

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: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 7/27/2022 11:21 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		Date: 7/27/2022 Time: 11:21 am
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 SSM HEALTH ST. MARYS HOSPITAL - STL (26-0091) 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	Tim Buller	Y	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	Tim Buller		2
3	Signatory Title	VP OF FINANCE		3
4	Date	(Dated when report is electronica		4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,802,985	442,127	0	14,732,684	1.00
2.00 Subprovider - IPF	0	-68,135	4		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	1,734,850	442,131	0	14,732,684	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 26-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/27/2022 11:21 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 6420 CLAYTON ROAD			PO Box:				1.00		
2.00	City: ST. LOUIS			State: MO		Zip Code: 63117-		County: ST. LOUIS		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		SSM HEALTH ST. MARYS HOSPITAL - STL	260091	41180	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		SSM HEALTH ST. MARYS HOSPITAL - PSY	26S091	41180	4	01/01/1984	N	P	O
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis		SSM HEALTH ST. MARYS HOSPITAL ESRD	262320	41180		03/01/1998			
19.00	Other									
							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)						1			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
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:
7/27/2022 11:21 am

MCRIF32 - 17.8.174.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 26-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/27/2022 11:21 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
			1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		Y	Y		60.00		
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1	60.01		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01	1	60.02		
			Y/N	IME	Direct GME	IME	Direct GME	
			1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00	61.00
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)					N	63.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	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)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	96.85	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	15.81	0.000000	67.00
67.01		INTERNAL MEDICINE	1400	0.00	32.49	0.000000	67.01
67.02		PEDIATRICE	2000	0.00	52.82	0.000000	67.02
67.03		FAMILY MEDICINE	3600	0.00	0.58	0.000000	67.03
67.04				0.00	0.00	0.000000	67.04

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 7/27/2022 11:21 am	
			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.	Y			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)	Y	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.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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

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				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.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	13,114,276		75,569		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.	Y		5.00		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.	03/01/1985				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.	09/01/2000				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.	09/01/2000				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/27/2022 11:21 am	
		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		269020		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: SSM HEALTH CARE CORPORATION	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 10101 WOODFIELD LANE	PO Box:				142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63132		143.00	
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	Y				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		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			
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	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	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: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 7/27/2022 11:21 am
			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: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 7/27/2022 11:21 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	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?	N			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.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
			4.00		
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/20/2022	Y	04/20/2022
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
7/27/2022 11:21 am

		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.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	FRANCISCO	JUDILLA		41.00
42.00	Enter the employer/company name of the cost report preparer.	SSM HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-989-6835	FRANCISCO.JUDILLA@SSMHEALTH.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
7/27/2022 11:21 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/27/2022 11:21 am

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	225	96,369	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)		225	96,369	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	58	19,281	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	47	15,953	0.00	0	8.01
8.02 NEONATAL INTENSIVE CARE UNIT	31.02	107	37,692	0.00	0	8.02
8.03 INTERMEDIATE CARE UNIT	31.03	190	57,578	0.00	0	8.03
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		627	226,873	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,792		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)		673				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		13	4,024			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: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/27/2022 11:21 am

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)	21,033	3,233	38,890			1.00
2.00	HMO and other (see instructions)	18,736	53,818				2.00
3.00	HMO IPF Subprovider	1,713	205				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)	21,033	3,233	38,890			7.00
8.00	INTENSIVE CARE UNIT	1,082	912	4,760			8.00
8.01	PEDIATRIC INTENSIVE CARE UNIT	0	632	10,456			8.01
8.02	NEONATAL INTENSIVE CARE UNIT	0	1,278	26,054			8.02
8.03	INTERMEDIATE CARE UNIT	0	4,599	34,573			8.03
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		432	5,329			13.00
14.00	Total (see instructions)	22,115	11,086	120,062	197.59	3,269.19	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	5,347	3,073	12,280	0.00	78.59	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)				197.59	3,347.78	27.00
28.00	Observation Bed Days		77	8,645			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			1,759			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	994	1,364			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: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/27/2022 11:21 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,507	1,483	23,156	1.00
2.00 HMO and other (see instructions)			3,298	6,561		2.00
3.00 HMO IPF Subprovider				154		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT						8.01
8.02 NEONATAL INTENSIVE CARE UNIT						8.02
8.03 INTERMEDIATE CARE UNIT						8.03
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,507	1,483	23,156	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	459	394	1,570	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
7/27/2022 11:21 am

	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	243,327,629	0	243,327,629	6,788,816.49	35.84
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		851,933	0	851,933	6,072.12	140.30
4.01	Physicians - Part A - Teaching		951,274	0	951,274	10,064.00	94.52
5.00	Physician and Non Physician-Part B		18,580,574	0	18,580,574	659,854.00	28.16
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	2,053,792	2,053,792	64,096.00	32.04
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		15,318,121	-248,191	15,069,930	428,596.17	35.16
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		19,468,486	0	19,468,486	444,923.73	43.76
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		10,652,262	0	10,652,262	64,620.88	164.84
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		43,806,204	0	43,806,204	1,031,517.91	42.47
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		25,757,970	0	25,757,970	179,145.00	143.78
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		100,463,835	0	100,463,835		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		7,456,173	0	7,456,173		
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		16,382	0	16,382		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		6,636,391	0	6,636,391		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		8,941,492	0	8,941,492		
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: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
7/27/2022 11:21 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,709,259	0	1,709,259	6,351.61	269.11	26.00
27.00	Administrative & General	5.00	23,850,088	-635,878	23,214,210	299,270.77	77.57	27.00
28.00	Administrative & General under contract (see inst.)		2,362,061	0	2,362,061	26,386.20	89.52	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,018,068	0	3,018,068	106,413.37	28.36	30.00
31.00	Laundry & Linen Service	8.00	217,352	0	217,352	15,089.72	14.40	31.00
32.00	Housekeeping	9.00	4,449,269	0	4,449,269	304,244.33	14.62	32.00
33.00	Housekeeping under contract (see instructions)		634,970	0	634,970	21,123.85	30.06	33.00
34.00	Dietary	10.00	3,844,233	-2,711,520	1,132,713	272,175.87	4.16	34.00
35.00	Dietary under contract (see instructions)		1,150,037	0	1,150,037	37,880.00	30.36	35.00
36.00	Cafeteria	11.00	0	2,711,520	2,711,520	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,808,807	0	5,808,807	134,621.85	43.15	38.00
39.00	Central Services and Supply	14.00	566,993	635,878	1,202,871	36,779.06	32.71	39.00
40.00	Pharmacy	15.00	8,010,337	-137,235	7,873,102	150,848.17	52.19	40.00
41.00	Medical Records & Medical Records Library	16.00	720,409	0	720,409	38,963.47	18.49	41.00
42.00	Social Service	17.00	1,331,694	70,885	1,402,579	42,065.36	33.34	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
7/27/2022 11:21 am

	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)	227,942,849	-2,053,792	225,889,057	6,140,192.54	36.79	1.00
2.00	Excluded area salaries (see instructions)	15,318,121	-248,191	15,069,930	428,596.17	35.16	2.00
3.00	Subtotal salaries (line 1 minus line 2)	212,624,728	-1,805,601	210,819,127	5,711,596.37	36.91	3.00
4.00	Subtotal other wages & related costs (see inst.)	73,926,952	0	73,926,952	1,541,062.52	47.97	4.00
5.00	Subtotal wage-related costs (see inst.)	109,421,709	0	109,421,709	0.00	51.90	5.00
6.00	Total (sum of lines 3 thru 5)	395,973,389	-1,805,601	394,167,788	7,252,658.89	54.35	6.00
7.00	Total overhead cost (see instructions)	57,673,577	-66,350	57,607,227	1,492,213.63	38.61	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 7/27/2022 11:21 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		9,337,205	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		6,861,333	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)		57,124,514	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		15,000,927	9.00
10.00	Dental, Hearing and Vision Plan		2,691,891	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		167,494	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		28,745	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		540,681	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		2,444,987	14.00
15.00	'Workers' Compensation Insurance		2,241,456	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		17,290,577	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		563,888	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		279,082	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		114,572,780	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: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
7/27/2022 11:21 am

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	24,570,714	114,572,780	1.00
2.00	Hospital	24,570,714	100,463,835	2.00
3.00	SUBPROVIDER - IPF	0	2,765,987	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	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			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 I	0	0	17.00
18.00	Other	0	11,342,958	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 26-0091

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

Worksheet S-5

Date/Time Prepared:
7/27/2022 11:21 am

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	12	9	0	3	0	5	1.00	
2.00	Number of times per week patient receives dialysis	3.00	3.00	0.00	0.00	0.00	7.00	2.00	
3.00	Average patient dialysis time including setup	5.50	5.50	0.00	12.50			3.00	
4.00	CAPD exchanges per day				12.00		12.00	4.00	
5.00	Number of days in year dialysis furnished	365	365					5.00	
6.00	Number of stations	4	4	0	0			6.00	
7.00	Treatment capacity per day per station	2	2					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						Y	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						4		11.00
12.00	Number of patients transplanted during the cost reporting period						4		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable								21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 26-0091

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

Worksheet S-5

Date/Time Prepared:
7/27/2022 11:21 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	262320	6,373	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 7/27/2022 11:21 am	
				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)			0.284501	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			205,744,215	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			20,564,498	5.00
6.00	Medicaid charges			803,614,498	6.00
7.00	Medicaid cost (line 1 times line 6)			228,629,128	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)			2,320,415	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			2,320,415	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)	50,059,507	3,571,940	53,631,447	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	14,241,980	3,571,940	17,813,920	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)	14,241,980	3,571,940	17,813,920	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)			25,892,054	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,541,596	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,371,687	27.01
28.00	Non-Medicare bad debt expense (see instructions)			23,520,367	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			7,521,659	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			25,335,579	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			27,655,994	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0091

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

Worksheet A

Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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		17,232,019	17,232,019	0	17,232,019	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		13,323,371	13,323,371	0	13,323,371	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,709,259	41,615,366	43,324,625	-75	43,324,550	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	23,850,088	157,577,817	181,427,905	-5,960,754	175,467,151	5.00
7.00	00700	OPERATION OF PLANT	3,018,068	17,067,629	20,085,697	-484	20,085,213	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	217,352	1,879,611	2,096,963	-389	2,096,574	8.00
9.00	00900	HOUSEKEEPING	4,449,269	3,111,892	7,561,161	-261,555	7,299,606	9.00
10.00	01000	DIETARY	3,844,233	5,533,459	9,377,692	-6,672,457	2,705,235	10.00
11.00	01100	CAFETERIA	0	0	0	6,647,396	6,647,396	11.00
13.00	01300	NURSING ADMINISTRATION	5,808,807	2,000,908	7,809,715	-1,392	7,808,323	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	566,993	1,904,786	2,471,779	3,175,980	5,647,759	14.00
15.00	01500	PHARMACY	8,010,337	52,161,774	60,172,111	-49,848,355	10,323,756	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	720,409	212,666	933,075	-630	932,445	16.00
17.00	01700	SOCIAL SERVICE	1,331,694	349,244	1,680,938	111,261	1,792,199	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,053,792	2,053,792	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,775,685	66,618,132	69,393,817	-2,054,086	67,339,731	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	427,998	39,711	467,709	17,844	485,553	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	492,327	47,537	539,864	130,664	670,528	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,997,602	8,123,882	32,121,484	-4,813,645	27,307,839	30.00
31.00	03100	INTENSIVE CARE UNIT	9,921,670	5,055,700	14,977,370	-8,524,418	6,452,952	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,740,593	2,160,715	9,901,308	-1,679,200	8,222,108	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	19,458,656	4,488,006	23,946,662	-2,040,318	21,906,344	31.02
31.03	02400	INTERMEDIATE CARE UNIT	12,812,820	3,295,784	16,108,604	7,284,843	23,393,447	31.03
40.00	04000	SUBPROVIDER - IPF	5,829,802	1,884,720	7,714,522	-384,271	7,330,251	40.00
43.00	04300	NURSERY	0	0	0	1,736,642	1,736,642	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,005,841	25,017,063	36,022,904	-20,836,828	15,186,076	50.00
51.00	05100	RECOVERY ROOM	1,687,269	243,496	1,930,765	-79,363	1,851,402	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,736,621	2,655,552	11,392,173	-1,361,167	10,031,006	52.00
53.00	05300	ANESTHESIOLOGY	734,275	6,840,993	7,575,268	-1,357,956	6,217,312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,631,435	6,252,651	12,884,086	-4,159,056	8,725,030	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,476,732	3,791,543	5,268,275	-26,565	5,241,710	55.00
56.00	05600	RADIOISOTOPE	260,453	646,639	907,092	-7,958	899,134	56.00
57.00	05700	CT SCAN	1,246,358	889,498	2,135,856	-292,462	1,843,394	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,271,791	483,176	1,754,967	-199,663	1,555,304	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,397,210	5,356,169	6,753,379	-5,288,169	1,465,210	59.00
60.00	06000	LABORATORY	4,766,392	10,626,902	15,393,294	-3,221,539	12,171,755	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	578,956	1,909,733	2,488,689	3,102,902	5,591,591	62.00
64.00	06400	INTRAVENOUS THERAPY	3,124,269	1,878,723	5,002,992	-635,464	4,367,528	64.00
65.00	06500	RESPIRATORY THERAPY	6,389,370	3,742,802	10,132,172	-1,071,143	9,061,029	65.00
66.00	06600	PHYSICAL THERAPY	823,947	1,473,184	2,297,131	-5,657	2,291,474	66.00
66.01	06601	CLINICAL NUTRITION	1,162,776	94,081	1,256,857	-10	1,256,847	66.01
67.00	06700	OCCUPATIONAL THERAPY	511,919	770,405	1,282,324	-13,772	1,268,552	67.00
68.00	06800	SPEECH PATHOLOGY	764,388	749,356	1,513,744	-339,919	1,173,825	68.00
69.00	06900	ELECTROCARDIOLOGY	2,549,092	672,038	3,221,130	-80,375	3,140,755	69.00
69.01	06901	CARDIAC REHAB	275,610	36,194	311,804	-4,944	306,860	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,258,875	539,349	1,798,224	-109,780	1,688,444	70.00
70.01	03320	ELECTROSHOCK THERAPY	121,005	19,909	140,914	-9,858	131,056	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	39,809,597	39,809,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	15,666,082	15,666,082	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	45,980,646	45,980,646	73.00
74.00	07400	RENAL DIALYSIS	720,659	1,752,538	2,473,197	-405,777	2,067,420	74.00
76.00	03330	ENDOSCOPY	1,991,073	2,039,480	4,030,553	-1,275,446	2,755,107	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	24,871,408	10,231,991	35,103,399	-154,986	34,948,413	90.00
91.00	09100	EMERGENCY	13,418,249	4,861,704	18,279,953	-2,230,200	16,049,753	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	235,919	756,738	992,657	-338,099	654,558	105.00
106.00	10600	HEART ACQUISITION	0	0	0	18,063	18,063	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	14,198	14,198	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	234,995,554	500,016,636	735,012,190	1,725	735,013,915	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	80,046	235,113	315,159	0	315,159	190.00
191.00	19100	RESEARCH	0	2,478	2,478	0	2,478	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	91,734	232,055	323,789	0	323,789	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	2,198,354	767,491	2,965,845	0	2,965,845	194.00
194.02	07952	POISON CONTROL	2,418,135	973,272	3,391,407	0	3,391,407	194.02
194.03	07953	RETAIL PHARMACY	1,550,100	34,003,423	35,553,523	-1,725	35,551,798	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	1,154,727	576,555	1,731,282	0	1,731,282	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0091

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

Worksheet A

Date/Time Prepared:
7/27/2022 11:21 am

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	
194.05	07955	RURAL HEALTH CLINIC - 5296	838,979	358,790	1,197,769	0	1,197,769	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	243,327,629	537,165,813	780,493,442	0	780,493,442	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0091

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

Worksheet A

Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-2,448,667	14,783,352	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	3,430,196	16,753,567	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	21,033,456	64,358,006	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-36,016,461	139,450,690	5.00
7.00	00700	OPERATION OF PLANT	-982,167	19,103,046	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,096,574	8.00
9.00	00900	HOUSEKEEPING	-8,884	7,290,722	9.00
10.00	01000	DIETARY	-2,878,252	-173,017	10.00
11.00	01100	CAFETERIA	0	6,647,396	11.00
13.00	01300	NURSING ADMINISTRATION	-79,789	7,728,534	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-6	5,647,753	14.00
15.00	01500	PHARMACY	-254,688	10,069,068	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,865	930,580	16.00
17.00	01700	SOCIAL SERVICE	-87,505	1,704,694	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,053,792	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-48,309,634	19,030,097	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	0	485,553	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	0	670,528	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,478,289	25,829,550	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,751,058	4,701,894	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-30,610	8,191,498	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	-2,913,605	18,992,739	31.02
31.03	02400	INTERMEDIATE CARE UNIT	-28	23,393,419	31.03
40.00	04000	SUBPROVIDER - IPF	-211,939	7,118,312	40.00
43.00	04300	NURSERY	0	1,736,642	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,028,623	14,157,453	50.00
51.00	05100	RECOVERY ROOM	0	1,851,402	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-949,599	9,081,407	52.00
53.00	05300	ANESTHESIOLOGY	-4,996,306	1,221,006	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-294,348	8,430,682	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-301,929	4,939,781	55.00
56.00	05600	RADIOISOTOPE	-54	899,080	56.00
57.00	05700	CT SCAN	-175	1,843,219	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-2,951	1,552,353	58.00
59.00	05900	CARDIAC CATHETERIZATION	-314	1,464,896	59.00
60.00	06000	LABORATORY	-1,182,559	10,989,196	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-935	5,590,656	62.00
64.00	06400	INTRAVENOUS THERAPY	-185,612	4,181,916	64.00
65.00	06500	RESPIRATORY THERAPY	-151,105	8,909,924	65.00
66.00	06600	PHYSICAL THERAPY	-2	2,291,472	66.00
66.01	06601	CLINICAL NUTRITION	-2,670	1,254,177	66.01
67.00	06700	OCCUPATIONAL THERAPY	-3	1,268,549	67.00
68.00	06800	SPEECH PATHOLOGY	-9,462	1,164,363	68.00
69.00	06900	ELECTROCARDIOLOGY	-130,235	3,010,520	69.00
69.01	06901	CARDIAC REHAB	-1	306,859	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-196,517	1,491,927	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	131,056	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-2,232,148	37,577,449	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	15,666,082	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	45,980,646	73.00
74.00	07400	RENAL DIALYSIS	-3	2,067,417	74.00
76.00	03330	ENDOSCOPY	-1	2,755,106	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-4,778,270	30,170,143	90.00
91.00	09100	EMERGENCY	-361,232	15,688,521	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-268	654,290	105.00
106.00	10600	HEART ACQUISITION	0	18,063	106.00
107.00	10700	LIVER ACQUISITION	0	14,198	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-89,795,117	645,218,798	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	315,159	190.00
191.00	19100	RESEARCH	0	2,478	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	323,789	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	0	2,965,845	194.00
194.02	07952	POISON CONTROL	0	3,391,407	194.02
194.03	07953	RETAIL PHARMACY	0	35,551,798	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	0	1,731,282	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	0	1,197,769	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-89,795,117	690,698,325	200.00

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6

Date/Time Prepared:
7/27/2022 11:21 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUG, SUPPLY, IMPLANT, IV, & BLOOD					
1.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	3,102,902		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	39,809,597		2.00
3.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	15,666,082		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	45,980,646		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
	0		0	104,559,227		
	B - DIETARY					
1.00	CAFETERIA	11.00	2,711,520	3,935,876		1.00
	0		2,711,520	3,935,876		
	C - BEHAVIORIAL HEALTH ADMINISTRATION					
1.00	SOCIAL SERVICE	17.00	70,885	40,381		1.00
2.00	CLINIC	90.00	176,907	67,131		2.00
	0		247,792	107,512		
	D - INPATIENT, L&D					
1.00	ADULTS & PEDIATRICS	30.00	264,624	80,529		1.00
2.00	INTERMEDIATE CARE UNIT	31.03	5,786,183	2,756,175		2.00
3.00	NURSERY	43.00	1,156,362	580,280		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
	0		7,207,169	3,416,984		
	E - INTERN & RESIDENT					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,053,792	0		1.00
	0		2,053,792	0		
	F - PHARMACY RESIDENT					
1.00	PARAMED ED - PHARMACY RESIDENCY	23.00	12,802	5,042		1.00
2.00	PARAMED ED - PHARMACY RESIDENCY - CG	23.01	126,158	4,506		2.00
	0		138,960	9,548		

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6

Date/Time Prepared:
7/27/2022 11:21 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	H - ORGAN TRANSPLANT					
1.00	CLINIC	90.00	168,729	137,109		1.00
2.00	HEART ACQUISITION	106.00	9,390	8,673		2.00
3.00	LIVER ACQUISITION	107.00	9,861	4,337		3.00
	0		187,980	150,119		
	I - CENTRAL DISTRIBUTION					
1.00	CENTRAL SERVICES & SUPPLY	14.00	635,878	2,541,130		1.00
	0		635,878	2,541,130		
500.00	Grand Total: Increases		13,183,091	114,720,396		500.00

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						11/27/2022 11:21 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DRUG, SUPPLY, IMPLANT, IV, & BLOOD						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	75	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,783,746	0		2.00
3.00	OPERATION OF PLANT	7.00	0	484	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	389	0		4.00
5.00	HOUSEKEEPING	9.00	0	261,555	0		5.00
6.00	DIETARY	10.00	0	25,061	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,392	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,028	0		8.00
9.00	PHARMACY	15.00	0	49,701,572	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	630	0		10.00
11.00	SOCIAL SERVICE	17.00	0	5	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	294	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	2,302,385	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	1,864,422	0		14.00
15.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	1,412,598	0		15.00
16.00	NEONATAL INTENSIVE CARE UNIT	31.02	0	1,807,455	0		16.00
17.00	INTERMEDIATE CARE UNIT	31.03	0	1,257,515	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	89,312	0		18.00
19.00	OPERATING ROOM	50.00	0	20,836,006	0		19.00
20.00	RECOVERY ROOM	51.00	0	79,363	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	804,631	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	1,357,956	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,159,056	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	26,565	0		24.00
25.00	RADIOISOTOPE	56.00	0	7,958	0		25.00
26.00	CT SCAN	57.00	0	292,462	0		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	199,663	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	5,288,169	0		28.00
29.00	LABORATORY	60.00	0	3,221,539	0		29.00
30.00	INTRAVENOUS THERAPY	64.00	0	635,464	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	1,071,143	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	5,657	0		32.00
33.00	CLINICAL NUTRITION	66.01	0	10	0		33.00
34.00	OCCUPATIONAL THERAPY	67.00	0	13,772	0		34.00
35.00	SPEECH PATHOLOGY	68.00	0	339,919	0		35.00
36.00	ELECTROCARDIOLOGY	69.00	0	80,375	0		36.00
37.00	CARDIAC REHAB	69.01	0	4,944	0		37.00
38.00	ELECTROENCEPHALOGRAPHY	70.00	0	109,780	0		38.00
39.00	ELECTROSHOCK THERAPY	70.01	0	9,858	0		39.00
40.00	RENAL DIALYSIS	74.00	0	405,777	0		40.00
41.00	ENDOSCOPY	76.00	0	1,275,446	0		41.00
42.00	CLINIC	90.00	0	704,862	0		42.00
43.00	EMERGENCY	91.00	0	2,118,934	0		43.00
			0	104,559,227			
B - DIETARY							
1.00	DIETARY	10.00	2,711,520	3,935,876	0		1.00
			2,711,520	3,935,876			
C - BEHAVIORIAL HEALTH ADMINISTRATION							
1.00	EMERGENCY	91.00	70,885	40,381	0		1.00
2.00	SUBPROVIDER - IPF	40.00	176,907	67,131	0		2.00
			247,792	107,512			
D - INPATIENT, L&D							
1.00	ADULTS & PEDIATRICS	30.00	1,637,187	1,219,226	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	4,742,364	1,917,632	0		2.00
3.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	203,298	63,304	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	31.02	177,535	55,328	0		4.00
5.00	SUBPROVIDER - IPF	40.00	39,790	11,131	0		5.00
6.00	OPERATING ROOM	50.00	202	620	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	406,793	149,743	0		7.00
			7,207,169	3,416,984			
E - INTERN & RESIDENT							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,053,792	0	0		1.00
			2,053,792	0			
F - PHARMACY RESIDENT							
1.00	PHARMACY	15.00	137,235	9,548	0		1.00
2.00	RETAIL PHARMACY	194.03	1,725	0	0		2.00
			138,960	9,548			

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6

Date/Time Prepared:
7/27/2022 11:21 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	H - ORGAN TRANSPLANT						
1.00	KIDNEY ACQUISITION	105.00	187,980	150,119	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		187,980	150,119			
	I - CENTRAL DISTRIBUTION						
1.00	ADMINISTRATIVE & GENERAL	5.00	635,878	2,541,130	0		1.00
	0		635,878	2,541,130			
500.00	Grand Total: Decreases		13,183,091	114,720,396			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
7/27/2022 11:21 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	21,583,226	1,126,330	0	1,126,330	0	1.00
2.00	Land Improvements	10,430,057	3,435,658	4,042,496	7,478,154	-5,112	2.00
3.00	Buildings and Fixtures	702,785,090	10,736,648	-4,046,865	6,689,783	-3,185,351	3.00
4.00	Building Improvements	5,782,271	266,319	4,245	270,564	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	1,398,984	66,261	0	66,261	-47,434	6.00
7.00	HIT designated Assets	344,846	177,636	125	177,761	0	7.00
8.00	Subtotal (sum of lines 1-7)	742,324,474	15,808,852	1	15,808,853	-3,237,897	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	742,324,474	15,808,852	1	15,808,853	-3,237,897	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,709,556	0	1.00			
2.00	Land Improvements	17,913,323	0	2.00			
3.00	Buildings and Fixtures	712,660,224	0	3.00			
4.00	Building Improvements	6,052,835	0	4.00			
5.00	Fixed Equipment	0	0	5.00			
6.00	Movable Equipment	1,512,679	0	6.00			
7.00	HIT designated Assets	522,607	0	7.00			
8.00	Subtotal (sum of lines 1-7)	761,371,224	0	8.00			
9.00	Reconciling Items	0	0	9.00			
10.00	Total (line 8 minus line 9)	761,371,224	0	10.00			

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
7/27/2022 11:21 am

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	13,986,963	0	3,245,056	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	13,323,371	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	27,310,334	0	3,245,056	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	17,232,019				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	13,323,371				2.00
3.00	Total (sum of lines 1-2)	0	30,555,390				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
7/27/2022 11:21 am

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	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	759,335,938	0	759,335,938	0.997327	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,035,286	0	2,035,286	0.002673	0	2.00
3.00	Total (sum of lines 1-2)	761,371,224	0	761,371,224	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	14,783,352	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	16,753,567	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	31,536,919	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)	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	14,783,352	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	16,753,567	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	31,536,919	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0091

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

Worksheet A-8

Date/Time Prepared:
7/27/2022 11:21 am

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
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-65,315,305			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-4,024,540			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		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
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0091

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

Worksheet A-8

Date/Time Prepared:
7/27/2022 11:21 am

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	
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	FRA	A	-13	ADMINISTRATIVE & GENERAL		5.00	0	33.00
34.00	MID-LEVEL	A	-710,482	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	34.00
35.00	MID-LEVEL	A	-40,787	ADMINISTRATIVE & GENERAL		5.00	0	35.00
35.01	MID-LEVEL	A	-47,488	NURSING ADMINISTRATION		13.00	0	35.01
35.02	MID-LEVEL	A	-57,317	ADULTS & PEDIATRICS		30.00	0	35.02
35.03	MID-LEVEL	A	-7,026	PEDIATRIC INTENSIVE CARE UNIT		31.01	0	35.03
35.04	MID-LEVEL	A	-2,028,872	NEONATAL INTENSIVE CARE UNIT		31.02	0	35.04
35.05	MID-LEVEL	A	-698,847	OPERATING ROOM		50.00	0	35.05
35.06	MID-LEVEL	A	-41,197	DELIVERY ROOM & LABOR ROOM		52.00	0	35.06
35.07	MID-LEVEL	A	-229,959	RADIOLOGY-DIAGNOSTIC		54.00	0	35.07
35.08	MID-LEVEL	A	-138,765	RESPIRATORY THERAPY		65.00	0	35.08
35.09	MID-LEVEL	A	-2,567	ELECTROENCEPHALOGRAPHY		70.00	0	35.09
35.10	MID-LEVEL	A	-987,054	CLINIC		90.00	0	35.10
35.11	MID-LEVEL	A	-196,014	EMERGENCY		91.00	0	35.11
35.12	NON-MEDICAL TRANSPORT	A	-29,450	ADMINISTRATIVE & GENERAL		5.00	0	35.12
36.00	NON-MEDICAL TRANSPORT	A	-80	NURSING ADMINISTRATION		13.00	0	36.00
36.01	NON-MEDICAL TRANSPORT	A	-87,505	SOCIAL SERVICE		17.00	0	36.01
36.02	NON-MEDICAL TRANSPORT	A	-34,154	SUBPROVIDER - IPF		40.00	0	36.02
36.03	NON-MEDICAL TRANSPORT	A	-7,111	DELIVERY ROOM & LABOR ROOM		52.00	0	36.03
36.04	NON-MEDICAL TRANSPORT	A	-149,602	CLINIC		90.00	0	36.04
36.05	NON-MEDICAL TRANSPORT	A	-100	EMERGENCY		91.00	0	36.05
36.06	LOBBYING	A	-58,758	ADMINISTRATIVE & GENERAL		5.00	0	36.06
37.00	MARKETING	A	-9,430	ADMINISTRATIVE & GENERAL		5.00	0	37.00
38.00	MARKETING	A	-3,632	NURSING ADMINISTRATION		13.00	0	38.00
38.01	MARKETING	A	-4,905	ADULTS & PEDIATRICS		30.00	0	38.01
38.02	MARKETING	A	-237	DELIVERY ROOM & LABOR ROOM		52.00	0	38.02
38.03	MARKETING	A	-43,395	CLINIC		90.00	0	38.03
38.04	MARKETING	A	-10,366	EMERGENCY		91.00	0	38.04
38.05	GIFT	A	-1,840	ADMINISTRATIVE & GENERAL		5.00	0	38.05
39.00	GIFT	A	-5,156	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0	39.00
39.01	GIFT	A	-548	DELIVERY ROOM & LABOR ROOM		52.00	0	39.01
39.02	GIFT	A	-2,390	EMERGENCY		91.00	0	39.02
39.03	ENTERTAINMENT	A	-127,540	ADMINISTRATIVE & GENERAL		5.00	0	39.03
40.00	ENTERTAINMENT	A	-3,099	NURSING ADMINISTRATION		13.00	0	40.00
40.01	ENTERTAINMENT	A	-1,533	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0	40.01
40.02	ENTERTAINMENT	A	-1,096	ADULTS & PEDIATRICS		30.00	0	40.02
40.03	ENTERTAINMENT	A	-3,841	RADIOLOGY-DIAGNOSTIC		54.00	0	40.03
40.04	ENTERTAINMENT	A	-308	CARDIAC CATHETERIZATION		59.00	0	40.04
40.05	ENTERTAINMENT	A	-71	ELECTROCARDIOLOGY		69.00	0	40.05
40.06	ENTERTAINMENT	A	-972	EMERGENCY		91.00	0	40.06
40.07	TELEPHONE	A	-51,693	ADMINISTRATIVE & GENERAL		5.00	0	40.07
41.00	TELEPHONE	A	-7,727	OPERATION OF PLANT		7.00	0	41.00
41.01	TELEPHONE	A	-89	HOUSEKEEPING		9.00	0	41.01
41.02	TELEPHONE	A	-726	DIETARY		10.00	0	41.02
41.03	TELEPHONE	A	-134	NURSING ADMINISTRATION		13.00	0	41.03
41.04	TELEPHONE	A	-2,673	ADULTS & PEDIATRICS		30.00	0	41.04
41.05	TELEPHONE	A	-191	INTENSIVE CARE UNIT		31.00	0	41.05
41.06	TELEPHONE	A	-13	PEDIATRIC INTENSIVE CARE UNIT		31.01	0	41.06
41.07	TELEPHONE	A	-4,532	DELIVERY ROOM & LABOR ROOM		52.00	0	41.07
41.08	TELEPHONE	A	-290	RADIOLOGY-DIAGNOSTIC		54.00	0	41.08
41.09	TELEPHONE	A	-54	RADIOISOTOPE		56.00	0	41.09
41.10	TELEPHONE	A	-57	CT SCAN		57.00	0	41.10
41.11	TELEPHONE	A	-249	RESPIRATORY THERAPY		65.00	0	41.11
41.12	TELEPHONE	A	-17,857	CLINIC		90.00	0	41.12
41.13	TELEPHONE	A	-102	EMERGENCY		91.00	0	41.13
41.14	TELEPHONE	A	-268	KIDNEY ACQUISITION		105.00	0	41.14
41.15	TELEVISION	A	-11,307	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9	41.15
42.00	MISCELLANEOUS REVENUE	B	-5,292,337	ADMINISTRATIVE & GENERAL		5.00	0	42.00
43.00	MISCELLANEOUS REVENUE	B	-974,440	OPERATION OF PLANT		7.00	0	43.00
43.01	MISCELLANEOUS REVENUE	B	-8,795	HOUSEKEEPING		9.00	0	43.01
43.02	MISCELLANEOUS REVENUE	B	-2,877,526	DIETARY		10.00	0	43.02
43.03	MISCELLANEOUS REVENUE	B	-3	NURSING ADMINISTRATION		13.00	0	43.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0091

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

Worksheet A-8

Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
43.04	MISCELLANEOUS REVENUE	B	-6	CENTRAL SERVICES & SUPPLY	14.00	0	43.04
43.05	MISCELLANEOUS REVENUE	B	-92,517	PHARMACY	15.00	0	43.05
43.06	MISCELLANEOUS REVENUE	B	-1,865	MEDICAL RECORDS & LIBRARY	16.00	0	43.06
43.07	MISCELLANEOUS REVENUE	B	-471,982	I&R SERVICES-OTHER PRGM	22.00	0	43.07
				COSTS APPRVD			
43.08	MISCELLANEOUS REVENUE	B	-623,834	ADULTS & PEDIATRICS	30.00	0	43.08
43.09	MISCELLANEOUS REVENUE	B	-3,458	INTENSIVE CARE UNIT	31.00	0	43.09
43.10	MISCELLANEOUS REVENUE	B	-23,571	PEDIATRIC INTENSIVE CARE	31.01	0	43.10
				UNIT			
43.11	MISCELLANEOUS REVENUE	B	-267	NEONATAL INTENSIVE CARE UNIT	31.02	0	43.11
43.12	MISCELLANEOUS REVENUE	B	-28	INTERMEDIATE CARE UNIT	31.03	0	43.12
43.13	MISCELLANEOUS REVENUE	B	-2	SUBPROVIDER - IPF	40.00	0	43.13
43.14	MISCELLANEOUS REVENUE	B	-329,776	OPERATING ROOM	50.00	0	43.14
43.15	MISCELLANEOUS REVENUE	B	-334,360	DELIVERY ROOM & LABOR ROOM	52.00	0	43.15
43.16	MISCELLANEOUS REVENUE	B	-6,306	ANESTHESIOLOGY	53.00	0	43.16
43.17	MISCELLANEOUS REVENUE	B	-60,258	RADIOLOGY-DIAGNOSTIC	54.00	0	43.17
43.18	MISCELLANEOUS REVENUE	B	-363,012	RADIOLOGY-THERAPEUTIC	55.00	0	43.18
43.19	MISCELLANEOUS REVENUE	B	-118	CT SCAN	57.00	0	43.19
43.20	MISCELLANEOUS REVENUE	B	-2,951	MAGNETIC RESONANCE IMAGING	58.00	0	43.20
				(MRI)			
43.21	MISCELLANEOUS REVENUE	B	-6	CARDIAC CATHETERIZATION	59.00	0	43.21
43.22	MISCELLANEOUS REVENUE	B	-889,258	LABORATORY	60.00	0	43.22
43.23	MISCELLANEOUS REVENUE	B	-935	WHOLE BLOOD & PACKED RED	62.00	0	43.23
				BLOOD CELLS			
43.24	MISCELLANEOUS REVENUE	B	-185,612	INTRAVENOUS THERAPY	64.00	0	43.24
43.25	MISCELLANEOUS REVENUE	B	-12,091	RESPIRATORY THERAPY	65.00	0	43.25
43.26	MISCELLANEOUS REVENUE	B	-2	PHYSICAL THERAPY	66.00	0	43.26
43.27	MISCELLANEOUS REVENUE	B	-2,670	CLINICAL NUTRITION	66.01	0	43.27
43.28	MISCELLANEOUS REVENUE	B	-3	OCCUPATIONAL THERAPY	67.00	0	43.28
43.29	MISCELLANEOUS REVENUE	B	-9,462	SPEECH PATHOLOGY	68.00	0	43.29
43.30	MISCELLANEOUS REVENUE	B	-7,370	ELECTROCARDIOLOGY	69.00	0	43.30
43.31	MISCELLANEOUS REVENUE	B	-1	CARDIAC REHAB	69.01	0	43.31
43.32	MISCELLANEOUS REVENUE	B	-3,450	ELECTROENCEPHALOGRAPHY	70.00	0	43.32
43.33	MISCELLANEOUS REVENUE	B	-3	RENAL DIALYSIS	74.00	0	43.33
43.34	MISCELLANEOUS REVENUE	B	-1	ENDOSCOPY	76.00	0	43.34
43.35	MISCELLANEOUS REVENUE	B	-1,933,272	CLINIC	90.00	0	43.35
43.36	MISCELLANEOUS REVENUE	B	-72,255	EMERGENCY	91.00	0	43.36
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-89,795,117				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: 26-0091

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

Worksheet A-8-1

Date/Time Prepared:
7/27/2022 11:21 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	796,389	0	1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	3,441,503	0	2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE - INTEREST	0	3,245,056	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	21,743,938	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	58,510,771	86,119,268	4.01
4.02	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	-2,232,148	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	NETWORK--CORP 130	17,391,329	14,766,926	4.03
4.04	30.00	ADULTS & PEDIATRICS	NETWORK--CORP 130	1,189,343	1,009,868	4.04
4.05	40.00	SUBPROVIDER - IPF	NETWORK--CORP 130	889,378	755,168	4.05
4.06	55.00	RADIOLOGY-THERAPEUTIC	NETWORK--CORP 130	404,784	343,701	4.06
4.07	91.00	EMERGENCY	NETWORK--CORP 130	531,201	451,041	4.07
4.08	0.00			0	0	4.08
4.09	0.00			0	0	4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			102,666,488	106,691,028	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		
Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
1.00	2.00	3.00	4.00	5.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	100.00	6.00
7.00	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	100.00	7.00
8.00	G	SSM INFO CENTER	100.00	FRAN SISTERS OF MARY	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00
		CHURCH				

(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: 26-0091

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

Worksheet A-8-1

Date/Time Prepared:
7/27/2022 11:21 am

	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	796,389	9		1.00
2.00	3,441,503	9		2.00
3.00	-3,245,056	11		3.00
4.00	21,743,938	0		4.00
4.01	-27,608,497	0		4.01
4.02	-2,232,148	0		4.02
4.03	2,624,403	0		4.03
4.04	179,475	0		4.04
4.05	134,210	0		4.05
4.06	61,083	0		4.06
4.07	80,160	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
5.00	-4,024,540			5.00

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

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	ST LOUIS NETWORK		7.00
8.00	DATA PROCESSING SERVICES		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0091

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

Worksheet A-8-2

Date/Time Prepared:
7/27/2022 11:21 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	11,504,195	0	11,504,195	179,000	70,693	1.00
2.00	13.00	NURSING ADMINISTRATION	25,353	25,353	0	0	0	2.00
3.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	3.00
4.00	15.00	PHARMACY	162,171	162,171	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	64,113,853	37,404,609	26,709,244	179,000	189,209	5.00
6.00	30.00	ADULTS & PEDIATRICS	967,939	967,939	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	1,747,409	1,747,409	0	0	0	7.00
8.00	31.02	NEONATAL INTENSIVE CARE UNIT	884,466	884,466	0	0	0	8.00
9.00	40.00	SUBPROVIDER - IPF	311,993	311,993	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	561,614	561,614	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	4,990,000	4,990,000	0	0	0	11.00
12.00	60.00	LABORATORY	293,301	293,301	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	122,794	122,794	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	190,500	190,500	0	0	0	14.00
15.00	90.00	CLINIC	1,647,090	1,647,090	0	0	0	15.00
16.00	91.00	EMERGENCY	159,193	159,193	0	0	0	16.00
200.00			87,681,871	49,468,432	38,213,439		259,902	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	6,083,676	304,184	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	3.00
4.00	15.00	PHARMACY	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,282,890	814,145	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	14.00
15.00	90.00	CLINIC	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	0	0	0	0	0	16.00
200.00			22,366,566	1,118,329	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	6,083,676	5,420,519	5,420,519		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	25,353		2.00
3.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		3.00
4.00	15.00	PHARMACY	0	0	0	162,171		4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	16,282,890	10,426,354	47,830,963		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	967,939		6.00
7.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,747,409		7.00
8.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	884,466		8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	311,993		9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	561,614		10.00
11.00	53.00	ANESTHESIOLOGY	0	0	0	4,990,000		11.00
12.00	60.00	LABORATORY	0	0	0	293,301		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	122,794		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	190,500		14.00
15.00	90.00	CLINIC	0	0	0	1,647,090		15.00
16.00	91.00	EMERGENCY	0	0	0	159,193		16.00
200.00			0	22,366,566	15,846,873	65,315,305		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	14,783,352	14,783,352			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	16,753,567	16,753,567			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	64,358,006	48,898	0	64,406,904	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	139,450,690	2,852,141	1,309,738	6,188,096	5.00
7.00	00700	OPERATION OF PLANT	19,103,046	1,913,790	1,708,309	804,511	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,096,574	39,305	0	57,938	8.00
9.00	00900	HOUSEKEEPING	7,290,722	106,913	14,803	1,186,019	9.00
10.00	01000	DIETARY	-173,017	303,765	164,908	301,942	10.00
11.00	01100	CAFETERIA	6,647,396	166,714	0	722,796	11.00
13.00	01300	NURSING ADMINISTRATION	7,728,534	36,607	1,233,686	1,548,425	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,647,753	278,547	521,643	320,643	14.00
15.00	01500	PHARMACY	10,069,068	114,978	20,209	2,098,693	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	930,580	135,464	0	192,036	16.00
17.00	01700	SOCIAL SERVICE	1,704,694	5,010	0	373,878	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,053,792	0	0	547,469	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	19,030,097	404,934	2,164	192,431	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	485,553	2,629	0	117,502	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	670,528	2,490	0	164,866	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	25,829,550	1,606,116	779,190	6,031,044	30.00
31.00	03100	INTENSIVE CARE UNIT	4,701,894	173,598	280,749	1,380,622	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	8,191,498	284,986	299,471	2,009,179	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	18,992,739	525,081	1,073,639	5,139,672	31.02
31.03	02400	INTERMEDIATE CARE UNIT	23,393,419	786,654	89,075	4,957,843	31.03
40.00	04000	SUBPROVIDER - IPF	7,118,312	192,814	17,145	1,496,257	40.00
43.00	04300	NURSERY	1,736,642	16,845	0	308,246	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,157,453	756,367	1,781,348	2,933,718	50.00
51.00	05100	RECOVERY ROOM	1,851,402	180,364	4,792	449,767	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,081,407	204,104	419,607	2,220,441	52.00
53.00	05300	ANESTHESIOLOGY	1,221,006	25,902	306,322	195,732	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,430,682	356,423	1,296,802	1,767,708	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,939,781	44,900	59,728	393,645	55.00
56.00	05600	RADIOISOTOPE	899,080	47,747	97,617	69,428	56.00
57.00	05700	CT SCAN	1,843,219	13,819	195,589	332,235	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,552,353	35,743	531,847	339,015	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,464,896	133,708	701,431	372,447	59.00
60.00	06000	LABORATORY	10,989,196	333,001	436,135	1,270,553	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,590,656	14,047	15,504	154,329	62.00
64.00	06400	INTRAVENOUS THERAPY	4,181,916	105,792	129,064	832,821	64.00
65.00	06500	RESPIRATORY THERAPY	8,909,924	104,750	352,655	1,703,182	65.00
66.00	06600	PHYSICAL THERAPY	2,291,472	68,630	9,283	219,635	66.00
66.01	06601	CLINICAL NUTRITION	1,254,177	12,936	0	309,955	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,268,549	15,456	582	136,460	67.00
68.00	06800	SPEECH PATHOLOGY	1,164,363	33,501	51,392	203,759	68.00
69.00	06900	ELECTROCARDIOLOGY	3,010,520	109,423	475,738	679,499	69.00
69.01	06901	CARDIAC REHAB	306,859	49,910	21,618	73,468	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,491,927	6,081	274,296	335,572	70.00
70.01	03320	ELECTROSHOCK THERAPY	131,056	0	0	32,256	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,577,449	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	15,666,082	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,980,646	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,067,417	28,085	55,521	192,102	74.00
76.00	03330	ENDOSCOPY	2,755,106	153,222	494,981	530,750	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	30,170,143	841,118	1,008,484	6,721,889	90.00
91.00	09100	EMERGENCY	15,688,521	457,602	386,044	3,557,940	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	654,290	754	179	12,779	105.00
106.00	10600	HEART ACQUISITION	18,063	764	0	2,503	106.00
107.00	10700	LIVER ACQUISITION	14,198	764	0	2,629	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	645,218,798	14,133,192	16,621,288	62,186,325	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	315,159	31,339	0	21,337	190.00
191.00	19100	RESEARCH	2,478	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	323,789	566,827	0	24,453	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	2,965,845	42,966	104,479	586,004	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
194.02	07952	POISON CONTROL	3,391,407	0	11,220	644,590	4,047,217	194.02
194.03	07953	RETAIL PHARMACY	35,551,798	9,028	9,141	412,743	35,982,710	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	1,731,282	0	3,943	307,810	2,043,035	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	1,197,769	0	3,496	223,642	1,424,907	194.05
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	690,698,325	14,783,352	16,753,567	64,406,904	690,698,325	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	149,800,665					5.00
7.00	00700	OPERATION OF PLANT	6,746,046	30,275,702				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	628,976	119,374	2,942,167			8.00
9.00	00900	HOUSEKEEPING	2,465,212	324,709	0	11,388,378		9.00
10.00	01000	DIETARY	171,334	922,574	0	352,197	2,043,703	10.00
11.00	01100	CAFETERIA	2,160,861	506,331	0	193,295	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,023,939	111,179	0	42,443	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,940,581	845,984	0	322,959	0	14.00
15.00	01500	PHARMACY	3,527,304	349,204	0	133,311	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	360,697	411,422	0	157,063	0	16.00
17.00	01700	SOCIAL SERVICE	597,371	15,216	0	5,809	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	745,792	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	351,079	1,229,837	0	469,497	0	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	173,652	7,984	0	3,048	0	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	240,225	7,563	0	2,887	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,818,437	4,877,984	864,585	1,862,193	600,561	30.00
31.00	03100	INTENSIVE CARE UNIT	1,874,145	527,241	105,822	201,277	73,507	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,092,141	865,538	232,453	330,424	161,468	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	7,377,218	1,594,739	579,221	608,800	402,341	31.02
31.03	02400	INTERMEDIATE CARE UNIT	8,379,495	2,389,171	768,611	912,079	533,897	31.03
40.00	04000	SUBPROVIDER - IPF	2,530,027	585,602	273,003	223,557	189,635	40.00
43.00	04300	NURSERY	591,107	51,160	118,472	19,531	82,294	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,627,680	2,297,185	0	876,963	0	50.00
51.00	05100	RECOVERY ROOM	712,839	547,790	0	209,122	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,419,105	619,890	0	236,646	0	52.00
53.00	05300	ANESTHESIOLOGY	501,434	78,669	0	30,032	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,397,905	1,082,503	0	413,251	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,559,112	136,367	0	52,059	0	55.00
56.00	05600	RADIOISOTOPE	319,352	145,015	0	55,360	0	56.00
57.00	05700	CT SCAN	683,749	41,971	0	16,023	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	704,993	108,558	0	41,442	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	766,211	406,089	0	155,027	0	59.00
60.00	06000	LABORATORY	3,735,433	1,011,366	0	386,094	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,655,583	42,664	0	16,287	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,505,079	321,304	0	122,660	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,173,960	318,140	0	121,452	0	65.00
66.00	06600	PHYSICAL THERAPY	742,282	208,438	0	79,572	0	66.00
66.01	06601	CLINICAL NUTRITION	452,152	39,289	0	14,999	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	407,420	46,942	0	17,920	0	67.00
68.00	06800	SPEECH PATHOLOGY	416,585	101,748	0	38,843	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,225,711	332,332	0	126,869	0	69.00
69.01	06901	CARDIAC REHAB	129,549	151,583	0	57,868	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	604,336	18,470	0	7,051	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	46,822	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,773,605	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,491,528	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,182,797	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	671,783	85,297	0	32,563	0	74.00
76.00	03330	ENDOSCOPY	1,127,910	465,354	0	177,652	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,107,381	2,554,584	0	975,226	0	90.00
91.00	09100	EMERGENCY	5,759,914	1,389,797	0	530,562	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	191,519	2,290	0	874	0	105.00
106.00	10600	HEART ACQUISITION	6,115	2,320	0	886	0	106.00
107.00	10700	LIVER ACQUISITION	5,043	2,320	0	886	0	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	135,900,526	28,301,087	2,942,167	10,634,559	2,043,703	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	105,460	95,180	0	36,335	0	190.00
191.00	19100	RESEARCH	710	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	262,354	1,721,525	0	657,201	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	1,060,602	130,492	0	49,816	0	194.00
194.02	07952	POISON CONTROL	1,160,353	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	10,316,387	27,418	0	10,467	0	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	585,746	0	0	0	0	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	408,527	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	149,800,665	30,275,702	2,942,167	11,388,378	2,043,703	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	10,397,393					11.00
13.00	01300	NURSING ADMINISTRATION	291,945	14,016,758				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	60,455	0	9,938,565			14.00
15.00	01500	PHARMACY	395,694	0	623,592	17,332,053		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,207	0	0	0	2,223,469	16.00
17.00	01700	SOCIAL SERVICE	70,492	0	0	123,967	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	103,222	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	36,282	0	0	0	0	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	22,154	0	0	0	0	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	31,084	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,137,112	2,576,905	1,886	187,374	142,947	30.00
31.00	03100	INTENSIVE CARE UNIT	260,307	1,823,943	0	88,645	20,384	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	378,817	0	0	391,017	68,625	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	969,050	1,874,055	109,069	224,242	155,508	31.02
31.03	02400	INTERMEDIATE CARE UNIT	934,767	1,716,776	232,188	148,526	95,368	31.03
40.00	04000	SUBPROVIDER - IPF	282,109	388,706	0	14,991	25,601	40.00
43.00	04300	NURSERY	58,118	179,659	0	0	6,226	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	553,132	817,782	0	1,789,836	189,651	50.00
51.00	05100	RECOVERY ROOM	84,800	191,898	13,817	8,042	23,787	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	418,649	668,367	211,442	214,097	46,941	52.00
53.00	05300	ANESTHESIOLOGY	36,904	25,431	184,774	1,500,723	61,230	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	333,289	162,119	632,907	116,647	96,627	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	74,219	17,176	0	0	61,174	55.00
56.00	05600	RADIOISOTOPE	13,090	0	43,225	82	4,800	56.00
57.00	05700	CT SCAN	62,641	285	17,689	263,379	63,662	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	63,919	37	43,484	92,996	34,591	58.00
59.00	05900	CARDIAC CATHETERIZATION	70,222	124,638	1,253,539	25,115	36,241	59.00
60.00	06000	LABORATORY	239,554	16,863	836,327	10,908	178,012	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	29,098	0	327,077	3,608	17,069	62.00
64.00	06400	INTRAVENOUS THERAPY	157,023	293,967	60,003	23,878	28,512	64.00
65.00	06500	RESPIRATORY THERAPY	321,123	16,417	350,606	795,024	64,999	65.00
66.00	06600	PHYSICAL THERAPY	41,411	0	0	0	10,850	66.00
66.01	06601	CLINICAL NUTRITION	58,440	0	0	0	778	66.01
67.00	06700	OCCUPATIONAL THERAPY	25,729	0	0	0	7,219	67.00
68.00	06800	SPEECH PATHOLOGY	38,417	0	0	0	6,327	68.00
69.00	06900	ELECTROCARDIOLOGY	128,115	4,923	35,494	490,302	67,699	69.00
69.01	06901	CARDIAC REHAB	13,852	26,278	1,283	0	1,129	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	63,270	1,712	28,530	0	11,811	70.00
70.01	03320	ELECTROSHOCK THERAPY	6,082	13,150	2,557	0	663	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	26,791	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	28,353	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	381,889	73.00
74.00	07400	RENAL DIALYSIS	36,220	88,992	107,501	157,660	12,233	74.00
76.00	03330	ENDOSCOPY	100,069	193,900	311,293	283,504	27,619	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,267,434	1,436,217	204,644	10,235,789	53,371	90.00
91.00	09100	EMERGENCY	670,825	1,065,696	363,803	141,701	164,061	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,409	28,541	8	0	483	105.00
106.00	10600	HEART ACQUISITION	472	0	0	0	159	106.00
107.00	10700	LIVER ACQUISITION	496	0	0	0	79	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,978,719	13,754,433	5,996,738	17,332,053	2,223,469	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,023	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,610	0	0	0	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	110,487	83,586	0	0	0	194.00
194.02	07952	POISON CONTROL	121,533	133,739	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	77,820	8,738	3,941,827	0	0	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	58,035	23,636	0	0	0	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	42,166	12,626	0	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
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)	10,397,393	14,016,758	9,938,565	17,332,053	2,223,469	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:
From 01/01/2021
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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED - PHARMACY RESIDENCY	PARAMED ED - PHARMACY RESIDENCY - CG	
			SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
			17.00	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	2,896,437					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,450,275				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		21,716,321			22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	0			812,522		23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	0				1,119,643	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	851,147	2,098,619	13,208,896	458,347	554,995	30.00
31.00	03100	INTENSIVE CARE UNIT	104,177	0	0	145,837	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	228,840	0	0	0	275,085	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	570,218	0	0	0	96,521	31.02
31.03	02400	INTERMEDIATE CARE UNIT	756,665	35,570	223,880	0	0	31.03
40.00	04000	SUBPROVIDER - IPF	268,760	0	0	0	0	40.00
43.00	04300	NURSERY	116,630	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	320,129	2,014,916	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	462,408	2,910,435	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	88,925	559,699	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	88,925	559,699	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,785	111,940	0	0	55.00
56.00	05600	RADIOISOTOPE	0	17,785	111,940	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	53,355	335,819	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,570	223,880	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	160,064	1,007,458	0	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	104,169	135,129	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	104,169	0	90.00
91.00	09100	EMERGENCY	0	71,140	447,759	0	57,913	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,896,437	3,450,275	21,716,321	812,522	1,119,643	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.02	07952	POISON CONTROL	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED - PHARMACY RESIDENCY	PARAMED ED - PHARMACY RESIDENCY - CG	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
			17.00	21.00	22.00	23.00	23.01	
194.04	07954	RURAL HEALTH CLINIC - 5295	0	0	0	0	0	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	0	0	0	0	0	194.05
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)	2,896,437	3,450,275	21,716,321	812,522	1,119,643	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY				23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	73,487,888	-15,307,515	58,180,373	30.00
31.00	03100	INTENSIVE CARE UNIT	11,762,148	0	11,762,148	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	16,809,542	0	16,809,542	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	40,292,113	0	40,292,113	31.02
31.03	02400	INTERMEDIATE CARE UNIT	46,353,984	-259,450	46,094,534	31.03
40.00	04000	SUBPROVIDER - IPF	13,606,519	0	13,606,519	40.00
43.00	04300	NURSERY	3,284,930	0	3,284,930	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,116,160	-2,335,045	31,781,115	50.00
51.00	05100	RECOVERY ROOM	4,278,420	0	4,278,420	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,133,539	-3,372,843	17,760,696	52.00
53.00	05300	ANESTHESIOLOGY	4,816,783	-648,624	4,168,159	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,735,487	-648,624	18,086,863	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,467,886	-129,725	7,338,161	55.00
56.00	05600	RADIOISOTOPE	1,824,521	-129,725	1,694,796	56.00
57.00	05700	CT SCAN	3,534,261	0	3,534,261	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,548,978	0	3,548,978	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,509,564	0	5,509,564	59.00
60.00	06000	LABORATORY	19,832,616	-389,174	19,443,442	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,865,922	0	7,865,922	62.00
64.00	06400	INTRAVENOUS THERAPY	7,762,019	0	7,762,019	64.00
65.00	06500	RESPIRATORY THERAPY	16,232,232	0	16,232,232	65.00
66.00	06600	PHYSICAL THERAPY	3,671,573	0	3,671,573	66.00
66.01	06601	CLINICAL NUTRITION	2,142,726	0	2,142,726	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,926,277	0	1,926,277	67.00
68.00	06800	SPEECH PATHOLOGY	2,054,935	0	2,054,935	68.00
69.00	06900	ELECTROCARDIOLOGY	6,946,075	-259,450	6,686,625	69.00
69.01	06901	CARDIAC REHAB	833,397	0	833,397	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,010,578	-1,167,522	2,843,056	70.00
70.01	03320	ELECTROSHOCK THERAPY	232,586	0	232,586	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,377,845	0	48,377,845	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,185,963	0	20,185,963	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,545,332	0	59,545,332	73.00
74.00	07400	RENAL DIALYSIS	3,774,672	0	3,774,672	74.00
76.00	03330	ENDOSCOPY	6,621,360	0	6,621,360	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	66,680,449	0	66,680,449	90.00
91.00	09100	EMERGENCY	30,753,278	-518,899	30,234,379	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	894,126	0	894,126	105.00
106.00	10600	HEART ACQUISITION	31,282	0	31,282	106.00
107.00	10700	LIVER ACQUISITION	26,415	0	26,415	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	620,964,381	-25,166,596	595,797,785	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	608,833	0	608,833	190.00
191.00	19100	RESEARCH	3,188	0	3,188	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,560,759	0	3,560,759	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	5,134,277	0	5,134,277	194.00
194.02	07952	POISON CONTROL	5,462,842	0	5,462,842	194.02
194.03	07953	RETAIL PHARMACY	50,365,367	0	50,365,367	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
194.04	07954	RURAL HEALTH CLINIC - 5295	2,710,452	0	2,710,452		194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	1,888,226	0	1,888,226		194.05
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	690,698,325	-25,166,596	665,531,729		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	48,898	0	48,898	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	44,287	2,852,141	1,309,738	4,206,166	5.00
7.00	00700	OPERATION OF PLANT	0	1,913,790	1,708,309	3,622,099	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	39,305	0	39,305	8.00
9.00	00900	HOUSEKEEPING	1,800	106,913	14,803	123,516	9.00
10.00	01000	DIETARY	3,900	303,765	164,908	472,573	10.00
11.00	01100	CAFETERIA	0	166,714	0	166,714	11.00
13.00	01300	NURSING ADMINISTRATION	0	36,607	1,233,686	1,270,293	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	138,967	278,547	521,643	939,157	14.00
15.00	01500	PHARMACY	824,839	114,978	20,209	960,026	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	135,464	0	135,464	16.00
17.00	01700	SOCIAL SERVICE	0	5,010	0	5,010	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	795	404,934	2,164	407,893	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	0	2,629	0	2,629	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	0	2,490	0	2,490	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,435	1,606,116	779,190	2,412,741	30.00
31.00	03100	INTENSIVE CARE UNIT	0	173,598	280,749	454,347	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	284,986	299,471	584,457	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	525,081	1,073,639	1,598,720	31.02
31.03	02400	INTERMEDIATE CARE UNIT	99	786,654	89,075	875,828	31.03
40.00	04000	SUBPROVIDER - IPF	0	192,814	17,145	209,959	40.00
43.00	04300	NURSERY	0	16,845	0	16,845	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	450,218	756,367	1,781,348	2,987,933	50.00
51.00	05100	RECOVERY ROOM	0	180,364	4,792	185,156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	266,131	204,104	419,607	889,842	52.00
53.00	05300	ANESTHESIOLOGY	79,672	25,902	306,322	411,896	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	291,069	356,423	1,296,802	1,944,294	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	153,771	44,900	59,728	258,399	55.00
56.00	05600	RADIOISOTOPE	0	47,747	97,617	145,364	56.00
57.00	05700	CT SCAN	37,031	13,819	195,589	246,439	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	113,635	35,743	531,847	681,225	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	133,708	701,431	835,139	59.00
60.00	06000	LABORATORY	76,850	333,001	436,135	845,986	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	14,047	15,504	29,551	62.00
64.00	06400	INTRAVENOUS THERAPY	318,228	105,792	129,064	553,084	64.00
65.00	06500	RESPIRATORY THERAPY	45,186	104,750	352,655	502,591	65.00
66.00	06600	PHYSICAL THERAPY	0	68,630	9,283	77,913	66.00
66.01	06601	CLINICAL NUTRITION	0	12,936	0	12,936	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	15,456	582	16,038	67.00
68.00	06800	SPEECH PATHOLOGY	0	33,501	51,392	84,893	68.00
69.00	06900	ELECTROCARDIOLOGY	76,061	109,423	475,738	661,222	69.00
69.01	06901	CARDIAC REHAB	0	49,910	21,618	71,528	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,081	274,296	280,377	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	28,085	55,521	83,606	74.00
76.00	03330	ENDOSCOPY	599,196	153,222	494,981	1,247,399	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,959,618	841,118	1,008,484	3,809,220	90.00
91.00	09100	EMERGENCY	174,932	457,602	386,044	1,018,578	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	754	179	933	105.00
106.00	10600	HEART ACQUISITION	0	764	0	764	106.00
107.00	10700	LIVER ACQUISITION	0	764	0	764	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,683,720	14,133,192	16,621,288	36,438,200	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,339	0	31,339	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	133,256	566,827	0	700,083	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	0	42,966	104,479	147,445	194.00
194.02	07952	POISON CONTROL	69,669	0	11,220	80,889	194.02

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
194.03	07953	RETAIL PHARMACY	32,151	9,028	9,141	50,320	313	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	82,648	0	3,943	86,591	233	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	56,532	0	3,496	60,028	169	194.05
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,057,976	14,783,352	16,753,567	37,594,895	48,898	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,210,855					5.00
7.00	00700	OPERATION OF PLANT	189,625	3,812,334				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,680	15,032	72,061			8.00
9.00	00900	HOUSEKEEPING	69,295	40,888	0	234,598		9.00
10.00	01000	DIETARY	4,816	116,171	0	7,255	554,132	10.00
11.00	01100	CAFETERIA	60,740	63,757	0	3,982	0	11.00
13.00	01300	NURSING ADMINISTRATION	85,000	14,000	0	874	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	54,548	106,527	0	6,653	0	14.00
15.00	01500	PHARMACY	99,149	43,972	0	2,746	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,139	51,807	0	3,235	0	16.00
17.00	01700	SOCIAL SERVICE	16,792	1,916	0	120	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	20,964	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,869	154,862	0	9,672	0	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	4,881	1,005	0	63	0	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	6,753	952	0	59	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	275,988	614,238	21,175	38,362	162,837	30.00
31.00	03100	INTENSIVE CARE UNIT	52,681	66,391	2,592	4,146	19,931	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	86,917	108,989	5,693	6,807	43,781	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	207,367	200,811	14,187	12,541	109,091	31.02
31.03	02400	INTERMEDIATE CARE UNIT	235,540	300,846	18,825	18,789	144,761	31.03
40.00	04000	SUBPROVIDER - IPF	71,117	73,739	6,687	4,605	51,418	40.00
43.00	04300	NURSERY	16,616	6,442	2,902	402	22,313	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	158,189	289,263	0	18,065	0	50.00
51.00	05100	RECOVERY ROOM	20,037	68,978	0	4,308	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	96,108	78,057	0	4,875	0	52.00
53.00	05300	ANESTHESIOLOGY	14,095	9,906	0	619	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	95,512	136,309	0	8,513	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	43,825	17,171	0	1,072	0	55.00
56.00	05600	RADIOISOTOPE	8,977	18,260	0	1,140	0	56.00
57.00	05700	CT SCAN	19,220	5,285	0	330	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,817	13,670	0	854	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,538	51,135	0	3,194	0	59.00
60.00	06000	LABORATORY	105,000	127,352	0	7,953	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	46,537	5,372	0	336	0	62.00
64.00	06400	INTRAVENOUS THERAPY	42,306	40,459	0	2,527	0	64.00
65.00	06500	RESPIRATORY THERAPY	89,217	40,060	0	2,502	0	65.00
66.00	06600	PHYSICAL THERAPY	20,865	26,247	0	1,639	0	66.00
66.01	06601	CLINICAL NUTRITION	12,710	4,947	0	309	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	11,452	5,911	0	369	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,710	12,812	0	800	0	68.00
69.00	06900	ELECTROCARDIOLOGY	34,454	41,847	0	2,613	0	69.00
69.01	06901	CARDIAC REHAB	3,641	19,087	0	1,192	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	16,987	2,326	0	145	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	1,316	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	302,837	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	126,253	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	370,643	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	18,883	10,741	0	671	0	74.00
76.00	03330	ENDOSCOPY	31,705	58,598	0	3,660	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	312,219	321,675	0	20,089	0	90.00
91.00	09100	EMERGENCY	161,906	175,004	0	10,929	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	5,383	288	0	18	0	105.00
106.00	10600	HEART ACQUISITION	172	292	0	18	0	106.00
107.00	10700	LIVER ACQUISITION	142	292	0	18	0	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,820,133	3,563,689	72,061	219,069	554,132	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,964	11,985	0	749	0	190.00
191.00	19100	RESEARCH	20	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,375	216,775	0	13,538	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	29,813	16,432	0	1,026	0	194.00
194.02	07952	POISON CONTROL	32,617	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	289,985	3,453	0	216	0	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	16,465	0	0	0	0	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	11,483	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
201.00		Negative Cost Centers	0	0	0	0	46,912	201.00
202.00		TOTAL (sum lines 118 through 201)	4,210,855	3,812,334	72,061	234,598	601,044	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	295,741					11.00
13.00	01300	NURSING ADMINISTRATION	8,307	1,379,647				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,720	0	1,108,848			14.00
15.00	01500	PHARMACY	11,259	0	69,575	1,188,317		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,030	0	0	0	201,821	16.00
17.00	01700	SOCIAL SERVICE	2,006	0	0	8,499	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,937	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,032	0	0	0	0	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	630	0	0	0	0	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	884	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,354	253,640	210	12,847	12,922	30.00
31.00	03100	INTENSIVE CARE UNIT	7,406	179,528	0	6,078	1,843	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	10,778	0	0	26,809	6,203	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	27,572	184,460	12,169	15,374	14,057	31.02
31.03	02400	INTERMEDIATE CARE UNIT	26,597	168,980	25,906	10,183	8,621	31.03
40.00	04000	SUBPROVIDER - IPF	8,027	38,260	0	1,028	2,314	40.00
43.00	04300	NURSERY	1,654	17,684	0	0	563	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,738	80,493	0	122,714	17,144	50.00
51.00	05100	RECOVERY ROOM	2,413	18,888	1,542	551	2,150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,912	65,786	23,591	14,679	4,243	52.00
53.00	05300	ANESTHESIOLOGY	1,050	2,503	20,616	102,892	5,535	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,483	15,957	70,615	7,998	8,735	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,112	1,691	0	0	5,530	55.00
56.00	05600	RADIOISOTOPE	372	0	4,823	6	434	56.00
57.00	05700	CT SCAN	1,782	28	1,974	18,058	5,755	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,819	4	4,852	6,376	3,127	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,998	12,268	139,860	1,722	3,276	59.00
60.00	06000	LABORATORY	6,816	1,660	93,311	748	16,092	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	828	0	36,493	247	1,543	62.00
64.00	06400	INTRAVENOUS THERAPY	4,468	28,935	6,695	1,637	2,577	64.00
65.00	06500	RESPIRATORY THERAPY	9,137	1,616	39,118	54,508	5,876	65.00
66.00	06600	PHYSICAL THERAPY	1,178	0	0	0	981	66.00
66.01	06601	CLINICAL NUTRITION	1,663	0	0	0	70	66.01
67.00	06700	OCCUPATIONAL THERAPY	732	0	0	0	653	67.00
68.00	06800	SPEECH PATHOLOGY	1,093	0	0	0	572	68.00
69.00	06900	ELECTROCARDIOLOGY	3,645	485	3,960	33,616	6,120	69.00
69.01	06901	CARDIAC REHAB	394	2,586	143	0	102	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,800	168	3,183	0	1,068	70.00
70.01	03320	ELECTROSHOCK THERAPY	173	1,294	285	0	60	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,422	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,563	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	35,347	73.00
74.00	07400	RENAL DIALYSIS	1,031	8,759	11,994	10,809	1,106	74.00
76.00	03330	ENDOSCOPY	2,847	19,085	34,732	19,438	2,497	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	35,969	141,365	22,832	701,785	4,825	90.00
91.00	09100	EMERGENCY	19,087	104,895	40,590	9,715	14,830	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	69	2,809	1	0	44	105.00
106.00	10600	HEART ACQUISITION	13	0	0	0	14	106.00
107.00	10700	LIVER ACQUISITION	14	0	0	0	7	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	283,829	1,353,827	669,070	1,188,317	201,821	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	114	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	131	0	0	0	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	3,144	8,227	0	0	0	194.00
194.02	07952	POISON CONTROL	3,458	13,164	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	2,214	860	439,778	0	0	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	1,651	2,326	0	0	0	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	1,200	1,243	0	0	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
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)	295,741	1,379,647	1,108,848	1,188,317	201,821	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED - PHARMACY RESIDENCY	PARAMED ED - PHARMACY RESIDENCY - CG	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
				17.00	21.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	34,626					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	24,316				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		583,474			22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	0			9,297		23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	0				11,263	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,175					30.00
31.00	03100	INTENSIVE CARE UNIT	1,245					31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,736					31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	6,817					31.02
31.03	02400	INTERMEDIATE CARE UNIT	9,046					31.03
40.00	04000	SUBPROVIDER - IPF	3,213					40.00
43.00	04300	NURSERY	1,394					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
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
64.00	06400	INTRAVENOUS THERAPY	0					64.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
66.01	06601	CLINICAL NUTRITION	0					66.01
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
69.01	06901	CARDIAC REHAB	0					69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
70.01	03320	ELECTROSHOCK THERAPY	0					70.01
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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0					90.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,626	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
191.00	19100	RESEARCH	0					191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0					192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	0					194.00
194.02	07952	POISON CONTROL	0					194.02
194.03	07953	RETAIL PHARMACY	0					194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED - PHARMACY RESIDENCY	PARAMED ED - PHARMACY RESIDENCY - CG	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
			17.00	21.00	22.00	23.00	23.01	
194.04	07954	RURAL HEALTH CLINIC - 5295	0					194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	0					194.05
200.00		Cross Foot Adjustments		24,316	583,474	9,297	11,263	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	34,626	24,316	583,474	9,297	11,263	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY				23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,852,059	0	3,852,059	30.00
31.00	03100	INTENSIVE CARE UNIT	797,234	0	797,234	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	884,693	0	884,693	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	2,407,061	0	2,407,061	31.02
31.03	02400	INTERMEDIATE CARE UNIT	1,847,679	0	1,847,679	31.03
40.00	04000	SUBPROVIDER - IPF	471,501	0	471,501	40.00
43.00	04300	NURSERY	87,049	0	87,049	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,691,762	0	3,691,762	50.00
51.00	05100	RECOVERY ROOM	304,364	0	304,364	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,190,776	0	1,190,776	52.00
53.00	05300	ANESTHESIOLOGY	569,260	0	569,260	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,298,756	0	2,298,756	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	330,098	0	330,098	55.00
56.00	05600	RADIOISOTOPE	179,429	0	179,429	56.00
57.00	05700	CT SCAN	299,123	0	299,123	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	732,001	0	732,001	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,070,412	0	1,070,412	59.00
60.00	06000	LABORATORY	1,205,881	0	1,205,881	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	121,024	0	121,024	62.00
64.00	06400	INTRAVENOUS THERAPY	683,319	0	683,319	64.00
65.00	06500	RESPIRATORY THERAPY	745,916	0	745,916	65.00
66.00	06600	PHYSICAL THERAPY	128,989	0	128,989	66.00
66.01	06601	CLINICAL NUTRITION	32,870	0	32,870	66.01
67.00	06700	OCCUPATIONAL THERAPY	35,258	0	35,258	67.00
68.00	06800	SPEECH PATHOLOGY	112,034	0	112,034	68.00
69.00	06900	ELECTROCARDIOLOGY	788,477	0	788,477	69.00
69.01	06901	CARDIAC REHAB	98,729	0	98,729	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	306,308	0	306,308	70.00
70.01	03320	ELECTROSHOCK THERAPY	3,152	0	3,152	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	305,259	0	305,259	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	128,816	0	128,816	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	405,990	0	405,990	73.00
74.00	07400	RENAL DIALYSIS	147,746	0	147,746	74.00
76.00	03330	ENDOSCOPY	1,420,363	0	1,420,363	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,375,163	0	5,375,163	90.00
91.00	09100	EMERGENCY	1,558,230	0	1,558,230	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	9,555	0	9,555	105.00
106.00	10600	HEART ACQUISITION	1,275	0	1,275	106.00
107.00	10700	LIVER ACQUISITION	1,239	0	1,239	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,628,850	0	34,628,850	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,167	0	47,167	190.00
191.00	19100	RESEARCH	20	0	20	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	937,921	0	937,921	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	206,531	0	206,531	194.00
194.02	07952	POISON CONTROL	130,616	0	130,616	194.02
194.03	07953	RETAIL PHARMACY	787,139	0	787,139	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
194.04	07954	RURAL HEALTH CLINIC - 5295	107,266	0	107,266		194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	74,123	0	74,123		194.05
200.00		Cross Foot Adjustments	628,350	0	628,350		200.00
201.00		Negative Cost Centers	46,912	0	46,912		201.00
202.00		TOTAL (sum lines 118 through 201)	37,594,895	0	37,594,895		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,490,185				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		13,124,170			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,929	0	241,618,370		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	287,500	1,026,004	23,214,210	-149,800,665	5.00
7.00	00700	OPERATION OF PLANT	192,913	1,338,231	3,018,068	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,962	0	217,352	0	8.00
9.00	00900	HOUSEKEEPING	10,777	11,596	4,449,269	0	9.00
10.00	01000	DIETARY	30,620	129,183	1,132,713	0	10.00
11.00	01100	CAFETERIA	16,805	0	2,711,520	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,690	966,427	5,808,807	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,078	408,637	1,202,871	0	14.00
15.00	01500	PHARMACY	11,590	15,831	7,873,102	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,655	0	720,409	0	16.00
17.00	01700	SOCIAL SERVICE	505	0	1,402,579	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,053,792	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,818	1,695	721,893	-18,405,093	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	265	0	440,800	0	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	251	0	618,485	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	161,899	610,391	22,625,039	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,499	219,929	5,179,306	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	28,727	234,595	7,537,295	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	52,929	841,052	19,281,121	0	31.02
31.03	02400	INTERMEDIATE CARE UNIT	79,296	69,778	18,599,003	0	31.03
40.00	04000	SUBPROVIDER - IPF	19,436	13,431	5,613,105	0	40.00
43.00	04300	NURSERY	1,698	0	1,156,362	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	76,243	1,395,447	11,005,639	0	50.00
51.00	05100	RECOVERY ROOM	18,181	3,754	1,687,269	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,574	328,706	8,329,828	0	52.00
53.00	05300	ANESTHESIOLOGY	2,611	239,962	734,275	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,928	1,015,870	6,631,435	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,526	46,789	1,476,732	0	55.00
56.00	05600	RADIOISOTOPE	4,813	76,470	260,453	0	56.00
57.00	05700	CT SCAN	1,393	153,218	1,246,358	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,603	416,631	1,271,791	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,478	549,477	1,397,210	0	59.00
60.00	06000	LABORATORY	33,567	341,653	4,766,392	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,416	12,145	578,956	0	62.00
64.00	06400	INTRAVENOUS THERAPY	10,664	101,104	3,124,269	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,559	276,258	6,389,511	0	65.00
66.00	06600	PHYSICAL THERAPY	6,918	7,272	823,947	0	66.00
66.01	06601	CLINICAL NUTRITION	1,304	0	1,162,776	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,558	456	511,919	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,377	40,259	764,388	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,030	372,677	2,549,092	0	69.00
69.01	06901	CARDIAC REHAB	5,031	16,935	275,610	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	613	214,874	1,258,875	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	121,005	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,831	43,493	720,659	0	74.00
76.00	03330	ENDOSCOPY	15,445	387,751	1,991,073	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	84,786	790,012	25,217,044	0	90.00
91.00	09100	EMERGENCY	46,127	302,414	13,347,364	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	76	140	47,939	0	105.00
106.00	10600	HEART ACQUISITION	77	0	9,390	0	106.00
107.00	10700	LIVER ACQUISITION	77	0	9,861	0	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,424,648	13,020,547	233,288,020	-168,205,758	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,159	0	80,046	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	57,137	0	91,734	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	4,331	81,845	2,198,354	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
194.02	07952	POISON CONTROL	0	8,789	2,418,135	0	4,047,217	194.02
194.03	07953	RETAIL PHARMACY	910	7,161	1,548,375	0	35,982,710	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	0	3,089	1,154,727	0	2,043,035	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	0	2,739	838,979	0	1,424,907	194.05
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)	14,783,352	16,753,567	64,406,904		149,800,665	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.920481	1.276543	0.266565		0.286704	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			48,898		4,210,855	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000202		0.008059	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: 26-0091

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	1,004,843				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,962	132,342			8.00
9.00	00900	HOUSEKEEPING	10,777	0	990,104		9.00
10.00	01000	DIETARY	30,620	0	30,620	132,342	10.00
11.00	01100	CAFETERIA	16,805	0	16,805	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,690	0	3,690	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,078	0	28,078	0	14.00
15.00	01500	PHARMACY	11,590	0	11,590	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,655	0	13,655	0	16.00
17.00	01700	SOCIAL SERVICE	505	0	505	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,818	0	40,818	0	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	265	0	265	0	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	251	0	251	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	161,899	38,890	161,899	38,890	30.00
31.00	03100	INTENSIVE CARE UNIT	17,499	4,760	17,499	4,760	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	28,727	10,456	28,727	10,456	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	52,929	26,054	52,929	26,054	31.02
31.03	02400	INTERMEDIATE CARE UNIT	79,296	34,573	79,296	34,573	31.03
40.00	04000	SUBPROVIDER - IPF	19,436	12,280	19,436	12,280	40.00
43.00	04300	NURSERY	1,698	5,329	1,698	5,329	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	76,243	0	76,243	0	50.00
51.00	05100	RECOVERY ROOM	18,181	0	18,181	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,574	0	20,574	0	52.00
53.00	05300	ANESTHESIOLOGY	2,611	0	2,611	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,928	0	35,928	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,526	0	4,526	0	55.00
56.00	05600	RADIOISOTOPE	4,813	0	4,813	0	56.00
57.00	05700	CT SCAN	1,393	0	1,393	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,603	0	3,603	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,478	0	13,478	0	59.00
60.00	06000	LABORATORY	33,567	0	33,567	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,416	0	1,416	0	62.00
64.00	06400	INTRAVENOUS THERAPY	10,664	0	10,664	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,559	0	10,559	0	65.00
66.00	06600	PHYSICAL THERAPY	6,918	0	6,918	0	66.00
66.01	06601	CLINICAL NUTRITION	1,304	0	1,304	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,558	0	1,558	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,377	0	3,377	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,030	0	11,030	0	69.00
69.01	06901	CARDIAC REHAB	5,031	0	5,031	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	613	0	613	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,831	0	2,831	0	74.00
76.00	03330	ENDOSCOPY	15,445	0	15,445	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	84,786	0	84,786	0	90.00
91.00	09100	EMERGENCY	46,127	0	46,127	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	76	0	76	0	105.00
106.00	10600	HEART ACQUISITION	77	0	77	0	106.00
107.00	10700	LIVER ACQUISITION	77	0	77	0	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	939,306	132,342	924,567	132,342	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,159	0	3,159	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	57,137	0	57,137	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	4,331	0	4,331	0	194.00
194.02	07952	POISON CONTROL	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	910	0	910	0	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	0	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
			7.00	8.00	9.00	10.00	11.00	
194.05	07955	RURAL HEALTH CLINIC - 5296	0	0	0	0	838,979	194.05
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)	30,275,702	2,942,167	11,388,378	2,043,703	10,397,393	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.129783	22.231544	11.502204	15.442588	0.050259	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,812,334	72,061	234,598	601,044	295,741	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.793960	0.544506	0.236943	4.187121	0.001430	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: 26-0091

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	3,046,319					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	38,163,011				14.00
15.00	01500	PHARMACY	0	2,394,526	840,546			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,094,188,863		16.00
17.00	01700	SOCIAL SERVICE	0	0	6,012	0	132,342	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	0	0	0	0	0	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	560,049	7,241	9,087	134,601,365	38,890	30.00
31.00	03100	INTENSIVE CARE UNIT	396,405	0	4,299	19,194,110	4,760	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	18,963	64,618,597	10,456	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	407,296	418,812	10,875	146,429,326	26,054	31.02
31.03	02400	INTERMEDIATE CARE UNIT	373,114	891,577	7,203	89,800,117	34,573	31.03
40.00	04000	SUBPROVIDER - IPF	84,479	0	727	24,106,119	12,280	40.00
43.00	04300	NURSERY	39,046	0	0	5,862,430	5,329	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	177,732	0	86,801	178,579,081	0	50.00
51.00	05100	RECOVERY ROOM	41,706	53,055	390	22,398,595	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	145,259	811,915	10,383	44,200,697	0	52.00
53.00	05300	ANESTHESIOLOGY	5,527	709,512	72,780	57,655,291	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,234	2,430,294	5,657	90,985,875	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,733	0	0	57,603,013	0	55.00
56.00	05600	RADIOISOTOPE	0	165,980	4	4,519,334	0	56.00
57.00	05700	CT SCAN	62	67,925	12,773	59,945,128	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8	166,972	4,510	32,571,767	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,088	4,813,454	1,218	34,125,530	0	59.00
60.00	06000	LABORATORY	3,665	3,211,406	529	167,619,977	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,255,939	175	16,072,515	0	62.00
64.00	06400	INTRAVENOUS THERAPY	63,889	230,404	1,158	26,847,606	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,568	1,346,288	38,556	61,204,337	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,216,375	0	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	732,525	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,797,342	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,957,218	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,070	136,295	23,778	63,746,702	0	69.00
69.01	06901	CARDIAC REHAB	5,711	4,925	0	1,063,110	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	372	109,554	0	11,121,628	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	2,858	9,820	0	624,308	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	25,227,368	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	26,697,580	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	360,120,949	0	73.00
74.00	07400	RENAL DIALYSIS	19,341	412,794	7,646	11,518,700	0	74.00
76.00	03330	ENDOSCOPY	42,141	1,195,332	13,749	26,006,787	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	312,139	785,809	496,401	50,255,489	0	90.00
91.00	09100	EMERGENCY	231,612	1,396,965	6,872	154,483,373	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,203	31	0	454,661	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	149,292	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	74,646	0	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,989,307	23,026,825	840,546	2,094,188,863	132,342	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	18,166	0	0	0	0	194.00
194.02	07952	POISON CONTROL	29,066	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	1,899	15,136,186	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
194.04	07954	RURAL HEALTH CLINIC - 5295	5,137	0	0	0	0	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	2,744	0	0	0	0	194.05
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)	14,016,758	9,938,565	17,332,053	2,223,469	2,896,437	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.601211	0.260424	20.619993	0.001062	21.886000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,379,647	1,108,848	1,188,317	201,821	34,626	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.452890	0.029056	1.413744	0.000096	0.261640	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: 26-0091

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED - PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED - PHARMACY RESIDENCY - CG (ASSIGNED TIME)		
		SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
		21.00	22.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	194				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		194			22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY			78		23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG				232	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	118	118	44	115	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	14	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	57	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	20	31.02
31.03	02400	INTERMEDIATE CARE UNIT	2	2	0	0	31.03
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18	18	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26	26	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5	5	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5	5	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1	1	0	0	55.00
56.00	05600	RADIOISOTOPE	1	1	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	3	3	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2	2	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	9	9	0	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	10	28	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	10	0	90.00
91.00	09100	EMERGENCY	4	4	0	12	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	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	194	194	78	232	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED - PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED - PHARMACY RESIDENCY - CG (ASSIGNED TIME)		
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
			21.00	22.00	23.00	23.01		
194.00	07950	NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.02	07952	POISON CONTROL	0	0	0	0		194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0		194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	0	0	0	0		194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	0	0	0	0		194.05
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)	3,450,275	21,716,321	812,522	1,119,643		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17,784.922680	111,939.798969	10,416.948718	4,826.047414		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	24,316	583,474	9,297	11,263		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	125.340206	3,007.597938	119.192308	48.547414		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/27/2022 11:21 am

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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		58,180,373	0	58,180,373 30.00
31.00	03100	INTENSIVE CARE UNIT		11,762,148	0	11,762,148 31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		16,809,542	0	16,809,542 31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		40,292,113	0	40,292,113 31.02
31.03	02400	INTERMEDIATE CARE UNIT		46,094,534	0	46,094,534 31.03
40.00	04000	SUBPROVIDER - IPF		13,606,519	0	13,606,519 40.00
43.00	04300	NURSERY		3,284,930	0	3,284,930 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		31,781,115	0	31,781,115 50.00
51.00	05100	RECOVERY ROOM		4,278,420	0	4,278,420 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		17,760,696	0	17,760,696 52.00
53.00	05300	ANESTHESIOLOGY		4,168,159	0	4,168,159 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		18,086,863	0	18,086,863 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		7,338,161	0	7,338,161 55.00
56.00	05600	RADIOISOTOPE		1,694,796	0	1,694,796 56.00
57.00	05700	CT SCAN		3,534,261	0	3,534,261 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		3,548,978	0	3,548,978 58.00
59.00	05900	CARDIAC CATHETERIZATION		5,509,564	0	5,509,564 59.00
60.00	06000	LABORATORY		19,443,442	0	19,443,442 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		7,865,922	0	7,865,922 62.00
64.00	06400	INTRAVENOUS THERAPY		7,762,019	0	7,762,019 64.00
65.00	06500	RESPIRATORY THERAPY	0	16,232,232	0	16,232,232 65.00
66.00	06600	PHYSICAL THERAPY	0	3,671,573	0	3,671,573 66.00
66.01	06601	CLINICAL NUTRITION	0	2,142,726	0	2,142,726 66.01
67.00	06700	OCCUPATIONAL THERAPY	0	1,926,277	0	1,926,277 67.00
68.00	06800	SPEECH PATHOLOGY	0	2,054,935	0	2,054,935 68.00
69.00	06900	ELECTROCARDIOLOGY		6,686,625	0	6,686,625 69.00
69.01	06901	CARDIAC REHAB		833,397	0	833,397 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		2,843,056	0	2,843,056 70.00
70.01	03320	ELECTROSHOCK THERAPY		232,586	0	232,586 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		48,377,845	0	48,377,845 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		20,185,963	0	20,185,963 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		59,545,332	0	59,545,332 73.00
74.00	07400	RENAL DIALYSIS		3,774,672	0	3,774,672 74.00
76.00	03330	ENDOSCOPY		6,621,360	0	6,621,360 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		66,680,449	0	66,680,449 90.00
91.00	09100	EMERGENCY		30,234,379	0	30,234,379 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		10,581,048	0	10,581,048 92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION		894,126		894,126 105.00
106.00	10600	HEART ACQUISITION		31,282		31,282 106.00
107.00	10700	LIVER ACQUISITION		26,415		26,415 107.00
200.00		Subtotal (see instructions)	0	606,378,833	0	606,378,833 200.00
201.00		Less Observation Beds		10,581,048		10,581,048 201.00
202.00		Total (see instructions)	0	595,797,785	0	595,797,785 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/27/2022 11:21 am

			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	107,013,713		107,013,713		30.00
31.00	03100	INTENSIVE CARE UNIT	19,194,110		19,194,110		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	64,618,597		64,618,597		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	146,429,326		146,429,326		31.02
31.03	02400	INTERMEDIATE CARE UNIT	89,800,117		89,800,117		31.03
40.00	04000	SUBPROVIDER - IPF	24,106,119		24,106,119		40.00
43.00	04300	NURSERY	5,862,430		5,862,430		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,257,917	118,321,164	178,579,081	0.177967	50.00
51.00	05100	RECOVERY ROOM	3,932,596	18,465,999	22,398,595	0.191013	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,250,296	20,950,401	44,200,697	0.401819	52.00
53.00	05300	ANESTHESIOLOGY	21,731,445	35,923,846	57,655,291	0.072294	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,017,599	70,968,276	90,985,875	0.198788	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	390,992	57,212,021	57,603,013	0.127392	55.00
56.00	05600	RADIOISOTOPE	1,298,877	3,220,457	4,519,334	0.375010	56.00
57.00	05700	CT SCAN	21,540,601	38,404,527	59,945,128	0.058958	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,850,469	23,721,298	32,571,767	0.108959	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,965,929	18,159,601	34,125,530	0.161450	59.00
60.00	06000	LABORATORY	95,068,723	72,551,254	167,619,977	0.115997	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,601,244	4,471,271	16,072,515	0.489402	62.00
64.00	06400	INTRAVENOUS THERAPY	1,359,866	25,487,740	26,847,606	0.289114	64.00
65.00	06500	RESPIRATORY THERAPY	47,734,808	13,469,529	61,204,337	0.265214	65.00
66.00	06600	PHYSICAL THERAPY	7,108,414	3,107,961	10,216,375	0.359381	66.00
66.01	06601	CLINICAL NUTRITION	1,148	731,377	732,525	2.925123	66.01
67.00	06700	OCCUPATIONAL THERAPY	5,657,325	1,140,017	6,797,342	0.283387	67.00
68.00	06800	SPEECH PATHOLOGY	2,550,504	3,406,714	5,957,218	0.344949	68.00
69.00	06900	ELECTROCARDIOLOGY	24,003,912	39,742,790	63,746,702	0.104894	69.00
69.01	06901	CARDIAC REHAB	0	1,063,110	1,063,110	0.783924	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,290,681	6,830,947	11,121,628	0.255633	70.00
70.01	03320	ELECTROSHOCK THERAPY	307,500	316,808	624,308	0.372550	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,482,924	14,744,444	25,227,368	1.917673	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,216,463	15,481,117	26,697,580	0.756097	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96,649,965	263,470,984	360,120,949	0.165348	73.00
74.00	07400	RENAL DIALYSIS	5,313,663	6,205,037	11,518,700	0.327699	74.00
76.00	03330	ENDOSCOPY	2,742,560	23,264,227	26,006,787	0.254601	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,646,592	47,608,897	50,255,489	1.326829	90.00
91.00	09100	EMERGENCY	42,737,140	111,746,233	154,483,373	0.195713	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,738,926	21,848,726	27,587,652	0.383543	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	454,661	0	454,661		105.00
106.00	10600	HEART ACQUISITION	149,292	0	149,292		106.00
107.00	10700	LIVER ACQUISITION	74,646	0	74,646		107.00
200.00		Subtotal (see instructions)	1,012,152,090	1,082,036,773	2,094,188,863		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,012,152,090	1,082,036,773	2,094,188,863		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/27/2022 11:21 am

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
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT				31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT				31.02
31.03	02400	INTERMEDIATE CARE UNIT				31.03
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.177967			50.00
51.00	05100	RECOVERY ROOM	0.191013			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401819			52.00
53.00	05300	ANESTHESIOLOGY	0.072294			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198788			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.127392			55.00
56.00	05600	RADIOISOTOPE	0.375010			56.00
57.00	05700	CT SCAN	0.058958			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.108959			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.161450			59.00
60.00	06000	LABORATORY	0.115997			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.489402			62.00
64.00	06400	INTRAVENOUS THERAPY	0.289114			64.00
65.00	06500	RESPIRATORY THERAPY	0.265214			65.00
66.00	06600	PHYSICAL THERAPY	0.359381			66.00
66.01	06601	CLINICAL NUTRITION	2.925123			66.01
67.00	06700	OCCUPATIONAL THERAPY	0.283387			67.00
68.00	06800	SPEECH PATHOLOGY	0.344949			68.00
69.00	06900	ELECTROCARDIOLOGY	0.104894			69.00
69.01	06901	CARDIAC REHAB	0.783924			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255633			70.00
70.01	03320	ELECTROSHOCK THERAPY	0.372550			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.917673			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.756097			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165348			73.00
74.00	07400	RENAL DIALYSIS	0.327699			74.00
76.00	03330	ENDOSCOPY	0.254601			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.326829			90.00
91.00	09100	EMERGENCY	0.195713			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.383543			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
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: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/27/2022 11:21 am

			Title XIX	Hospital	Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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		58,180,373	0	58,180,373 30.00
31.00	03100	INTENSIVE CARE UNIT		11,762,148	0	11,762,148 31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		16,809,542	0	16,809,542 31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		40,292,113	0	40,292,113 31.02
31.03	02400	INTERMEDIATE CARE UNIT		46,094,534	0	46,094,534 31.03
40.00	04000	SUBPROVIDER - IPF		13,606,519	0	13,606,519 40.00
43.00	04300	NURSERY		3,284,930	0	3,284,930 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		31,781,115	0	31,781,115 50.00
51.00	05100	RECOVERY ROOM		4,278,420	0	4,278,420 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		17,760,696	0	17,760,696 52.00
53.00	05300	ANESTHESIOLOGY		4,168,159	0	4,168,159 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		18,086,863	0	18,086,863 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		7,338,161	0	7,338,161 55.00
56.00	05600	RADIOISOTOPE		1,694,796	0	1,694,796 56.00
57.00	05700	CT SCAN		3,534,261	0	3,534,261 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		3,548,978	0	3,548,978 58.00
59.00	05900	CARDIAC CATHETERIZATION		5,509,564	0	5,509,564 59.00
60.00	06000	LABORATORY		19,443,442	0	19,443,442 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		7,865,922	0	7,865,922 62.00
64.00	06400	INTRAVENOUS THERAPY		7,762,019	0	7,762,019 64.00
65.00	06500	RESPIRATORY THERAPY	0	16,232,232	0	16,232,232 65.00
66.00	06600	PHYSICAL THERAPY	0	3,671,573	0	3,671,573 66.00
66.01	06601	CLINICAL NUTRITION	0	2,142,726	0	2,142,726 66.01
67.00	06700	OCCUPATIONAL THERAPY	0	1,926,277	0	1,926,277 67.00
68.00	06800	SPEECH PATHOLOGY	0	2,054,935	0	2,054,935 68.00
69.00	06900	ELECTROCARDIOLOGY		6,686,625	0	6,686,625 69.00
69.01	06901	CARDIAC REHAB		833,397	0	833,397 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		2,843,056	0	2,843,056 70.00
70.01	03320	ELECTROSHOCK THERAPY		232,586	0	232,586 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		48,377,845	0	48,377,845 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		20,185,963	0	20,185,963 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		59,545,332	0	59,545,332 73.00
74.00	07400	RENAL DIALYSIS		3,774,672	0	3,774,672 74.00
76.00	03330	ENDOSCOPY		6,621,360	0	6,621,360 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		66,680,449	0	66,680,449 90.00
91.00	09100	EMERGENCY		30,234,379	0	30,234,379 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		10,581,048	0	10,581,048 92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION		894,126		894,126 105.00
106.00	10600	HEART ACQUISITION		31,282		31,282 106.00
107.00	10700	LIVER ACQUISITION		26,415		26,415 107.00
200.00		Subtotal (see instructions)	0	606,378,833	0	606,378,833 200.00
201.00		Less Observation Beds		10,581,048		10,581,048 201.00
202.00		Total (see instructions)	0	595,797,785	0	595,797,785 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital	Cost		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	107,013,713		107,013,713			30.00
31.00	03100	INTENSIVE CARE UNIT	19,194,110		19,194,110			31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	64,618,597		64,618,597			31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	146,429,326		146,429,326			31.02
31.03	02400	INTERMEDIATE CARE UNIT	89,800,117		89,800,117			31.03
40.00	04000	SUBPROVIDER - IPF	24,106,119		24,106,119			40.00
43.00	04300	NURSERY	5,862,430		5,862,430			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,257,917	118,321,164	178,579,081	0.177967	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,932,596	18,465,999	22,398,595	0.191013	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,250,296	20,950,401	44,200,697	0.401819	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	21,731,445	35,923,846	57,655,291	0.072294	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,017,599	70,968,276	90,985,875	0.198788	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	390,992	57,212,021	57,603,013	0.127392	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,298,877	3,220,457	4,519,334	0.375010	0.000000	56.00
57.00	05700	CT SCAN	21,540,601	38,404,527	59,945,128	0.058958	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,850,469	23,721,298	32,571,767	0.108959	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,965,929	18,159,601	34,125,530	0.161450	0.000000	59.00
60.00	06000	LABORATORY	95,068,723	72,551,254	167,619,977	0.115997	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,601,244	4,471,271	16,072,515	0.489402	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	1,359,866	25,487,740	26,847,606	0.289114	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	47,734,808	13,469,529	61,204,337	0.265214	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,108,414	3,107,961	10,216,375	0.359381	0.000000	66.00
66.01	06601	CLINICAL NUTRITION	1,148	731,377	732,525	2.925123	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	5,657,325	1,140,017	6,797,342	0.283387	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,550,504	3,406,714	5,957,218	0.344949	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	24,003,912	39,742,790	63,746,702	0.104894	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	1,063,110	1,063,110	0.783924	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,290,681	6,830,947	11,121,628	0.255633	0.000000	70.00
70.01	03320	ELECTROSHOCK THERAPY	307,500	316,808	624,308	0.372550	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,482,924	14,744,444	25,227,368	1.917673	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,216,463	15,481,117	26,697,580	0.756097	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96,649,965	263,470,984	360,120,949	0.165348	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,313,663	6,205,037	11,518,700	0.327699	0.000000	74.00
76.00	03330	ENDOSCOPY	2,742,560	23,264,227	26,006,787	0.254601	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,646,592	47,608,897	50,255,489	1.326829	0.000000	90.00
91.00	09100	EMERGENCY	42,737,140	111,746,233	154,483,373	0.195713	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,738,926	21,848,726	27,587,652	0.383543	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	454,661	0	454,661			105.00
106.00	10600	HEART ACQUISITION	149,292	0	149,292			106.00
107.00	10700	LIVER ACQUISITION	74,646	0	74,646			107.00
200.00		Subtotal (see instructions)	1,012,152,090	1,082,036,773	2,094,188,863			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,012,152,090	1,082,036,773	2,094,188,863			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/27/2022 11:21 am

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
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT				31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT				31.02
31.03	02400	INTERMEDIATE CARE UNIT				31.03
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
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	CLINICAL NUTRITION	0.000000			66.01
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
69.01	06901	CARDIAC REHAB	0.000000			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000			70.01
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
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
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: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 7/27/2022 11:21 am		
				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	3,852,059	0	3,852,059	47,535	81.04	30.00	
31.00	INTENSIVE CARE UNIT	797,234		797,234	4,760	167.49	31.00	
31.01	PEDIATRIC INTENSIVE CARE UNIT	884,693		884,693	10,456	84.61	31.01	
31.02	NEONATAL INTENSIVE CARE UNIT	2,407,061		2,407,061	26,054	92.39	31.02	
31.03	INTERMEDIATE CARE UNIT	1,847,679		1,847,679	34,573	53.44	31.03	
40.00	SUBPROVIDER - IPF	471,501	0	471,501	12,280	38.40	40.00	
43.00	NURSERY	87,049		87,049	5,329	16.33	43.00	
200.00	Total (lines 30 through 199)	10,347,276		10,347,276	140,987		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	21,033	1,704,514					30.00
31.00	INTENSIVE CARE UNIT	1,082	181,224					31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0					31.01
31.02	NEONATAL INTENSIVE CARE UNIT	0	0					31.02
31.03	INTERMEDIATE CARE UNIT	0	0					31.03
40.00	SUBPROVIDER - IPF	5,347	205,325					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	27,462	2,091,063					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
7/27/2022 11:21 am

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 Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,691,762	178,579,081	0.020673	9,337,831	193,041	50.00
51.00	05100 RECOVERY ROOM	304,364	22,398,595	0.013589	672,707	9,141	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,190,776	44,200,697	0.026940	131,000	3,529	52.00
53.00	05300 ANESTHESIOLOGY	569,260	57,655,291	0.009874	1,697,416	16,760	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,298,756	90,985,875	0.025265	3,101,251	78,353	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	330,098	57,603,013	0.005731	165,615	949	55.00
56.00	05600 RADIOISOTOPE	179,429	4,519,334	0.039703	262,318	10,415	56.00
57.00	05700 CT SCAN	299,123	59,945,128	0.004990	4,516,200	22,536	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	732,001	32,571,767	0.022473	1,290,400	28,999	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,070,412	34,125,530	0.031367	0	0	59.00
60.00	06000 LABORATORY	1,205,881	167,619,977	0.007194	11,384,866	81,903	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	121,024	16,072,515	0.007530	898,900	6,769	62.00
64.00	06400 INTRAVENOUS THERAPY	683,319	26,847,606	0.025452	8,040	205	64.00
65.00	06500 RESPIRATORY THERAPY	745,916	61,204,337	0.012187	4,669,993	56,913	65.00
66.00	06600 PHYSICAL THERAPY	128,989	10,216,375	0.012626	1,149,614	14,515	66.00
66.01	06601 CLINICAL NUTRITION	32,870	732,525	0.044872	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	35,258	6,797,342	0.005187	794,211	4,120	67.00
68.00	06800 SPEECH PATHOLOGY	112,034	5,957,218	0.018806	463,202	8,711	68.00
69.00	06900 ELECTROCARDIOLOGY	788,477	63,746,702	0.012369	6,579,418	81,381	69.00
69.01	06901 CARDIAC REHAB	98,729	1,063,110	0.092868	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	306,308	11,121,628	0.027542	393,044	10,825	70.00
70.01	03320 ELECTROSHOCK THERAPY	3,152	624,308	0.005049	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	305,259	25,227,368	0.012100	1,386,067	16,771	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	128,816	26,697,580	0.004825	1,616,362	7,799	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	405,990	360,120,949	0.001127	10,215,071	11,512	73.00
74.00	07400 RENAL DIALYSIS	147,746	11,518,700	0.012827	1,924,073	24,680	74.00
76.00	03330 ENDOSCOPY	1,420,363	26,006,787	0.054615	491,999	26,871	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	5,375,163	50,255,489	0.106957	4,531	485	90.00
91.00	09100 EMERGENCY	1,558,230	154,483,373	0.010087	7,033,824	70,950	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	700,561	27,587,652	0.025394	2,250,189	57,141	92.00
200.00	Total (lines 50 through 199)	24,970,066	1,636,485,852		72,438,142	845,274	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part III
Date/Time Prepared:
7/27/2022 11:21 am

				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	0	0	1,013,342	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	145,837	0	31.00	
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	275,085	0	31.01	
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	96,521	0	31.02	
31.03	02400	INTERMEDIATE CARE UNIT	0	0	0	0	0	31.03	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00	Total (lines 30 through 199)		0	0	0	1,530,785	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	1,013,342	47,535	21.32	21,033	30.00	
31.00	03100	INTENSIVE CARE UNIT		145,837	4,760	30.64	1,082	31.00	
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		275,085	10,456	26.31	0	31.01	
31.02	02060	NEONATAL INTENSIVE CARE UNIT		96,521	26,054	3.70	0	31.02	
31.03	02400	INTERMEDIATE CARE UNIT		0	34,573	0.00	0	31.03	
40.00	04000	SUBPROVIDER - IPF	0	0	12,280	0.00	5,347	40.00	
43.00	04300	NURSERY		0	5,329	0.00	0	43.00	
200.00	Total (lines 30 through 199)			1,530,785	140,987		27,462	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	448,424						30.00
31.00	03100	INTENSIVE CARE UNIT	33,152						31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0						31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0						31.02
31.03	02400	INTERMEDIATE CARE UNIT	0						31.03
40.00	04000	SUBPROVIDER - IPF	0						40.00
43.00	04300	NURSERY	0						43.00
200.00	Total (lines 30 through 199)		481,576						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description			Title XVIII		Hospital		PPS
			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	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	239,298 74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	104,169 90.00
91.00	09100	EMERGENCY	0	0	0	0	57,913 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	184,290 92.00
200.00		Total (lines 50 through 199)	0	0	0	0	585,670 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/27/2022 11:21 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	178,579,081	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	22,398,595	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	44,200,697	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	57,655,291	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	90,985,875	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	57,603,013	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,519,334	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	59,945,128	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	32,571,767	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	34,125,530	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	167,619,977	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	16,072,515	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	26,847,606	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	61,204,337	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,216,375	0.000000	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	732,525	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,797,342	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,957,218	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	63,746,702	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,063,110	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,121,628	0.000000	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	624,308	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	25,227,368	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	26,697,580	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	360,120,949	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	239,298	239,298	11,518,700	0.020775	74.00
76.00	03330	ENDOSCOPY	0	0	0	26,006,787	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	104,169	104,169	50,255,489	0.002073	90.00
91.00	09100	EMERGENCY	0	57,913	57,913	154,483,373	0.000375	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	184,290	184,290	27,587,652	0.006680	92.00
200.00		Total (lines 50 through 199)	0	585,670	585,670	1,636,485,852		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/27/2022 11:21 am	
				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	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	9,337,831	0	19,405,048	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	672,707	0	2,475,735	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	131,000	0	27,060	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	1,697,416	0	2,327,094	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	3,101,251	0	4,758,276	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	165,615	0	14,008,899	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	262,318	0	827,300	0	56.00
57.00	05700	CT SCAN		0.000000	4,516,200	0	4,722,920	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	1,290,400	0	1,776,677	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	11,384,866	0	4,798,513	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	898,900	0	178,540	0	62.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	8,040	0	2,004,348	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	4,669,993	0	141,870	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,149,614	0	50,660	0	66.00
66.01	06601	CLINICAL NUTRITION		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.000000	794,211	0	10,650	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	463,202	0	30,890	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	6,579,418	0	5,375,758	0	69.00
69.01	06901	CARDIAC REHAB		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	393,044	0	915,879	0	70.00
70.01	03320	ELECTROSHOCK THERAPY		0.000000	0	0	3,880	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	1,386,067	0	2,677,388	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	1,616,362	0	2,410,389	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	10,215,071	0	59,067,591	0	73.00
74.00	07400	RENAL DIALYSIS		0.020775	1,924,073	39,973	12,000	249	74.00
76.00	03330	ENDOSCOPY		0.000000	491,999	0	2,366,400	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.002073	4,531	9	6,128,197	12,704	90.00
91.00	09100	EMERGENCY		0.000375	7,033,824	2,638	6,009,752	2,254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.006680	2,250,189	15,031	3,275,396	21,880	92.00
200.00		Total (lines 50 through 199)			72,438,142	57,651	145,787,110	37,087	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 7/27/2022 11:21 am	
				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		0.177967	19,405,048	0	0	3,453,458	50.00
51.00	05100	RECOVERY ROOM		0.191013	2,475,735	0	0	472,898	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.401819	27,060	0	0	10,873	52.00
53.00	05300	ANESTHESIOLOGY		0.072294	2,327,094	0	0	168,235	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.198788	4,758,276	0	0	945,888	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.127392	14,008,899	0	0	1,784,622	55.00
56.00	05600	RADIOISOTOPE		0.375010	827,300	0	0	310,246	56.00
57.00	05700	CT SCAN		0.058958	4,722,920	0	0	278,454	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.108959	1,776,677	0	0	193,585	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.161450	0	0	0	0	59.00
60.00	06000	LABORATORY		0.115997	4,798,513	0	0	556,613	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.489402	178,540	0	0	87,378	62.00
64.00	06400	INTRAVENOUS THERAPY		0.289114	2,004,348	0	0	579,485	64.00
65.00	06500	RESPIRATORY THERAPY		0.265214	141,870	0	0	37,626	65.00
66.00	06600	PHYSICAL THERAPY		0.359381	50,660	0	0	18,206	66.00
66.01	06601	CLINICAL NUTRITION		2.925123	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.283387	10,650	0	0	3,018	67.00
68.00	06800	SPEECH PATHOLOGY		0.344949	30,890	0	0	10,655	68.00
69.00	06900	ELECTROCARDIOLOGY		0.104894	5,375,758	0	0	563,885	69.00
69.01	06901	CARDIAC REHAB		0.783924	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.255633	915,879	0	0	234,129	70.00
70.01	03320	ELECTROSHOCK THERAPY		0.372550	3,880	0	0	1,445	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1.917673	2,677,388	0	0	5,134,355	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.756097	2,410,389	12,250	0	1,822,488	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.165348	59,067,591	3,614	186,570	9,766,708	73.00
74.00	07400	RENAL DIALYSIS		0.327699	12,000	0	0	3,932	74.00
76.00	03330	ENDOSCOPY		0.254601	2,366,400	0	0	602,488	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		1.326829	6,128,197	0	909	8,131,069	90.00
91.00	09100	EMERGENCY		0.195713	6,009,752	0	0	1,176,187	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.383543	3,275,396	0	0	1,256,255	92.00
200.00		Subtotal (see instructions)			145,787,110	15,864	187,479	37,604,181	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	0	201.00
202.00		Net Charges (line 200 - line 201)			145,787,110	15,864	187,479	37,604,181	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 7/27/2022 11:21 am	
				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
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					62.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
66.01	06601	CLINICAL NUTRITION	0	0					66.01
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
69.01	06901	CARDIAC REHAB	0	0					69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0					70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,262	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	598	30,849					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03330	ENDOSCOPY	0	0					76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	1,206					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
200.00		Subtotal (see instructions)	9,860	32,055					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	9,860	32,055					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 7/27/2022 11:21 am		
				Component CCN: 26-S091				
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,691,762	178,579,081	0.020673	17,778	368	50.00
51.00	05100	RECOVERY ROOM	304,364	22,398,595	0.013589	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,190,776	44,200,697	0.026940	0	0	52.00
53.00	05300	ANESTHESIOLOGY	569,260	57,655,291	0.009874	37,224	368	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,298,756	90,985,875	0.025265	38,041	961	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	330,098	57,603,013	0.005731	1,950	11	55.00
56.00	05600	RADIOISOTOPE	179,429	4,519,334	0.039703	0	0	56.00
57.00	05700	CT SCAN	299,123	59,945,128	0.004990	169,956	848	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	732,001	32,571,767	0.022473	2,700	61	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,070,412	34,125,530	0.031367	0	0	59.00
60.00	06000	LABORATORY	1,205,881	167,619,977	0.007194	511,963	3,683	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	121,024	16,072,515	0.007530	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	683,319	26,847,606	0.025452	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	745,916	61,204,337	0.012187	31,540	384	65.00
66.00	06600	PHYSICAL THERAPY	128,989	10,216,375	0.012626	57,561	727	66.00
66.01	06601	CLINICAL NUTRITION	32,870	732,525	0.044872	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	35,258	6,797,342	0.005187	8,640	45	67.00
68.00	06800	SPEECH PATHOLOGY	112,034	5,957,218	0.018806	18,813	354	68.00
69.00	06900	ELECTROCARDIOLOGY	788,477	63,746,702	0.012369	26,200	324	69.00
69.01	06901	CARDIAC REHAB	98,729	1,063,110	0.092868	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	306,308	11,121,628	0.027542	0	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	3,152	624,308	0.005049	131,012	661	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	305,259	25,227,368	0.012100	1,068	13	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	128,816	26,697,580	0.004825	1,470	7	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	405,990	360,120,949	0.001127	1,019,763	1,149	73.00
74.00	07400	RENAL DIALYSIS	147,746	11,518,700	0.012827	58,562	751	74.00
76.00	03330	ENDOSCOPY	1,420,363	26,006,787	0.054615	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,375,163	50,255,489	0.106957	291,861	31,217	90.00
91.00	09100	EMERGENCY	1,558,230	154,483,373	0.010087	574,401	5,794	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	27,587,652	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	24,269,505	1,636,485,852		3,000,503	47,726	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0091 Component CCN: 26-S091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/27/2022 11:21 am	
				Title XVIII		Subprovider - IPF		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	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
66.01	06601	CLINICAL NUTRITION		0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	03320	ELECTROSHOCK THERAPY		0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	239,298	74.00
76.00	03330	ENDOSCOPY		0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	104,169	90.00
91.00	09100	EMERGENCY		0	0	0	0	57,913	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	401,380	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0091 Component CCN: 26-S091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/27/2022 11:21 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	178,579,081	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	22,398,595	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	44,200,697	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	57,655,291	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	90,985,875	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	57,603,013	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,519,334	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	59,945,128	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	32,571,767	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	34,125,530	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	167,619,977	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	16,072,515	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	26,847,606	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	61,204,337	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,216,375	0.000000	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	732,525	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,797,342	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,957,218	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	63,746,702	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,063,110	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,121,628	0.000000	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	624,308	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	25,227,368	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	26,697,580	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	360,120,949	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	239,298	239,298	11,518,700	0.020775	74.00
76.00	03330	ENDOSCOPY	0	0	0	26,006,787	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	104,169	104,169	50,255,489	0.002073	90.00
91.00	09100	EMERGENCY	0	57,913	57,913	154,483,373	0.000375	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	27,587,652	0.000000	92.00
200.00		Total (lines 50 through 199)	0	401,380	401,380	1,636,485,852		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0091 Component CCN: 26-S091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/27/2022 11:21 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	17,778	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	37,224	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	38,041	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	1,950	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	169,956	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	2,700	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	511,963	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	31,540	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	57,561	0	0	0	66.00
66.01	06601	CLINICAL NUTRITION		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.000000	8,640	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	18,813	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	26,200	0	0	0	69.00
69.01	06901	CARDIAC REHAB		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
70.01	03320	ELECTROSHOCK THERAPY		0.000000	131,012	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	1,068	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	1,470	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	1,019,763	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.020775	58,562	1,217	0	0	74.00
76.00	03330	ENDOSCOPY		0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.002073	291,861	605	1,930	4	90.00
91.00	09100	EMERGENCY		0.000375	574,401	215	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			3,000,503	2,037	1,930	4	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0091 Component CCN: 26-S091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 7/27/2022 11:21 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.177967	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.191013	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401819	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.072294	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198788	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.127392	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.375010	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.058958	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.108959	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.161450	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.115997	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.489402	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.289114	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.265214	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.359381	0	0	0	0	0	66.00
66.01	06601	CLINICAL NUTRITION	2.925123	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.283387	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.344949	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.104894	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0.783924	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255633	0	0	0	0	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	0.372550	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.917673	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.756097	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165348	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.327699	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.254601	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1.326829	1,930	0	0	2,561	90.00	
91.00	09100	EMERGENCY	0.195713	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.383543	0	0	0	0	92.00	
200.00		Subtotal (see instructions)		1,930	0	0	2,561	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		1,930	0	0	2,561	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0091 Component CCN: 26-S091		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 7/27/2022 11:21 am
			Title XVIII		Subprovider - IPF	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	51.00	
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	
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	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	66.00	
66.01	06601	CLINICAL NUTRITION	0	0	66.01	
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	
69.01	06901	CARDIAC REHAB	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00	
70.01	03320	ELECTROSHOCK THERAPY	0	0	70.01	
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	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	90.00	
91.00	09100	EMERGENCY	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00	
200.00		Subtotal (see instructions)	0	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	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 7/27/2022 11:21 am	
				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	0.177967	0	6,644,117	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.191013	0	830,075	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401819	0	98,400	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.072294	0	1,064,780	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198788	0	3,566,806	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.127392	0	4,961,025	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.375010	0	381,500	0	0	56.00	
57.00	05700	CT SCAN	0.058958	0	3,044,880	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.108959	0	866,118	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.161450	0	603,018	0	0	59.00	
60.00	06000	LABORATORY	0.115997	0	4,824,471	0	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.489402	0	100,420	0	0	62.00	
64.00	06400	INTRAVENOUS THERAPY	0.289114	0	197,330	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.265214	0	255,823	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.359381	0	65,080	0	0	66.00	
66.01	06601	CLINICAL NUTRITION	2.925123	0	0	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0.283387	0	39,230	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.344949	0	35,080	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.104894	0	1,523,677	0	0	69.00	
69.01	06901	CARDIAC REHAB	0.783924	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255633	0	431,186	0	0	70.00	
70.01	03320	ELECTROSHOCK THERAPY	0.372550	0	0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.917673	0	787,937	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.756097	0	1,004,604	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165348	0	195,555	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0.327699	0	171,000	0	0	74.00	
76.00	03330	ENDOSCOPY	0.254601	0	789,410	0	0	76.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.326829	0	3,071,531	0	0	90.00	
91.00	09100	EMERGENCY	0.195713	0	13,505,765	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.383543	0	2,844,310	0	0	92.00	
200.00		Subtotal (see instructions)		0	51,903,128	0	0	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		0	51,903,128	0	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
7/27/2022 11:21 am

			Title XIX		Hospital	Cost
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,182,434	0		50.00
51.00	05100	RECOVERY ROOM	158,555	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,539	0		52.00
53.00	05300	ANESTHESIOLOGY	76,977	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	709,038	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	631,995	0		55.00
56.00	05600	RADIOISOTOPE	143,066	0		56.00
57.00	05700	CT SCAN	179,520	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	94,371	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	97,357	0		59.00
60.00	06000	LABORATORY	559,624	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	49,146	0		62.00
64.00	06400	INTRAVENOUS THERAPY	57,051	0		64.00
65.00	06500	RESPIRATORY THERAPY	67,848	0		65.00
66.00	06600	PHYSICAL THERAPY	23,389	0		66.00
66.01	06601	CLINICAL NUTRITION	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	11,117	0		67.00
68.00	06800	SPEECH PATHOLOGY	12,101	0		68.00
69.00	06900	ELECTROCARDIOLOGY	159,825	0		69.00
69.01	06901	CARDIAC REHAB	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	110,225	0		70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,511,006	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	759,578	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,335	0		73.00
74.00	07400	RENAL DIALYSIS	56,037	0		74.00
76.00	03330	ENDOSCOPY	200,985	0		76.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	4,075,396	0		90.00
91.00	09100	EMERGENCY	2,643,254	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,090,915	0		92.00
200.00		Subtotal (see instructions)	14,732,684	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	14,732,684	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 7/27/2022 11:21 am	
		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)			47,535	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			47,535	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.			13,824	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			25,066	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)			21,033	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)			58,180,373	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)			58,180,373	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			107,013,714	28.00
29.00	Private room charges (excluding swing-bed charges)			24,126,073	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			82,887,641	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.543672	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,745.23	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			3,306.78	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)			58,180,373	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)			1,223.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			25,743,340	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)			25,743,340	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0091

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

Worksheet D-1

Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	11,762,148	4,760	2,471.04	1,082	2,673,665		43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	16,809,542	10,456	1,607.65	0	0		43.01
43.02	NEONATAL INTENSIVE CARE UNIT	40,292,113	26,054	1,546.48	0	0		43.02
43.03	INTERMEDIATE CARE UNIT	46,094,534	34,573	1,333.25	0	0		43.03
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,269,159		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					44,686,164		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,367,314		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					902,925		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,270,239		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					41,415,925		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)					8,645		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,223.95		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,581,048		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0091

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

Worksheet D-1

Date/Time Prepared:
7/27/2022 11:21 am

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	3,852,059	58,180,373	0.066209	10,581,048	700,561 90.00
91.00	Nursing Program cost	0	58,180,373	0.000000	10,581,048	0 91.00
92.00	Allied health cost	1,013,342	58,180,373	0.017417	10,581,048	184,290 92.00
93.00	All other Medical Education	0	58,180,373	0.000000	10,581,048	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 7/27/2022 11:21 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,280	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,280	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)		12,280	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		5,347	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		13,606,519	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		13,606,519	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		13,606,519	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)		1,108.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,924,583	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)		5,924,583	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 7/27/2022 11:21 am	
				Title XVIII		Subprovider - IPF	PPS
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.02
43.03	INTERMEDIATE CARE UNIT	0	0	0.00	0	0	43.03
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					863,545	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,788,128	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)					205,325	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					49,763	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					255,088	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,533,040	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0091

Period:

Worksheet D-1

Component CCN: 26-S091

From 01/01/2021
To 12/31/2021Date/Time Prepared:
7/27/2022 11:21 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	471,501	13,606,519	0.034653	0	0	90.00
91.00	Nursing Program cost	0	13,606,519	0.000000	0	0	91.00
92.00	Allied health cost	0	13,606,519	0.000000	0	0	92.00
93.00	All other Medical Education	0	13,606,519	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 7/27/2022 11:21 am	
			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		26,297,652		30.00
31.00	03100	INTENSIVE CARE UNIT		4,645,072		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0		31.02
31.03	02400	INTERMEDIATE CARE UNIT		0		31.03
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.177967	9,337,831	1,661,826	50.00
51.00	05100	RECOVERY ROOM	0.191013	672,707	128,496	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401819	131,000	52,638	52.00
53.00	05300	ANESTHESIOLOGY	0.072294	1,697,416	122,713	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198788	3,101,251	616,491	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.127392	165,615	21,098	55.00
56.00	05600	RADIOISOTOPE	0.375010	262,318	98,372	56.00
57.00	05700	CT SCAN	0.058958	4,516,200	266,266	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.108959	1,290,400	140,601	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.161450	0	0	59.00
60.00	06000	LABORATORY	0.115997	11,384,866	1,320,610	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.489402	898,900	439,923	62.00
64.00	06400	INTRAVENOUS THERAPY	0.289114	8,040	2,324	64.00
65.00	06500	RESPIRATORY THERAPY	0.265214	4,669,993	1,238,548	65.00
66.00	06600	PHYSICAL THERAPY	0.359381	1,149,614	413,149	66.00
66.01	06601	CLINICAL NUTRITION	2.925123	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.283387	794,211	225,069	67.00
68.00	06800	SPEECH PATHOLOGY	0.344949	463,202	159,781	68.00
69.00	06900	ELECTROCARDIOLOGY	0.104894	6,579,418	690,141	69.00
69.01	06901	CARDIAC REHAB	0.783924	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255633	393,044	100,475	70.00
70.01	03320	ELECTROSHOCK THERAPY	0.372550	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.917673	1,386,067	2,658,023	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.756097	1,616,362	1,222,126	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165348	10,215,071	1,689,042	73.00
74.00	07400	RENAL DIALYSIS	0.327699	1,924,073	630,517	74.00
76.00	03330	ENDOSCOPY	0.254601	491,999	125,263	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.326829	4,531	6,012	90.00
91.00	09100	EMERGENCY	0.195713	7,033,824	1,376,611	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.383543	2,250,189	863,044	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		72,438,142	16,269,159	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)		72,438,142		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 7/27/2022 11:21 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT				31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT				31.02
31.03	02400 INTERMEDIATE CARE UNIT				31.03
40.00	04000 SUBPROVIDER - IPF		9,459,329		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.177967	17,778	3,164	50.00
51.00	05100 RECOVERY ROOM	0.191013	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.401819	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.072294	37,224	2,691	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.198788	38,041	7,562	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.127392	1,950	248	55.00
56.00	05600 RADIOISOTOPE	0.375010	0	0	56.00
57.00	05700 CT SCAN	0.058958	169,956	10,020	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.108959	2,700	294	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.161450	0	0	59.00
60.00	06000 LABORATORY	0.115997	511,963	59,386	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.489402	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.289114	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.265214	31,540	8,365	65.00
66.00	06600 PHYSICAL THERAPY	0.359381	57,561	20,686	66.00
66.01	06601 CLINICAL NUTRITION	2.925123	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.283387	8,640	2,448	67.00
68.00	06800 SPEECH PATHOLOGY	0.344949	18,813	6,490	68.00
69.00	06900 ELECTROCARDIOLOGY	0.104894	26,200	2,748	69.00
69.01	06901 CARDIAC REHAB	0.783924	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.255633	0	0	70.00
70.01	03320 ELECTROSHOCK THERAPY	0.372550	131,012	48,809	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.917673	1,068	2,048	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.756097	1,470	1,111	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.165348	1,019,763	168,616	73.00
74.00	07400 RENAL DIALYSIS	0.327699	58,562	19,191	74.00
76.00	03330 ENDOSCOPY	0.254601	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.326829	291,861	387,250	90.00
91.00	09100 EMERGENCY	0.195713	574,401	112,418	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.383543	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,000,503	863,545	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		3,000,503	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 7/27/2022 11:21 am	
Cost Center Description			Title XIX	Hospital	Cost	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		7,302,355		30.00
31.00	03100	INTENSIVE CARE UNIT		3,099,064		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		3,457,230		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		6,409,221		31.02
31.03	02400	INTERMEDIATE CARE UNIT		10,426,346		31.03
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY		475,252		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.177967	6,062,718	1,078,964	50.00
51.00	05100	RECOVERY ROOM	0.191013	760,140	145,197	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401819	282,020	113,321	52.00
53.00	05300	ANESTHESIOLOGY	0.072294	1,145,706	82,828	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198788	1,912,273	380,137	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.127392	152,590	19,439	55.00
56.00	05600	RADIOISOTOPE	0.375010	118,284	44,358	56.00
57.00	05700	CT SCAN	0.058958	2,619,540	154,443	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.108959	874,250	95,257	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.161450	869,987	140,459	59.00
60.00	06000	LABORATORY	0.115997	9,748,909	1,130,844	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.489402	1,116,334	546,336	62.00
64.00	06400	INTRAVENOUS THERAPY	0.289114	103,100	29,808	64.00
65.00	06500	RESPIRATORY THERAPY	0.265214	4,599,465	1,219,843	65.00
66.00	06600	PHYSICAL THERAPY	0.359381	671,132	241,192	66.00
66.01	06601	CLINICAL NUTRITION	2.925123	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.283387	488,812	138,523	67.00
68.00	06800	SPEECH PATHOLOGY	0.344949	218,492	75,369	68.00
69.00	06900	ELECTROCARDIOLOGY	0.104894	2,166,042	227,205	69.00
69.01	06901	CARDIAC REHAB	0.783924	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255633	395,402	101,078	70.00
70.01	03320	ELECTROSHOCK THERAPY	0.372550	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.917673	1,112,504	2,133,419	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.756097	726,915	549,618	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165348	32,381,693	5,354,248	73.00
74.00	07400	RENAL DIALYSIS	0.327699	524,958	172,028	74.00
76.00	03330	ENDOSCOPY	0.254601	288,300	73,401	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.326829	0	0	90.00
91.00	09100	EMERGENCY	0.195713	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.383543	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		69,339,566	14,247,315	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		69,339,566	14,247,315	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 7/27/2022 11:21 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT				31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT				31.02
31.03	02400 INTERMEDIATE CARE UNIT				31.03
40.00	04000 SUBPROVIDER - IPF		5,528,873		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.177967	14,876	2,647	50.00
51.00	05100 RECOVERY ROOM	0.191013	396	76	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.401819	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.072294	17,508	1,266	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.198788	27,433	5,453	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.127392	0	0	55.00
56.00	05600 RADIOISOTOPE	0.375010	1,400	525	56.00
57.00	05700 CT SCAN	0.058958	59,200	3,490	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.108959	2,700	294	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.161450	0	0	59.00
60.00	06000 LABORATORY	0.115997	349,392	40,528	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.489402	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.289114	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.265214	8,800	2,334	65.00
66.00	06600 PHYSICAL THERAPY	0.359381	22,060	7,928	66.00
66.01	06601 CLINICAL NUTRITION	2.925123	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.283387	1,770	502	67.00
68.00	06800 SPEECH PATHOLOGY	0.344949	8,280	2,856	68.00
69.00	06900 ELECTROCARDIOLOGY	0.104894	25,635	2,689	69.00
69.01	06901 CARDIAC REHAB	0.783924	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.255633	2,918	746	70.00
70.01	03320 ELECTROSHOCK THERAPY	0.372550	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.917673	1,167	2,238	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.756097	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.165348	570,351	94,306	73.00
74.00	07400 RENAL DIALYSIS	0.327699	0	0	74.00
76.00	03330 ENDOSCOPY	0.254601	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.326829	0	0	90.00
91.00	09100 EMERGENCY	0.195713	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.383543	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,113,886	167,878	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,113,886		202.00

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

Provider CCN: 26-0091

Period:

From 01/01/2021

To 12/31/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:

7/27/2022 11:21 am

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)	PPS
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	6,600	1,223.95	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	28,218	2,471.04	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,607.65	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,546.48	0	0	2.02
2.03	INTERMEDIATE CARE UNIT	43.03	0	1,333.25	0	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		34,818		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	0.177967	72,138	12,838	8.00
9.00	RECOVERY ROOM		51.00	0.191013	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.401819	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.072294	3,757	272	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.198788	26,675	5,303	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.127392	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.375010	0	0	14.00
15.00	CT SCAN		57.00	0.058958	1,200	71	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.108959	15,600	1,700	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.161450	0	0	17.00
18.00	LABORATORY		60.00	0.115997	148,883	17,270	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.489402	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.289114	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.265214	5,430	1,440	23.00
24.00	PHYSICAL THERAPY		66.00	0.359381	0	0	24.00
24.01	CLINICAL NUTRITION		66.01	2.925123	0	0	24.01
25.00	OCCUPATIONAL THERAPY		67.00	0.283387	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.344949	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.104894	20,540	2,155	27.00
27.01	CARDIAC REHAB		69.01	0.783924	0	0	27.01
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.255633	0	0	28.00
28.01	ELECTROSHOCK THERAPY		70.01	0.372550	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	1.917673	606	1,162	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.756097	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.165348	2,781	460	31.00
32.00	RENAL DIALYSIS		74.00	0.327699	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.254601	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	1.326829	615	816	37.00
38.00	EMERGENCY		91.00	0.195713	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.383543	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				298,225	43,487	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: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet D-4
					Component CCN:		Date/Time Prepared: 7/27/2022 11:21 am
					Kidney	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
					0	1.00	2.00
							3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	43.02	
43.03	INTERMEDIATE CARE UNIT	3.03	0.00	0	0	43.03	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
					0	1.00	2.00
							3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	615	0.000000	0	51.00	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		615		0	55.00	
Cost Center Description					Cost		Charges
					Part A	Part B	Part A
					1.00	2.00	3.00
							4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	43,487		333,043		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)	894,126		893,643		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)	937,613		1,226,686		61.00	
62.00	Total Usable Organs (see instructions)		20			62.00	
63.00	Medicare Usable Organs (see instructions)		17			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.850000			64.00	
65.00	Medicare Cost/Charges (see instructions)	796,971		1,042,683		65.00	
66.00	Revenue for Organs Sold	63,131		0		66.00	
67.00	Subtotal (line 65 minus line 66)	733,840		1,042,683		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	733,840	0	1,042,683	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)		1	12		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	9		73.00	
74.00	Total (sum of lines 70 through 73)		1	21		74.00	
75.00	Organs Transplanted		1	9		75.00	
76.00	Organs Sold to Other Hospitals		0	0	2,679,265	76.00	
77.00	Organs Sold to OPOs		0	10	63,131	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	2	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		1	21		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: 26-0091

Period:

From 01/01/2021

To 12/31/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:

7/27/2022 11:21 am

			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	0	1,223.95	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	4,011	2,471.04	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,607.65	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,546.48	0	0	2.02
2.03	INTERMEDIATE CARE UNIT	43.03	0	1,333.25	0	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		4,011		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	0.177967	11,827	2,105	8.00
9.00	RECOVERY ROOM		51.00	0.191013	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.401819	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.072294	719	52	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.198788	6,033	1,199	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.127392	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.375010	0	0	14.00
15.00	CT SCAN		57.00	0.058958	4,000	236	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.108959	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.161450	0	0	17.00
18.00	LABORATORY		60.00	0.115997	26,741	3,102	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.489402	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.289114	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.265214	1,230	326	23.00
24.00	PHYSICAL THERAPY		66.00	0.359381	0	0	24.00
24.01	CLINICAL NUTRITION		66.01	2.925123	0	0	24.01
25.00	OCCUPATIONAL THERAPY		67.00	0.283387	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.344949	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.104894	7,740	812	27.00
27.01	CARDIAC REHAB		69.01	0.783924	0	0	27.01
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.255633	0	0	28.00
28.01	ELECTROSHOCK THERAPY		70.01	0.372550	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	1.917673	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.756097	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.165348	132	22	31.00
32.00	RENAL DIALYSIS		74.00	0.327699	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.254601	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	1.326829	220	292	37.00
38.00	EMERGENCY		91.00	0.195713	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.383543	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				58,642	8,146	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: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet D-4
					Component CCN:		Date/Time Prepared: 7/27/2022 11:21 am
					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	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	43.02	
43.03	INTERMEDIATE CARE UNIT	3.03	0.00	0	0	43.03	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
					0	1.00	2.00
							3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	220	0.000000	0	51.00	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		220		0	55.00	
Cost Center Description					Cost		Charges
					Part A	Part B	Part A
					1.00	2.00	3.00
							4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	8,146		62,653		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)	26,415		26,336		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)	34,561		88,989		61.00	
62.00	Total Usable Organs (see instructions)		1			62.00	
63.00	Medicare Usable Organs (see instructions)		4			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		4.000000			64.00	
65.00	Medicare Cost/Charges (see instructions)	138,244		355,956		65.00	
66.00	Revenue for Organs Sold	3,920		0		66.00	
67.00	Subtotal (line 65 minus line 66)	134,324		355,956		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	134,324	0	355,956	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	4		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	0		73.00	
74.00	Total (sum of lines 70 through 73)		0	4		74.00	
75.00	Organs Transplanted		0	0	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	1	3,920	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	3		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	4		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: 26-0091

Period:

From 01/01/2021

To 12/31/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:

7/27/2022 11:21 am

Cost Center Description		Worksheet D-1 Line Numbers	Heart Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Hospital Organ Acquisition	PPS 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	1,223.95	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,189	2,471.04	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,607.65	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,546.48	0	0	2.02
2.03	INTERMEDIATE CARE UNIT	43.03	0	1,333.25	0	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		2,189		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	0.177967	7,654	1,362	8.00
9.00	RECOVERY ROOM		51.00	0.191013	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.401819	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.072294	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.198788	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.127392	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.375010	0	0	14.00
15.00	CT SCAN		57.00	0.058958	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.108959	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.161450	0	0	17.00
18.00	LABORATORY		60.00	0.115997	24,651	2,859	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.489402	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.289114	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.265214	855	227	23.00
24.00	PHYSICAL THERAPY		66.00	0.359381	0	0	24.00
24.01	CLINICAL NUTRITION		66.01	2.925123	0	0	24.01
25.00	OCCUPATIONAL THERAPY		67.00	0.283387	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.344949	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.104894	13,180	1,383	27.00
27.01	CARDIAC REHAB		69.01	0.783924	0	0	27.01
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.255633	0	0	28.00
28.01	ELECTROSHOCK THERAPY		70.01	0.372550	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	1.917673	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.756097	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.165348	17	3	31.00
32.00	RENAL DIALYSIS		74.00	0.327699	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.254601	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	1.326829	110	146	37.00
38.00	EMERGENCY		91.00	0.195713	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.383543	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				46,467	5,980	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: 26-0091

Period:

From 01/01/2021

To 12/31/2021

Worksheet D-4

Date/Time Prepared:

7/27/2022 11:21 am

		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	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	0	43.02
43.03	INTERMEDIATE CARE UNIT	3.03	0.00	0	0	0	43.03
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	110	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		110		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	5,980		48,656			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)	31,282		31,123			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)	37,262		79,779			61.00
62.00	Total Usable Organs (see instructions)		3				62.00
63.00	Medicare Usable Organs (see instructions)		2				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.666667				64.00
65.00	Medicare Cost/Charges (see instructions)	24,841		53,186			65.00
66.00	Revenue for Organs Sold	8,071		0			66.00
67.00	Subtotal (line 65 minus line 66)	16,770		53,186			67.00
68.00	Organs Furnished Part B	0	0	0		0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	16,770	0	53,186		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	2			73.00
74.00	Total (sum of lines 70 through 73)		0	4			74.00
75.00	Organs Transplanted		0	2	810,395		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	1	8,071		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	1	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	4	0		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: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
7/27/2022 11:21 am

		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)			19,264,553	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			5,878,969	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)			420,606	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			78,583	2.04
3.00	Managed Care Simulated Payments			31,589,385	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			608.91	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)			141.25	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			50.87	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)			192.12	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			193.92	10.00
11.00	FTE count for residents in dental and podiatric programs.			4.22	11.00
12.00	Current year allowable FTE (see instructions)			196.34	12.00
13.00	Total allowable FTE count for the prior year.			186.14	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.			176.81	14.00
15.00	Sum of lines 12 through 14 divided by 3.			186.43	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			186.43	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.306170	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.287035	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.287035	21.00
22.00	IME payment adjustment (see instructions)			3,652,449	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			4,588,800	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			1.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			1.80	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			1.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.001642	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000439	27.00
28.00	IME add-on adjustment amount (see instructions)			11,038	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			13,868	28.01
29.00	Total IME payment (sum of lines 22 and 28)			3,663,487	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			4,602,668	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			9.51	30.00
31.00	Percentage of Medicaid patient days (see instructions)			53.50	31.00
32.00	Sum of lines 30 and 31			63.01	32.00
33.00	Allowable disproportionate share percentage (see instructions)			40.72	33.00
34.00	Disproportionate share adjustment (see instructions)			2,559,611	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/27/2022 11:21 am	
		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)		0.000784984	0.000803066	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		6,507,529	5,775,655	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		4,867,274	1,455,783	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		6,323,057		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)		38,188,866		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)			42,791,534	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,564,186	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).			4,579,023	52.00
53.00	Nursing and Allied Health Managed Care payment			139,941	53.00
54.00	Special add-on payments for new technologies			134,970	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)			884,934	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).			481,576	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			57,651	58.00
59.00	Total (sum of amounts on lines 49 through 58)			51,633,815	59.00
60.00	Primary payer payments			53,553	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			51,580,262	61.00
62.00	Deductibles billed to program beneficiaries			2,407,432	62.00
63.00	Coinsurance billed to program beneficiaries			174,741	63.00
64.00	Allowable bad debts (see instructions)			1,349,592	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			877,235	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,092,581	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			49,875,324	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)			-104,646	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
7/27/2022 11:21 am

		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)			106,306	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			49,664,372	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			47,861,387	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,802,985	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			1,894,812	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/27/2022 11:21 am

					Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	19,264,553	0	19,264,553		19,264,553	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,878,969	0		5,878,969	5,878,969	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	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	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	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	420,606	0	420,606		420,606	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	78,583	0		78,583	78,583	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	31,589,385	0	23,817,993	7,771,392	31,589,385	4.00	
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.287035	0.287035	0.287035	0.287035		5.00	
6.00	IME payment adjustment (see instructions)	22.00	3,652,449	0	2,798,446	854,003	3,652,449	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,588,800	0	3,459,897	1,128,903	4,588,800	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	0.000439	0.000439	0.000439	0.000439		7.00	
8.00	IME adjustment (see instructions)	28.00	11,038	0	8,457	2,581	11,038	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	13,868	0	10,456	3,412	13,868	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	3,663,487	0	2,806,903	856,584	3,663,487	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,602,668	0	3,470,353	1,132,315	4,602,668	9.01	
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4072	0.4072	0.4072	0.4072		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	2,559,611	0	1,961,132	598,479	2,559,611	11.00	
11.01	Uncompensated care payments	36.00	6,323,057	0	4,867,274	1,455,783	6,323,057	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	0	12.00	
13.00	Subtotal (see instructions)	47.00	38,188,866	0	29,320,468	8,868,398	38,188,866	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,791,534	0	32,790,821	10,000,713	42,791,534	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,564,186	0	1,972,720	591,466	2,564,186	16.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/27/2022 11:21 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Period	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	134,970	0	96,584	38,386	134,970	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	34,860,125	10,630,565	45,490,690	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,919,524	0	1,474,125	445,399	1,919,524	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	41,740	0	35,573	6,167	41,740	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1780	0.1780	0.1780	0.1780		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	341,675	0	262,394	79,281	341,675	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1361	0.1361	0.1361	0.1361		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	261,247	0	200,628	60,619	261,247	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,564,186	0	1,972,720	591,466	2,564,186	26.00
		W/S E, Part A	(Amounts to E, Part A)					
		line						
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/27/2022 11:21 am

		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	19,264,553	19,264,553		19,264,553	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,878,969		5,878,969	5,878,969	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	420,606	420,606		420,606	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	78,583		78,583	78,583	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	31,589,385	23,817,993	7,771,392	31,589,385	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.287035	0.287035	0.287035		5.00
6.00	IME payment adjustment (see instructions)	22.00	3,652,449	2,798,446	854,003	3,652,449	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,588,800	3,459,897	1,128,903	4,588,800	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	0.000439	0.000439	0.000439		7.00
8.00	IME adjustment (see instructions)	28.00	11,038	8,457	2,581	11,038	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	13,868	10,456	3,412	13,868	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	3,663,487	2,806,903	856,584	3,663,487	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,602,668	3,470,353	1,132,315	4,602,668	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4072	0.4072	0.4072		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,559,611	1,961,132	598,479	2,559,611	11.00
11.01	Uncompensated care payments	36.00	6,323,057	4,867,274	1,455,783	6,323,057	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	38,188,866	29,320,468	8,868,398	38,188,866	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	42,791,534	32,790,821	10,000,713	42,791,534	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,564,186	1,972,720	591,466	2,564,186	16.00
17.00	Special add-on payments for new technologies	54.00	134,970	96,584	38,386	134,970	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			34,860,125	10,630,565	45,490,690	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/27/2022 11:21 am

		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	1,919,524	1,474,125	445,399	1,919,524	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	41,740	35,573	6,167	41,740	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	0.1780	0.1780	0.1780		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	341,675	262,394	79,281	341,675	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1361	0.1361	0.1361		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	261,247	200,628	60,619	261,247	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,564,186	1,972,720	591,466	2,564,186	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	-104,646	-104,646	0	-104,646	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	0	0	0	0	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	106,306	106,306	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/27/2022 11:21 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		41,915	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		37,567,094	2.00
3.00	OPPS payments		27,306,970	3.00
4.00	Outlier payment (see instructions)		111,994	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		37,087	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		41,915	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		203,343	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)		203,343	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)		203,343	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		161,428	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)		41,915	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)		27,456,051	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		2,450	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,099,600	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)		22,395,916	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,294,666	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)		25,690,582	30.00
31.00	Primary payer payments		14,027	31.00
32.00	Subtotal (line 30 minus line 31)		25,676,555	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)		670,202	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		435,631	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		399,026	36.00
37.00	Subtotal (see instructions)		26,112,186	37.00
38.00	MSP-LCC reconciliation amount from PS&R		61	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		26,112,125	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			40.03
41.00	Interim payments		25,669,998	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		442,127	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/27/2022 11:21 am
		Title XVIII	Hospital	PPS
				1.00
MEDICARE PART B ANCILLARY COSTS				
200.00	Part B Combined Billed Days			0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/27/2022 11:21 am
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,557	2.00
3.00	OPPS payments		603	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		4	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		607	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		121	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)		486	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		486	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		486	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		486	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		486	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		482	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		4	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/27/2022 11:21 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS			200.00
	Part B Combined Billed Days			

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
7/27/2022 11:21 am

		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		41,876,994		22,342,657	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		4,645,493		2,951,441	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) Program to Provider					3.00
3.01	ADJUSTMENTS TO PROVIDER	12/08/2021	1,338,900	12/08/2021	375,900	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		1,338,900		375,900	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)		47,861,387		25,669,998	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) Program to Provider					5.00
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,802,985		442,127	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		49,664,372		26,112,125	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0091

Period:

Worksheet E-1

Component CCN: 26-S091

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
7/27/2022 11:21 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,689,794		482	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)		107,708		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/08/2021	141,200		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		141,200		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,938,702		482	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		4	6.01
6.02	SETTLEMENT TO PROGRAM		68,135		0	6.02
7.00	Total Medicare program liability (see instructions)		4,870,567		486	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: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part II
Date/Time Prepared:
7/27/2022 11:21 am

		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part II Date/Time Prepared: 7/27/2022 11:21 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			4,999,529 1.00
2.00	Net IPF PPS Outlier Payments			77,554 2.00
3.00	Net IPF PPS ECT Payments			29,503 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.82 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			33.643836 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			5,106,586 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			5,106,586 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			5,106,586 18.00
19.00	Deductibles			358,292 19.00
20.00	Subtotal (line 18 minus line 19)			4,748,294 20.00
21.00	Coinsurance			108,494 21.00
22.00	Subtotal (line 20 minus line 21)			4,639,800 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			351,893 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			228,730 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			278,228 25.00
26.00	Subtotal (sum of lines 22 and 24)			4,868,530 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			2,037 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			4,870,567 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			4,938,702 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			-68,135 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			77,554 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet E-3
Part VII
Date/Time Prepared:
7/27/2022 11:21 am

		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		0		1.00
2.00	Medical and other services			14,732,684	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	14,732,684	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	14,732,684	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		69,339,566	51,903,128	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)		69,339,566	51,903,128	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)		69,339,566	51,903,128	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		69,339,566	37,170,444	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	14,732,684	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)		0	14,732,684	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	14,732,684	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	14,732,684	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	14,732,684	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	14,732,684	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	14,732,684	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 7/27/2022 11:21 am
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	1,113,886	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1,113,886	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	1,113,886	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,113,886	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 7/27/2022 11:21 am	
		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.			141.30	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			46.10	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)			187.40	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			194.33	6.00
7.00	Enter the lesser of line 5 or line 6			187.40	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.	123.73	57.95	181.68	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.	119.32	55.88	175.20	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.22		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		4.22		10.01
11.00	Total weighted FTE count	119.32	60.10		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	120.62	63.04		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	121.47	64.68		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	120.47	62.61		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	120.47	62.61		17.00
18.00	Per resident amount	116,686.54	116,686.54		18.00
19.00	Approved amount for resident costs	14,057,227	7,305,744	21,362,971	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)			1.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.93	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.93	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			115,519.68	23.00
24.00	Multiply line 22 time line 23			107,433	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			21,470,404	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	27,462	20,449		26.00
27.00	Total Inpatient Days (see instructions)	128,377	128,377		27.00
28.00	Ratio of inpatient days to total inpatient days	0.213917	0.159289		28.00
29.00	Program direct GME amount	4,592,884	3,419,999	8,012,883	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		139,194	139,194	30.00
31.00	Net Program direct GME amount			7,873,689	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 7/27/2022 11:21 am	
		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)		239,298		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		11,518,700		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.020775		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)		51,474,292		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		884,934		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		53,553		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		52,305,673		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		37,648,657		42.00
43.00	Primary payer payments (see instructions)		14,027		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		37,634,630		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		89,940,303		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.581560		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.418440		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		7,873,689		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		4,579,023		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		3,294,666		50.00

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

Provider CCN: 26-0091

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

Worksheet G

Date/Time Prepared:
7/27/2022 11:21 am

		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	14,161	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	301,518,802	0	0	0	4.00
5.00	Other receivable	10,726,096	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-158,715,788	0	0	0	6.00
7.00	Inventory	12,685,028	0	0	0	7.00
8.00	Prepaid expenses	7,486,592	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	173,714,891	0	0	0	11.00
FIXED ASSETS						
12.00	Land	24,108,540	0	0	0	12.00
13.00	Land improvements	17,903,099	0	0	0	13.00
14.00	Accumulated depreciation	-9,202,141	0	0	0	14.00
15.00	Buildings	468,664,284	0	0	0	15.00
16.00	Accumulated depreciation	-316,892,480	0	0	0	16.00
17.00	Leasehold improvements	6,052,835	0	0	0	17.00
18.00	Accumulated depreciation	-3,876,667	0	0	0	18.00
19.00	Fixed equipment	44,166,893	0	0	0	19.00
20.00	Accumulated depreciation	-39,831,369	0	0	0	20.00
21.00	Automobiles and trucks	2,682,961	0	0	0	21.00
22.00	Accumulated depreciation	-840,819	0	0	0	22.00
23.00	Major movable equipment	193,091,575	0	0	0	23.00
24.00	Accumulated depreciation	-142,600,018	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	243,426,693	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	170,971,101	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	-34,895,046	53,748,915	2,289,644	0	34.00
35.00	Total other assets (sum of lines 31-34)	136,076,055	53,748,915	2,289,644	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	553,217,639	53,748,915	2,289,644	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	-115,074,710	0	0	0	37.00
38.00	Salaries, wages, and fees payable	26,185,263	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	288,401	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	33,382,402	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-55,218,644	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	-12,999,965	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-12,999,965	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-68,218,609	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	621,436,248				52.00
53.00	Specific purpose fund		53,748,915			53.00
54.00	Donor created - endowment fund balance - restricted			2,289,644		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	621,436,248	53,748,915	2,289,644	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	553,217,639	53,748,915	2,289,644	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0091

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

Worksheet G-1

Date/Time Prepared:
7/27/2022 11:21 am

		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		571,818,290		24,714,076		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		73,866,290				2.00
3.00	Total (sum of line 1 and line 2)		645,684,580		24,714,076		3.00
4.00	ADDITIONS	-24,248,338		29,034,839		-22,372,325	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-24,248,338		29,034,839		10.00
11.00	Subtotal (line 3 plus line 10)		621,436,242		53,748,915		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)		621,436,242		53,748,915		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	24,661,969		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)	24,661,969		0			3.00
4.00	ADDITIONS		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	-22,372,325		0			10.00
11.00	Subtotal (line 3 plus line 10)	2,289,644		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)	2,289,644		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
7/27/2022 11:21 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	112,876,143		112,876,143	1.00
2.00	SUBPROVIDER - IPF	24,106,119		24,106,119	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)	136,982,262		136,982,262	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,194,110		19,194,110	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	64,618,597		64,618,597	11.01
11.02	NEONATAL INTENSIVE CARE UNIT	146,429,326		146,429,326	11.02
11.03	INTERMEDIATE CARE UNIT	89,800,117		89,800,117	11.03
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	320,042,150		320,042,150	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	457,024,412		457,024,412	17.00
18.00	Ancillary services	503,326,422	900,832,918	1,404,159,340	18.00
19.00	Outpatient services	51,122,657	181,203,854	232,326,511	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE	1,052,863	3,936,643	4,989,506	27.00
27.01	ORGAN ACQUISITION CHARGES	678,599	0	678,599	27.01
27.02	PROFESSIONAL FEES	4,357,793	15,688,762	20,046,555	27.02
27.03	EMPLOYEE CHARGES	14,983,672	22,444,244	37,427,916	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,032,546,418	1,124,106,421	2,156,652,839	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		780,493,442		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		780,493,442		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0091

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

Worksheet G-3

Date/Time Prepared:
7/27/2022 11:21 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,156,652,839	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,407,590,473	2.00
3.00	Net patient revenues (line 1 minus line 2)	749,062,366	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	780,493,442	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-31,431,076	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	10,405,515	6.00
7.00	Income from investments	437,490	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	16,975	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,879,218	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	323,276	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,143,953	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	98,301,712	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	114,508,139	25.00
26.00	Total (line 5 plus line 25)	83,077,063	26.00
27.00	OTHER EXPENSES	9,210,773	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	9,210,773	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	73,866,290	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 26-0091

Period:

Worksheet I-1

Component CCN: 26-2320

From 01/01/2021
To 12/31/2021Date/Time Prepared:
7/27/2022 11:21 am

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	720,659	HOURS OF SERVICE	5,100.00	2.45 1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00 2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00 3.00
4.00	TECHNICIANS	0	HOURS OF SERVICE	0.00	0.00 4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00 5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00 6.00
7.00	PHYSICIANS	0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	0	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	720,659			9.00
10.00	EMPLOYEE BENEFITS	54,896	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	2,829	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	8,139	REQUISITIONS		14.00
15.00	DRUGS	0	REQUISITIONS		15.00
16.00	OTHER	1,280,894	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	2,067,417			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	28,085	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	55,521	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	192,102	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	671,783	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	117,860	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	239,298			23.00
24.00	CENTRAL SERVICE & SUPPLIES	107,501	REQUISITIONS		24.00
25.00	PHARMACY	157,660	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	137,445	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	3,774,672			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	ENDOSCOPY	0	CHARGES	0	30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	3,774,672			31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 26-0091

Period:

Worksheet I-2

Component CCN: 26-2320

From 01/01/2021
To 12/31/2021Date/Time Prepared:
7/27/2022 11:21 am

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	145,945	58,350	720,659	0	246,998	157,660	1.00
MAINTENANCE								
2.00	Hemodialysis	58,309	23,312	257,539	0	88,269	56,343	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	122	49	540	0	185	118	6.00
7.00	CCPD	2,166	866	9,568	0	3,279	2,093	7.00
HOME								
8.00	Hemodialysis	0	0	9,715	0	3,330	2,125	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	66,335	0	22,735	14,512	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	81,715	32,671	360,918	0	123,701	78,959	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	3,633	1,452	16,044	0	5,499	3,510	16.00
17.00	Total (sum of lines 2 through 16)	145,945	58,350	720,659	0	246,998	157,660	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	115,640	0	1,445,252	2,090,122	3,535,374		1.00
MAINTENANCE								
2.00	Hemodialysis	41,326	0	525,098	759,396	1,284,494		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	87	0	1,101	1,592	2,693		6.00
7.00	CCPD	1,536	0	19,508	28,212	47,720		7.00
HOME								
8.00	Hemodialysis	1,559	0	16,729	24,193	40,922		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	10,644	0	114,226	165,194	279,420		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	57,913	0	735,877	1,064,225	1,800,102		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	2,575	0	32,713	47,310	80,023		16.00
17.00	Total (sum of lines 2 through 16)	115,640	0	1,445,252	2,090,122	3,535,374		17.00
18.00	Medical Educational Program Costs					239,298		18.00
19.00	Total Renal Costs (line 17 + line 18)					3,774,672		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091
Component CCN: 26-2320Period:
From 01/01/2021
To 12/31/2021Worksheet I-3
Date/Time Prepared:
7/27/2022 11:21 am

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis	
		Building (Square Feet)	Equipment (%) of Time	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	145,945	58,350	720,659	0	246,998	1.00
MAINTENANCE							
2.00	Hemodialysis	57,443	23,312.00	257,539.00	0.00	85,519	2.00
2.01	AKI-Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	120	49.00	540.00	0.00	179	6.00
7.00	CCPD	2,134	866.00	9,568.00	0.00	3,177	7.00
HOME							
8.00	Hemodialysis	0	0.00	9,715.00	0.00	3,226	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	66,335.00	0.00	22,027	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	6,373	80,501	32,670.00	360,918.00	0.00	119,847
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	3,579	1,452.00	16,044.00	0.00	5,328	16.00
17.00	Total Statistical Basis	143,777	58,349.00	720,659.00	0.00	239,303	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.015079	1.000017	1.000000	0.000000	1.032156	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	157,660	115,640	0	1,445,252	2,090,122	1.00
MAINTENANCE							
2.00	Hemodialysis	56,506	41,039	0			2.00
2.01	AKI-Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI-Intermittent Peritoneal	0	0	0			3.01
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	118	86	0			6.00
7.00	CCPD	2,099	1,525	0			7.00
HOME							
8.00	Hemodialysis	2,131	1,548	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	14,554	10,570	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	79,188	57,512	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	3,520	2,557	0			16.00
17.00	Total Statistical Basis	158,116	114,837	0		1,445,252	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.997116	1.006993	0.000000		1.446199	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 26-0091

Period:

Worksheet I-4

Component CCN: 26-2320

From 01/01/2021
To 12/31/2021Date/Time Prepared:
7/27/2022 11:21 am

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	5,249	1,284,494	244.71	958	234,432
2.00	Maintenance - Peritoneal Dialysis	206	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	2,693	0.00	0	0
6.00	Training - CCPD	0	47,720	0.00	0	0
7.00	Home Program - Hemodialysis	198	40,922	206.68	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	0	0	0.00	0	0
10.00	Home Program - CCPD	240	279,420	1,164.25	43	50,063
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	5,653	1,655,249		958	284,495
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	6,373				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	305,677	319.08			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			
10.00	Home Program - CCPD	33,706	783.86			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	339,383				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet I-5 Date/Time Prepared: 7/27/2022 11:21 am
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	284,495		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	339,383	339,383	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	339,383	339,383	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	156	156	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	156	156	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	66,826	66,826	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	66,826	66,826	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	66,982	8.00
9.00	Program payment (see instructions)	0	271,382	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	1,655,249		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	1,655,249		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 7/27/2022 11:21 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,919,524	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		41,740	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)		322.89	3.00
4.00	Number of interns & residents (see instructions)		187.43	4.00
5.00	Indirect medical education percentage (see instructions)		17.80	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)		341,675	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.51	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		53.50	8.00
9.00	Sum of lines 7 and 8		63.01	9.00
10.00	Allowable disproportionate share percentage (see instructions)		13.61	10.00
11.00	Disproportionate share adjustment (see instructions)		261,247	11.00
12.00	Total prospective capital payments (see instructions)		2,564,186	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