355,075	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/24/2022 1:19 pm	
		Title XIX	Hospital	Cost	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-1.37	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)			635.25	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			790.86	6.00
7.00	Enter the lesser of line 5 or line 6			635.25	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.	168.11	530.73	698.84	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	135.03	426.30	561.33	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	135.03	426.30		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	135.76	417.74		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	144.09	404.96		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	138.29	416.33		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	138.29	416.33		17.00
18.00	Per resident amount	144,231.45	136,574.48		18.00
19.00	Approved amount for resident costs	19,945,767	56,860,053	76,805,820	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)			155.61	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)			76,805,820	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)	40,710	46,442		26.00
27.00	Total Inpatient Days (see instructions)	367,820	367,820		27.00
28.00	Ratio of inpatient days to total inpatient days	0.110679	0.126263		28.00
29.00	Program direct GME amount	8,500,791	9,697,733	18,198,524	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			18,198,524	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/24/2022 1:19 pm
		Title XIX	Hospital	Cost
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM 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)		18,198,524	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			50.00

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

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet G

Date/Time Prepared:
5/24/2022 1:19 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	31	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	973,322,989	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-557,077,928	0	0	0	6.00
7.00 Inventory	50,590,479	0	0	0	7.00
8.00 Prepaid expenses	1,102,441	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	20,678,360	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	488,616,372	0	0	0	11.00
FIXED ASSETS					
12.00 Land	22,831,505	0	0	0	12.00
13.00 Land improvements	51,126,647	0	0	0	13.00
14.00 Accumulated depreciation	-19,636,077	0	0	0	14.00
15.00 Buildings	527,375,795	0	0	0	15.00
16.00 Accumulated depreciation	-277,410,917	0	0	0	16.00
17.00 Leasehold improvements	868,191,391	0	0	0	17.00
18.00 Accumulated depreciation	-279,053,291	0	0	0	18.00
19.00 Fixed equipment	444,554,037	0	0	0	19.00
20.00 Accumulated depreciation	-414,237,674	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	854,796,672	0	0	0	23.00
24.00 Accumulated depreciation	-701,722,230	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	96,075,246	0	0	0	27.00
28.00 Accumulated depreciation	-53,203,728	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	1,119,687,376	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	12,946,046	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	325,013,198	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	337,959,244	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	1,946,262,992	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	116,710,981	0	0	0	37.00
38.00 Salaries, wages, and fees payable	56,747,343	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	173,344,119	0	0	0	42.00
43.00 Due to other funds	19,111,671	0	0	0	43.00
44.00 Other current liabilities	8,620,043	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	374,534,157	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	97,936,769	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	97,936,769	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	472,470,926	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	1,473,792,066	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	1,473,792,066	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	1,946,262,992	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-1

Date/Time Prepared:
5/24/2022 1:19 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,352,846,062		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		65,364,231				2.00
3.00	Total (sum of line 1 and line 2)		1,418,210,293		0		3.00
4.00	ROUNDING	-1		0		0	4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE	-907,261		0		0	5.00
6.00	TRANSFER FROM BJC	56,123,427		0		0	6.00
7.00	ASSETS RELEASED FROM RESTRICT - CAPI	365,608		0		0	7.00
8.00	OTHER CHANGES IN NET ASSETS	0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		55,581,773		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,473,792,066		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,473,792,066		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	ROUNDING		0				4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE		0				5.00
6.00	TRANSFER FROM BJC		0				6.00
7.00	ASSETS RELEASED FROM RESTRICT - CAPI		0				7.00
8.00	OTHER CHANGES IN NET ASSETS		0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2022 1:19 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	924,172,094		924,172,094	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	924,172,094		924,172,094	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	112,484,756		112,484,756	11.00
12.00	CORONARY CARE UNIT	28,768,974		28,768,974	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	69,221,190		69,221,190	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
15.01	NEURO ICU	83,803,930		83,803,930	15.01
15.02	CARDIO-THORACIC ICU	58,335,072		58,335,072	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	352,613,922		352,613,922	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,276,786,016		1,276,786,016	17.00
18.00	Ancillary services	2,909,074,200	2,882,778,048	5,791,852,248	18.00
19.00	Outpatient services	141,825,440	306,044,558	447,869,998	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	4,327,685,656	3,188,822,606	7,516,508,262	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,359,672,496		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	NONOPERATING DEPARTMENTS	4,887,140			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		4,887,140		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		2,354,785,356		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-3

Date/Time Prepared:
5/24/2022 1:19 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	7,516,508,262	1.00
2.00	Less contractual allowances and discounts on patients' accounts	5,194,431,666	2.00
3.00	Net patient revenues (line 1 minus line 2)	2,322,076,596	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	2,354,785,356	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-32,708,760	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	8,072,565	6.00
7.00	Income from investments	11,295,107	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	6,241,706	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	9,873,753	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	16,891,362	17.00
18.00	Revenue from sale of medical records and abstracts	74	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	19,405,006	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	456,900	20.00
21.00	Rental of vending machines	228,451	21.00
22.00	Rental of hospital space	3,478,490	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEDICAID MEANINGFUL USE	0	24.00
24.01	MEDICARE MEANINGFUL USE	0	24.01
24.02	BJC ACO SHARED SAVINGS	6,408,749	24.02
24.03	BJC OTHER OPERATING REVENUE	7,739,640	24.03
24.04	MISC OTHER OPERATING REVENUE	14,197,294	24.04
24.05	BJEC NET INCOME	-1,439,672	24.05
24.50	COVID-19 PHE Funding	6,945,482	24.50
25.00	Total other income (sum of lines 6-24)	109,794,907	25.00
26.00	Total (line 5 plus line 25)	77,086,147	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	7,852,646	27.00
27.01	PHYSICIAN OFFICE BUILDINGS	0	27.01
27.02	BJC ACO OPERATIONAL EXPENSE	3,869,266	27.02
27.03	LOSS ON SALE OF ASSETS	0	27.03
27.04	EXTRAORDINARY ITEM	4	27.04
28.00	Total other expenses (sum of line 27 and subscripts)	11,721,916	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	65,364,231	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0032	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/24/2022 1:19 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		14,389,231	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		3,777,639	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		1,007.73	3.00
4.00	Number of interns & residents (see instructions)		662.41	4.00
5.00	Indirect medical education percentage (see instructions)		20.38	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		2,932,525	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		21,099,395	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00